

MEETING OF THE PARLIAMENT

Thursday 9 November 2000

Volume 8 No 17

£5.00

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Scottish Parliament

Thursday 9 November 2000

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

Homelessness

The Presiding Officer (Sir David Steel): Good morning. The first item of business this morning is a statement by Jackie Baillie on street homelessness in Glasgow. I am afraid that a copy of the speech has not yet reached my office so I have no idea how long it is. There will be no interventions during the statement, but there will be questions afterwards. I hope that questions will be concluded by 10 o'clock.

09:31

The Minister for Social Justice (Jackie Baillie): I am pleased to be able to bring before Parliament the report of the Glasgow street homelessness review team, which has been conducting a fundamental and strategic review of efforts to tackle the problems of street homelessness in Glasgow. Members will recall that last November my predecessor, Wendy Alexander, announced the establishment of the review team. The report sits very much in the context of the wider work that the Executive is carrying out—through the homelessness task force and the rough sleepers initiative—to tackle the scourge of homelessness, especially street homelessness in Scotland.

We recognise that the problem of rough sleeping is most acute in Glasgow. That is compounded by the continued existence of wholly inappropriate and unacceptable hostels in which many people who would otherwise be homeless are accommodated. Those hostels have been described by many as more frightening and dangerous than sleeping rough. It is clear that Glasgow's old and out-of-date hostels are part of the homelessness problem—they are not part of the solution.

I will give members an idea of the scale of the problem—the figures are truly stark. In Glasgow, an estimated 6,500 people experience street homelessness every year. Of those, 2,500 are homeless for the first time and the rest have continuing or repeat experience of street homelessness. About 1,000 of the total are women.

Many of those people have complex needs—the problem is not simply about bricks and mortar. In Glasgow, 41 per cent of young single homeless

people have drug problems. Alcohol addiction is a serious problem that affects 61 per cent of homeless people in older age groups. About 50 per cent of the homeless people that were surveyed have physical health problems and there are high levels of neurotic disorders and other mental health problems. Almost all homeless people are unemployed.

Hostels were never designed to cope with the problem—they are too big and too basic and they are outdated. Despite the best efforts of staff, conditions are getting worse. About a third of those who sleep rough in Glasgow have been barred from hostels and many others would rather sleep rough than use them.

The report found that an exceptionally high proportion of Glasgow's young population is presenting as homeless during the course of a year. Of the 6,500 people who were identified as being street homeless, more than 2,000 are under 24 years of age. We tend to deal with that group—as we do with others—by accommodating them in large and understaffed hostels where they are prey to drug dealers and money lenders; where they feel less safe than they do on the streets; and where their temporary experience of homelessness can quickly become a lifestyle. We must put a stop to that.

Although there has been a considerable increase in investment in services in Glasgow through the rough sleepers initiative—more than £12 million through to March 2002—we recognised a year ago that a thorough and fundamental review of the current efforts to address street homelessness in the city was needed. The review needed to be focused on the particular issues that affected homeless people in Glasgow and it needed to involve all the organisations that contribute to overall homelessness provision.

We brought together health, housing and social work departments, Glasgow's voluntary organisations, Strathclyde police, Shelter Scotland, the Big Issue and academics who have specialised in researching and understanding homelessness, to consider service provision from the point of view of the needs of the individual and to make recommendations on that. The team, which was led by the Executive, set out to identify what needs to be done to improve the provision of accommodation, especially hostel accommodation, and to improve and increase the availability of social and other support for people who are homeless or who live in temporary hostel accommodation.

The review team reported on its work through the homelessness task force. I am pleased to present that report to Parliament today, with the Executive's endorsement of its conclusions and

recommendations. The report contains many challenging recommendations on prevention of street homelessness and alleviation of it when it occurs.

The review team rightly highlights the need for more to be done to prevent people from arriving on the streets in the first place. However, the report underlines the need for an effective and multidisciplinary response once people are on the streets. It clearly sets out the inadequacy of current resettlement arrangements, under which people end up in inappropriate hostels with little or no prospect of being helped to move on to something more secure. The report recognises that present levels of personal support are inadequate, despite the considerable efforts of many people in the voluntary and statutory sectors.

In June this year, we informed Parliament of the emerging conclusions of the review—that there should be a rolling programme of hostel closures in Glasgow to rid the city of such outdated large institutions. We identified £2 million to be used to begin to implement that programme. The recommendation and the reasons why such action is necessary are set out clearly in the report. The large hostels, which are so much a part of the street homelessness problem, must be closed down. Long-term hostel residents should, where possible and appropriate, be moved into supported tenancies. I stress that that will be done where it is possible and appropriate—we recognise that it must be done with care and sensitivity.

Much smaller, highly supported units will be developed where there is a need for such accommodation. In addition, greater emphasis will be placed on providing people with the help and support that they need in mainstream tenancies. By developing small supported and responsive units, we can deal more effectively with individual needs and we can prevent institutionalisation of individuals—which is all too often a feature of the current provision and regimes.

We recognise that there will be a need for highly supported accommodation units for some people, particularly people who have acute and chronic needs. The report recommends that such units should be small and focused in their purpose. We must move away from the situation where vulnerable young people live in close proximity to people who have severe and chaotic behavioural problems.

There must be a new process of comprehensive assessment at an early stage and there must, where necessary, be linked provision for very short-term temporary accommodation. The key will be to ensure that the assessment is comprehensive and multi-disciplinary. It is not

good enough that people are assessed four or five times by different agencies and for different purposes. The needs of the whole person should dictate the support and services that that person receives. Assessments should measure employability and basic skills so that people can be helped back into meaningful employment. However, even with such assessments, there is a risk that some people will need greater personal support to give them the confidence and knowledge that will enable them to identify the choices and opportunities that are available to them.

Many people will have become disconnected from the family and community support networks that we all rely on from time to time. The report has recommended that a pilot project should be set up, which will connect homeless people with a personal assistant or a befriender to provide that support. We will establish such a pilot project and we will assess its success before we consider how it might be applied more widely.

So much needs to be done to prevent people from ending up on the streets in the first place. A key recommendation of the report is that, as an immediate priority, all the relevant authorities should examine what more can be done to prevent people who leave care, prisons and other institutions from becoming homeless. The homelessness task force is taking forward that issue in the wider context of homelessness throughout Scotland, but there are clear actions that can be taken in Glasgow that will prevent homelessness and reduce the numbers of people who come on to the streets.

It is also essential that we address the need to improve the services that are available to homeless people and the accessibility of those services. Health services, including addiction services and other support services, need to be brought in and delivered effectively to street homeless people. In the short term, those services will be developed for and delivered to hostel residents. As the hostel closure programme proceeds, an essential element of the process will be to ensure that an individual's connections with support services are not disrupted. We have already approved the establishment of a hostels addictions team as part of the rough sleepers initiative. That team will ensure that the services that people need are available where they are needed.

Even if we develop and build on partnership working—which has evidently contributed to the production of the report—and the joint working that provides so many good examples of cross-sector projects in Glasgow, we need to make a step change in our efforts. That way, we will be able to make a significant impact on the problem of street

homelessness. As the review team identified correctly, the problem of street homelessness in Glasgow will not be solved overnight, nor will it be solved if we continue with the current policies within the current framework at current funding levels. A major long-term programme is required, which will need to be funded.

The hostel reprovisioning programme in itself is ambitious, but it is an absolutely necessary element of the plan. I am therefore pleased to announce that—in addition to the £2 million that we have made available this year—the Executive will make available a further £12.5 million in the next three years to provide for that programme. In addition to the services that are funded under the RSI, Greater Glasgow Health Board is planning additional mental health, addiction and physical health services to benefit those who sleep rough or who are at risk of doing so.

We also announced the national health service funding for next year under the new Arbutnott arrangements. Greater Glasgow Health Board received a 7.7 per cent increase—£60.5 million—which gives it a hospital, community health and prescribing budget of £846 million. The Executive continues to act to ensure that the health needs of rough sleepers are addressed effectively.

There has been much activity during the past year, but we recognise that many fundamental problems have yet to be tackled. By taking forward the actions that are proposed by the review team, we can begin to tackle the fundamental structural problems that stand in the way of long-term success. The homeless people of Glasgow deserve nothing less.

Fiona Hyslop (Lothians) (SNP): I thank the minister for her statement, which I understand is an extension of the announcement that was made in Glasgow in June. On behalf of the Opposition, I welcome the statement and the action that the Government is taking on street homelessness. If Parliament is to do anything, we must address rough sleeping and street homelessness. That will be a measure of success—whether of Parliament, the Executive or the committees.

Everybody in the chamber will have been shocked by the statistics that the minister outlined. I welcome the initiative in the report. There is also much to be welcomed in the statement, but I have some detailed questions that I would like answers to.

Will the minister confirm the current number of hostel beds and the pace at which they will be phased out? Will she also confirm the number of supported tenancies that will replace those hostel places and the cost of that? What arrangements have been made with Glasgow City Council and other agencies and when will moneys be released

to those organisations?

I welcome the move to common assessments in Glasgow. After lessons have been learned from that, I hope that such a move will be extended to other areas.

The minister announced a further £12.5 million for Glasgow. Will that money be spent over the three years, as outlined? Will the minister confirm the source of that money? In evidence to the Social Inclusion, Housing and Voluntary Sector Committee, the minister talked about £20 million being reallocated from the new housing partnership budget to other headline subjects. Is the £12.5 million part of that? If not, will the minister say where that money comes from?

Jackie Baillie: I thank Fiona Hyslop for her initial comments. It is important that Parliament concentrates its efforts on tackling homelessness and rough sleeping, which is homelessness at its most acute. I will answer her questions and attempt to give her the detail that she seeks.

My understanding is that there are about 2,200 hostel beds in Glasgow city in a combination of council, voluntary sector and commercial provision. We make it clear that our strategy is intended to achieve replacement of all inappropriate hostel provision in Glasgow, not only council hostel facilities. However, the problem is acute in some council facilities.

The pace that we intend to set is that we should achieve reprovisioning over five years. We know that reprovisioning takes time. If we consider the experience of Loretto Housing Association in reprovisioning of the Great Eastern Hotel, we start to understand the complex arrangements that must be made to protect the needs of individuals who are involved in the process.

We have planned a time scale of five years and we will make £12.5 million available over three years, as Fiona Hyslop rightly said. We must examine the total cost over the five years and we are already modelling figures to ensure that there will be adequate financial cover. The money is new and was identified during the spending review. I confirm that it has not been taken from any other allocation.

The project is complex and we will sit down with all the partners to take it forward. We intend that the Glasgow review team will continue as a steering group, because we welcome the advice and assistance that we have received from the council, the voluntary sector, the Big Issue in Scotland and Shelter Scotland. Those organisations have experience of how such programmes play out on the ground.

In addition, we are moving to appoint a project manager to ensure that the work is taken forward

cohesively.

Bill Aitken (Glasgow) (Con): The Conservatives offer a general welcome to the report and the proposals that it contains, as well as to the—if not glossy, very handsome—brochure that arrived posthaste this morning.

We agree with the minister that the Dickensian conditions that prevail at some of the city's hostels fall well below the level of accommodation that should be found in any civilised society. Anything that brings about an end to that must be welcomed. However, a number of issues arise.

Does the minister agree that the problem, as starkly as it is portrayed in the documentation, is a little more complex than even she realises, bearing in mind the chaotic lifestyles of so many of those who are affected? Does she agree that it might be unwise to close the hostels—desirable though that is—until we are entirely satisfied that alternatives are fully in place and working satisfactorily? Does she agree that those solutions should include some form of communal and closely supervised living that would, after a while, enable those who are the subject of the exercise to graduate to a more independent and stable lifestyle? That will be achieved only by much closer supervision and monitoring of the people who are affected, to ensure that they do not detract from the lifestyle and amenities of those who live in close proximity to them.

Jackie Baillie: Bill Aitken is absolutely right to say that the Dickensian conditions that exist in Glasgow are no longer appropriate. We must do something about those conditions urgently.

I assure Bill Aitken that I am aware of the complexity of the needs of the rough sleeping population, both in Glasgow and throughout Scotland. However, I am also aware that hostels contribute to the problem of homelessness—about 60 per cent of the hostel population have been previously barred from hostels because of their behaviour.

I offer Bill Aitken the absolute assurance that we will not close down any hostels until appropriate accommodation is put in place. We do not wish to contribute to people ending up on the streets—we want to ensure that people make a smooth transition to more appropriate accommodation.

Last night, I visited supported accommodation in Moffat Street in the Gorbals, where I met some former residents of the Great Eastern Hotel. The services that are provided in that supported accommodation were very impressive, in that they are focused on the needs of individuals—whatever their problems—rather than on the needs of the service deliverers. That approach not only helps the residents to sustain tenancies, but addresses the underlying problems that contributed to the

residents' sleeping rough in the first instance.

I assure Bill Aitken that our plan is to provide small-scale supported accommodation for people who have acute and chronic needs and to wrap services around them to prevent the recurrence of rough sleeping.

Mr Frank McAveety (Glasgow Shettleston) (Lab): I thank the minister for her statement, which echoed much of the work on street homelessness that was undertaken by the previous ministerial team.

I wish to raise two specific constituency issues. Will the minister confirm the role of accommodation that is provided by councils and other providers in meeting the needs of hostel dwellers, particularly given the amount of time that was required for Loretto Housing Association to receive clearance for the Great Eastern Hotel project? Will the minister clarify the bidding process for the sum of money that is available?

Will the minister amplify her comments and advise members how the scandal of the Bellgrove Hotel—a misnomer if ever I heard one—should be tackled and how the needs of the hotel's residents should be addressed? The Bellgrove Hotel is privately run and the owners profit from the misery of the folk who occupy it. Will the minister agree to meet me and council colleagues from the area to address the question of how to deal with Bellgrove Hotel in the immediate future?

Jackie Baillie: I would welcome a meeting with Frank McAveety. He does not need to ask me formally for a meeting—I would meet him if he were to ask me informally.

Frank McAveety is absolutely right to pinpoint the fact that the £12.5 million has the potential to be used in much wider circumstances—indeed, it is meant to be used for much more than simply the provision of council accommodation. We are acutely aware that accommodation in some voluntary sector hostels is not appropriate. Mr McAveety highlighted the Bellgrove Hotel as one of the most appalling examples of inappropriate provision. The Bellgrove Hotel is a commercial hostel in Glasgow where about 115 people live in what I consider to be dismal and totally unacceptable conditions.

In order to deal with inappropriate accommodation, our strategy must be to create alternative appropriate provision, so that people do not have to live in places such as the Bellgrove Hotel, where the provision that is available raises an issue of human dignity.

Robert Brown (Glasgow) (LD): I apologise for arriving in the middle of the minister's statement—there were difficulties with my transport arrangements.

On behalf of the Liberal Democrats, I welcome the minister's statement. I will raise one or two points about the intractable problem of street homelessness.

Will the minister give some guidance on the number of people who are involved? She spoke about the number of hostel beds and about reprovisioning. Will she be able to link that to the numbers of people who are identified as sleeping rough during different seasons of the year? How adequate will the provisions for those needs be? Is the Executive still on schedule to meet the target date by which nobody will have to sleep rough? Does the minister anticipate a visible improvement in provision for people who live on the streets of Glasgow in the coming months and years, especially during the coming winter, which looks as if it could be particularly bad? That is something that worries a lot of people.

Jackie Baillie: I will clarify the figures. Provision of hostel beds in Glasgow stands at about 2,200, with an average 90 per cent occupancy rate. The overall number of people who end up sleeping rough or in hostels on more than one occasion is counted as 6,500 in any given year. However, that figure represents a much smaller number of individuals who repeatedly end up on the streets.

Part of the current problem with hostels is that they are like a revolving door. People get a place in a hostel, they misbehave—their chaotic behaviour can have other underlying causes—and they get barred and end up back on the streets. We need to address the underlying problems, rather than simply creating more revolving doors.

We are convinced that the extra resources that we have put into the rough sleepers initiative—£40 million—will help us to improve provision. We are convinced that the co-operation that exists between local authorities, health boards, the voluntary sector and others who work in homelessness provides a well-resourced framework that can meet our commitment that no one in Scotland should have to sleep rough by 2003.

It is incumbent on the Executive and Parliament to do their utmost to ensure that that commitment is met. Like Robert Brown, I am aware that Christmas is coming up. It is a cold time of year, when it is a tragedy to be homeless. We are working with the relevant agencies on the ground. We are conscious that Edinburgh needs to reprovision its hostels quickly and that it needs to make interim accommodation available. We are also aware that, in Glasgow, the Big Issue in Scotland works well for people over the Christmas period. We are interested in the plans that are in place, but we remain absolutely committed to ensuring that nobody in Scotland has to suffer the indignity of sleeping rough.

Mr Kenneth Gibson (Glasgow) (SNP): I also welcome the minister's statement. I particularly welcome her determination to tackle the fundamental structural problems that stand in the path of long-term success. Does the minister accept that one of the major structural problems is the high level of unemployment in Glasgow? Although the claimant count might be only 9 per cent, some 21 per cent of Glaswegians are on incapacity benefit or other benefits. The percentage of Glaswegians in employment is the lowest of any conurbation in the United Kingdom. Does the minister accept that, unless there is a comprehensive regeneration strategy for Glasgow and a reversal of the disinvestment in housing in the city, she will be left simply to manage the problem rather than being able to solve it?

Jackie Baillie: We acknowledge the acute problems that exist in Glasgow. However, I stress that overall unemployment levels have dropped substantially. Since 1997, when the Labour Government was elected, youth unemployment has come down by 70 per cent and long-term adult unemployment has come down by 50 per cent. Those are significant figures, but I recognise that we must connect the most disadvantaged areas to that economic growth. Some areas of Glasgow have significant problems and the role of the Glasgow Alliance—which works in partnership with all the key agencies in the city—is to ensure that people are connected to opportunities and that new opportunities are created for the city. I know that the new Minister for Enterprise and Lifelong Learning takes a specific interest in Glasgow and I shall be working closely with her to ensure that the future of the city is bright.

Tommy Sheridan (Glasgow) (SSP): I, too, apologise to the minister for being late and for missing a large part of her statement. Unfortunately—or otherwise—I shared a carriage with Mr Brown.

The minister referred to the fall in unemployment, but I hope that she is aware of the most recent poverty audit by the Department of Social Security. That audit indicates that, although 250,000 children now live in households in which the head of the household has a job, the number of children who live in poverty has increased by 100,000. That shows clearly that jobs in themselves are not good enough; only well-paid jobs can take people out of poverty.

Will the minister address the problem of the revolving-door syndrome, which is part and parcel of the chaotic lifestyle of many rough sleepers in Glasgow? That problem is the result mainly of the lack of supported programmes that are aimed at finding people gainful employment and encouraging training and access to opportunities. The aims of the programme that the minister has

outlined are laudable, but we should remind ourselves of the community care package, which was based on the idea of decarcerating people from institutions—especially psychiatric institutions. Many of us applauded that initiative, but because it was not supported properly it led to more problems. I am worried that the programme to provide accommodation for rough sleepers will not be supported properly. Can the minister give a commitment today that social work resources will be available to ensure that there are properly supported packages for rough sleepers that will enable them to avoid the revolving-door syndrome?

Jackie Baillie: I should point out that, since Labour came to power, the number of children in poverty in Scotland has dropped by 70,000, which is welcome.

I accept that the essence of the problem is the revolving-door syndrome and I accept that homeless people slip through the net and end up sleeping rough. To stop that happening, we have aligned programmes such as the new futures fund with people in hostels. We are ensuring that the new comprehensive assessment package includes an assessment of skills, ability to work and training needs. We want to work with people to secure and sustain gainful employment for them. We are mindful of the fact that, for many homeless people, securing and sustaining employment is critical to their future progress. That is very much part of the current assessment package.

The Presiding Officer: I apologise to the members whom I have not called to speak. I gave priority to Glasgow members.

National Health Service

The Presiding Officer (Sir David Steel): The debate this morning is on motion S1M-1324, in the name of Susan Deacon, on NHS governance and accountability, and an amendment to that motion.

10:03

The Minister for Health and Community Care (Susan Deacon): I am glad that we have the opportunity to have this important debate in the Parliament this morning.

The national health service is our biggest and most important public service. Its founding principles hold good today, as they did when it was created more than 50 years ago. The challenge that we now face is to build on the foundations of the past, while providing a service that is fit for the future. The Executive has given an unequivocal commitment to work to modernise and improve the NHS. We have made it clear that that requires both investment and reform, and we have taken action on both fronts.

The modernisation of the NHS is a complex task, but one that we have tackled with vigour and determination. We have done so in partnership with those who work in the service. Next month the Scottish health plan will be published. It will represent the culmination of more than a year's work and will set out the progress that has been made to date, as well as our plans for investment and reform in the future.

In previous debates in this chamber and in discussions with the service, I have made it clear that improving governance and accountability in the NHS in Scotland is a core part of our agenda for modernising the NHS. In the raft of discussions, consultations and research that we have undertaken over the months, issues of governance and accountability have been to the fore.

I have been struck by the extent to which some of the problems that we have identified in the NHS, while manifesting themselves in a poor patient experience, find their roots in flawed decision-making processes, bureaucracy and fractured accountability. There is a clear appetite, and a clear need, for change. I am determined that that should be addressed.

I hope that today's debate will achieve three objectives. First, I want to provide my perspective—based on feedback from staff, patients, managers and others—on the weaknesses and limitations of the current systems of governance and accountability in the NHS in Scotland. The second objective is to outline the

Executive's key policy objectives and our thinking on how improvements can be delivered in both the short and the longer term. The third objective is to provide MSPs with an opportunity to express their views on the issue, in advance of the Executive finalising its plans for inclusion in the Scottish health plan.

Grand notions of governance and accountability may seem far removed from the day-to-day issues that affect patients, but they are not; I do not believe that there is an MSP in this chamber who has not discovered that in the course of his or her own work. Issues of concern include: the complexity of the system; the ambiguity of where responsibilities lie; a lack of clarity about who is accountable for what and to whom; and competing and conflicting priorities in different parts of the system. Those practical issues impact adversely on patients and constrain the ability of NHS staff to get on with their jobs. There is growing frustration with the existing arrangements and a real appetite for change. However, there is also a concern, which I share, that any change should be practical, measured and done for the right reason—to improve patient care.

Complex issues such as those do not readily lend themselves to a 20-minute speech. For that reason, I propose to stick to general principles and our policy objectives, but I assure members that detailed proposals for change will be set out in the Scottish health plan and informed by today's debate.

Before I look to the future, I will look briefly at the past; doing that is essential to understanding the issues and problems that we face today. Since its creation in 1948, the NHS has been governed and managed in a variety of different ways. Perhaps the most significant change in recent history was the introduction of the internal market in the late 1980s and early 1990s. The NHS internal market was, by any measure, a hugely flawed exercise. It has done lasting damage to a major national institution. I can say frankly and honestly that in almost 18 months as Minister for Health and Community Care, I have met few who mourn its passing, with perhaps a few exceptions in the Conservative party.

The internal market was the product of right-wing dogma and a flawed belief that the way to improve public services was to develop quasi-commercial practices rather than to build on public service values. The Tories sought to run the health service as a collection of small private businesses rather than as the national public service that it is. The internal market led to fragmentation and division. Millions of pounds were squandered on the bureaucracy of internal contracting mechanisms. Local health systems were broken up into purchasers and providers. Vast amounts of

energy and resource were poured into the massive opt-out exercise to create NHS trusts in the early 1990s.

The Labour Government that was elected in 1997 set about, as one of its earliest priorities, dismantling the NHS internal market. The contracting mechanisms were stopped. The inequity of the two-tier system of general practice fundholding was ended. The number of NHS trusts was halved and resources were freed up for patient care. The "Designed to Care" white paper, which was published in 1997, set out a new vision for the NHS, based on partnership, and put in train a series of measures to again join up the system and put patients at its core. The Health Act 1999, enacted in June last year, enshrined in statute many of those changes.

A year on, however, it is clear to me that much more still needs to be done to deliver an NHS that is based on partnership and to ensure that the NHS in Scotland is fully restored as a truly national public service. I have said it before, and I shall say it again: too many of the systems, attitudes and behaviours of the internal market persist. If we are to provide a modern, patient-centred NHS, the last vestiges of the internal market must go.

Mr Andrew Welsh (Angus) (SNP): The NHS trusts deliver services, but what use are the health boards? How does the minister envisage the future role of the health boards, given what she has just said?

Susan Deacon: There are many different views on the structure of the NHS, and I shall comment later on the issue that Andrew Welsh has raised.

Since taking up office, I have given that message about the internal market loudly and clearly to the NHS in Scotland. I am pleased that many local NHS leaders have responded positively and practically. They have worked to break down barriers and refocus on patient care, to reduce bureaucracy and to put long-term improvements in quality before the short-termism of the trust balance sheet. I am pleased also that many staff in the NHS have grasped with enthusiasm the opportunity to re-establish public service values and to work within the new culture of partnership that the Government has introduced.

However, change has been too slow. In too many parts of the country, there are still turf wars between health boards and trusts. In too many parts of the service, planning systems and purchasing mechanisms do not promote partnership and collaboration. There is still too much focus on institutions and not enough shared commitment to improving health and health services. There is still too much bureaucracy and too little public accountability. Decision making is

slow and often remote. Patients, staff and local communities all too often feel shut out from decisions that affect them, and, too often, additional investment trickles through the system and its impact is diluted as a result.

In saying that, however, I am firmly of the view that major structural upheaval at this time is not the answer. Those who are involved in the delivery of front-line patient care need stability, not disruption. They also need greater streamlining and clarity of decision making. I believe that that balance can be struck. There are currently 15 health boards and 28 NHS trusts throughout Scotland. The pattern within each health board varies across the country. Each organisation has its own board, comprising both executive and non-executive members. Although many people would argue—with some justification—that the current structure is not optimal, the reality is that no structure will ever be perfect. Every structure evolves and develops.

There is a need to consider carefully, over time, what a post-market, post-devolution NHS in Scotland should look like. There is also a need to take firm action in the immediate term. Redrawing the map of the NHS in Scotland is not the priority—rewiring the system is. A change in culture, rather than a change in structure, must be our immediate priority.

It is not only possible, but essential, in the short term to retain stability in the structure of local NHS bodies as employers and providers of services, while making significant changes at the top of those organisations to improve decision making and increase accountability. The previous reorganisation of the NHS in Scotland achieved a degree of integration and greatly reduced the number of local NHS bodies. Changes to boardroom structures also saw chairs of health boards and trusts in each health board area coming together round the same table for the first time. We can and must build on that, but we need to do more still.

The local decision-making structures of the NHS are still too complex, too fragmented and overlaid. Each board and trust is monitored and held to account separately, and has separate plans and planning mechanisms. Where effective collaboration takes place, it is often in spite of, rather than because of, the system. We must ensure that, in each health board area, a whole-system approach is developed. Different service providers should have a shared responsibility for improving the health of their local populations and delivering the health care that those populations require. Decision makers in each health board area should come together to address the health needs of their local populations and to develop an agreed plan for the development of health services

in that area.

Improvements to the existing planning processes of health improvement programmes and trust implementation plans are necessary. They vary in quality and focus, and in many cases the process of producing HIPs and TIPs has become self-serving.

In the Scottish health plan, we will set out our detailed proposals for change. Our proposals will reflect the views of a wide range of individuals and organisations, and will also act upon concerns that have been raised frequently in this chamber and consistently by the Health and Community Care Committee. We will aim to provide a more integrated system of decision making in the NHS that will bring practical improvements in service delivery and the patient experience. Our plans will also include more effective ways for patients and communities to influence the NHS at local level.

We will seek to streamline and rationalise the existing decision-making structures, reduce complexity and improve accountability. Furthermore, we will seek to facilitate better, closer working relationships between local NHS bodies and their partner organisations, in particular the local authorities. We recognise that that will be achieved more readily where there is coterminosity of boundaries, but we believe that improvements can be made in all parts of the country.

Our Scottish health plan will also set out a detailed timetable and arrangements for delivering change. However, I can be clear that at this stage we are talking months, not years. In developing changes, we will work closely with local decision makers in each health board area. Although we recognise that greater integration of decision making will be achieved more readily in some areas than in others and that no one size will fit all, the direction of travel will be the same right across Scotland.

Alongside those changes, we will introduce our proposals for a new performance management system for the NHS in Scotland. Our approach will be to assess the whole system in each health board area rather than its component parts. Our aim is to achieve a better balance between local and national decision making and a more integrated approach to planning and performance management.

Changes must also be made at a national level, and we have begun that process. The Scottish Executive health department has recently undergone a major reorganisation. The previous divide between public health policy and the NHS management executive has been replaced by a new integrated health department. Performance management processes are being reviewed and a

more joined-up approach to policy development is taking place. Trevor Jones, former chief executive of Lothian Health, has in the past week taken up post in the new combined role of head of the health department and chief executive of the NHS in Scotland. I look forward to working with him in further developing those new arrangements in the months and years to come.

An important part of our work will be to make clear and explicit the roles and responsibilities of all parts of the health system, both locally and nationally. That will include a statement of the role of the health department in setting the strategic policy agenda while empowering local health systems to take responsibility for local decisions in response to local needs.

We will strengthen and clarify accountability mechanisms throughout the system, both upward to ministers and then to this Parliament, and—crucially—outward to local communities. If hard choices need to be taken locally, they must be informed by the views of local people, staff and elected representatives. It is striking that, despite the fact that 94 per cent of people who were questioned in a recent public attitude survey commissioned by the Scottish Executive expressed a desire to influence decisions about their NHS, only 38 per cent felt that they had that opportunity. That situation must change.

Increasingly, health and health service issues need to be viewed in the wider context of developing community plans. That calls for a new relationship between the NHS and local government. Although the NHS should not seek to replicate or replace the role of democratically elected bodies, it needs to recognise and respond to their legitimate concerns. We will continue to take steps to remove unnecessary boundaries and barriers that create needless bureaucracy and inhibit the development of seamless patient care.

Mr David Davidson (North-East Scotland) (Con): Earlier in her speech, the minister said that there was too much focus on trust balance sheets. Now she has said that although she will empower the community, the difficulty is that bureaucracy often gets in the way. Is she suggesting that the funding system for trusts will be changed and that, if empowered local communities make their own decisions, the fund flows will automatically follow?

Is the minister saying that the debts that some trusts have accumulated in the past two years will be wiped out? It would be helpful if the minister could be clear about that before we consider the plan. While she is at it, will she tell us what she is going to do about her decision-making process?

Susan Deacon: I give an assurance that funding flows have been very much on our minds and will be dealt with in some detail in the health

plan. One of the problems with the old internal market system was that it tended to know the price of everything and the value of very little. We want to change that. At a time when record additional investment is going into the NHS in Scotland, it is striking that funding often gets stuck in the system and caught up in debates between different providers of care. We cannot afford for that to happen. However, examining how funds flow is only one part of improving the process. It is also crucial to ensure that the NHS takes decisions that reflect the needs of local communities and is accountable to local communities.

In taking forward that work, we seek to re-establish the identity of the NHS as a national health service—a public service—rather than a loose confederation of independent institutions. Too much of the symbolism of the internal market remains, which confuses the public and alienates staff. The public believe that their care is provided by a national health service and staff take pride in the fact that they work for the NHS—all our feedback and research confirms that. We need to make that more explicit throughout the system.

NHS trusts are established under primary legislation. They have considerable local operational autonomy, which is important to the design and delivery of effective services that are responsive to local needs. However, trusts do not, or at least should not, exist as self-serving entities. They are part of a national health service and the public expect them to behave accordingly. I do, too.

The Scottish health plan will provide us with an opportunity to address the main concerns about governance and accountability without unnecessary and unwelcome structural upheaval, but I recognise that there will continue to be issues about the number of different health bodies relative to the size of Scotland. I know that there are many strongly held views on that issue in this chamber.

I recognise that in many places desirable progress towards integration and the development of a partnership approach has taken place. I recognise also, however, that such development is often inhibited by the lack of coterminosity between health and local authority boundaries. In the longer term, we need to consider those and many other wider issues, but any major reorganisation of the NHS in Scotland would need to be the subject of thorough and widespread consultation and may also require significant legislative change that, in itself, would take time. Reorganisation would, therefore, by necessity take years rather than months to achieve.

I have already indicated the importance that I attribute to making significant improvements within existing structures and statutes, but I acknowledge

readily the need for a longer-term examination of the wider issues. The Scottish health plan will also, therefore, set out how we intend to take forward that important longer-term piece of work.

I am acutely aware of the understandable fears and anxieties that may be raised by the signalling of any further change in the NHS. Let me provide the reassurance that I know many will seek. The changes that we propose will consolidate, streamline and improve decision making. They will aim to improve, not disrupt, patient care. Front-line staff should be assured that the changes should enable them to get on with their jobs more effectively. Indeed, I believe that those staff have much to gain from what we will propose.

I want also to send a clear message to the people who sit in the local boardrooms of the NHS, many of whom give their time and energy for limited reward, through their commitment to public service. The changes that I want to make are about supporting the design and delivery of modern, patient-centred services. They will provide the opportunity to improve decision making and, in turn, to improve patient care. They will remove much of the bureaucracy and many of the delays that currently annoy and frustrate. As a result, I believe that they should be broadly welcomed. Those who have not responded to the messages from Government and Parliament about the need for greater accountability and a partnership approach in the NHS equally should be clear that they can no longer opt out.

Our national health service should be just that—a national service, a public service, a people's service. Let us today renew our determination to achieve that.

I move,

That the Parliament notes that improving governance and accountability arrangements is a core element of the work underway on NHS modernisation and calls on the Scottish Executive to ensure that meaningful and practical proposals for change are set out in the forthcoming Scottish Health Plan.

10:25

Nicola Sturgeon (Glasgow) (SNP): I welcome the new deputy minister to his post, if for no other reason than the fact that his appointment means that Shona Robison and I are no longer the new kids on the health block. I can assure the chamber that that is welcome.

The minister has raised some important issues, to which I will return later. It is fair to say, however, that a member of the public would not have anticipated the raising of those important issues on a casual reading of the motion, which asks us to call on the Scottish Executive to ensure that the Scottish health plan sets out “meaningful and

practical proposals”. As colleagues will be aware, I am not one to praise the Executive where praise is not due, but even I hoped that it would be capable of ensuring that without the compulsion of a parliamentary vote.

That brings me to the first, although tangential, question that I want to raise with the minister: why are we having this debate today? In asking that, I am not suggesting that the content of the debate is unimportant. On the contrary, I think that the minister has touched on some fundamental issues and I will talk about them in a moment. However, the reason for the timing of the debate is not immediately obvious. The issues covered by the minister today will be covered in greater detail in the Scottish health plan, which was supposed to be published at the end of this month. I understand that it will now be published in December, for reasons that are not immediately obvious. Even with that delayed time scale, we will have the publication of the health plan in just over a month.

I know that the plan is intended to be a living, growing, evolving template for change and I welcome that. However, given that it will represent the most comprehensive statement of the Executive's health policy since “Designed to Care”, it would have been better to discuss the proposals that the minister has talked about today in the context of the whole plan rather than in isolation.

The minister says that the purpose of today's debate is to give members the opportunity to influence the contents of the plan. Would that that were true, but the proximity of the debate to the publication of the plan means that it is unlikely. The Executive's briefing document on the Scottish health plan said that it would be substantially complete by the end of October, although the minister has today suggested that that is not the case.

The minister should recognise the view, which comes from a number of organisations in the health field, that there is growing confusion about the Scottish health plan, except in the minds of some national newspaper journalists, who seem to know more about its contents than any member of this Parliament. In his closing speech, the deputy minister should take the opportunity to reassure Parliament that the plan is on track and that it will be published with an opportunity for a full parliamentary debate on its contents before Parliament goes into the Christmas recess.

I welcome the general thrust of the minister's comments. Like the Labour party, the SNP has always opposed the Tories' internal market. We did not oppose it only for ideological reasons—although I agree with Susan Deacon that the internal market was driven by right-wing dogma—

but, like the Labour party, because of the dire consequences that the internal market had for the quality of patient care in Scotland. Patient care must be at the heart of any debate in this Parliament or elsewhere on the state of the health service. What the minister appears to be doing today is attempting to set out a route map to take us to the next step towards the complete dismantling of the internal market and all that went with it. That process started with "Designed to Care", but that document took us only half of the way. I welcome the minister's acknowledgement that much more needs to be done.

The proposals that have been outlined represent short-term changes to the way in which we structure the delivery of health care in this country, and I understand fully the reasons for that. In recognising, as the minister does, that there are a multitude of views about long-term change, I make an appeal to the minister that she not shy away from radical restructuring in the long term if that is considered necessary to rid ourselves of the last vestiges, to use her words, of the internal market and to deliver a health service that is driven not by the competing interests of the various health bodies but by the interests and wishes of patients in Scotland.

The SNP's proposal for a national health care commission, which was developed under my predecessor, is one that we have advocated many times in the chamber. I repeat today the strong argument for a national body to set the strategic priorities of the health service in a way that includes those who deliver and those who use the service in Scotland. I recognise that that raises real questions, to which Andrew Welsh alluded earlier, about the role and functions of health boards in Scotland. I also recognise that there are real questions about the number of trusts. The artificial barriers between primary care and acute services and between health services and local authorities affect the quality of service that patients receive. If those barriers were not created by the current structures, they are certainly aggravated by them.

Those are big questions, which require much consideration. I appeal to the minister not to shy away from the bigger questions in the longer term. Change is always controversial and will always be resisted by vested interests. As the minister recognises, if change is not managed properly, it can be an upheaval for those who work in and those who use the service.

There is a need to be bold. If the Government comes up with proposals for change that is in the interests of patients, the minister will have the co-operation of SNP members. Of course, structures are a means to an end and it is the end, which is the delivery of high and improving standards of

care for patients, that is important. We all know that in many ways current structures impede the delivery of such standards. It is the Executive's duty to explain how any changes that it advocates make things better.

I will address three areas in which the governance and accountability of the NHS must improve. It is the minister's duty to explain how that will happen. First, I will discuss financial transparency. I note what the minister said in response to an intervention about funding flows. At the moment, it is virtually impossible to track effectively how money is spent in the national health service. For example, I reckon that it would be impossible for a member of the public—or indeed for a member of the Scottish Parliament—to find out how much of the additional funding that has been allocated to health boards to alleviate winter pressures has found its way into hospitals and is being spent for the direct benefit of patients. That is not good enough. We should be able to track how money is spent from the moment when it is announced in the chamber to the point at which it is used in the service to improve patient care. That is one of the keys to making the service more accountable at all levels, from the minister down.

Mary Scanlon (Highlands and Islands) (Con):

Does Nicola Sturgeon share my concern that it took three and a half months from the announcement of the allocation of money for bedblocking for that money to reach health boards?

Nicola Sturgeon: If Mary Scanlon listens to what I am saying, she will know that I share her concerns. We must tackle such questions to ensure the accountability of the service.

Financial transparency demands discipline at ministerial level to avoid, for example, double counting, repeat announcements or the surreptitious removal of money from the health budget to pay off housing debt. It also requires a simplified local structure that puts a premium on providing information that patients can access and understand. The minister must explain how the reforms that she has announced will make that possible.

Secondly, I will address the accountability and responsiveness of the NHS to the public. At the moment—the minister mentioned this—the accountability of health bodies is largely upwards, to the Scottish Executive. We must make it go downwards, too, to the Scottish public. No matter how many boards there are, we must ensure that they are genuinely accountable to and representative of the public. It is now three years since Labour took office, yet even now two thirds of health board members are men. That is not acceptable. In the debate on this subject in

December last year, the Minister for Health and Community Care promised a boardroom revolution. What progress has been made? How is the democratisation of health boards to be progressed? How will the reforms that are being signalled today assist in the process? Those questions must be addressed.

This Parliament has debated the issue of public involvement in consultation before, and the Health and Community Care Committee should be commended for its work in this area. Only a health service that consults, listens to and informs its patients and staff will properly serve the public. We are still some way from such a culture of openness in the NHS. As the minister said last December,

"A patient-centred NHS must be more than just a slogan—it must become a way of life."—[*Official Report*, 16 December 1999; Vol 3, c 1709.]

The minister must explain how her reforms will take things forward, on micro and macro levels, both of which are important.

Ian Jenkins (Tweeddale, Ettrick and Lauderdale) (LD): What are Nicola Sturgeon's views on the importance of health councils and their structure? Perhaps the minister could later address patient representation and the public accountability set-up.

Nicola Sturgeon: Health councils have an important role to play in how we involve patients in the delivery of the service. I have various concerns about how health councils are currently structured, not least the fact that their independence from health boards is open to doubt. I have a commitment to the role of health councils, but would not shy away from admitting that reforms to the system are necessary.

I will return to my point: that we must do much more to involve patients in decisions about their own care. Too many patients still do not get basic information about their own experiences in the NHS. What progress has been made on the patients project, one of the Executive's key commitments? More generally, how are patients to be better consulted on the delivery of services in their own areas?

In the debate in March, sponsored by the Health and Community Care Committee, the then Deputy Minister for Community Care, Iain Gray, promised to revise and update guidance on consultation. What progress has been made on that front? How do we ensure that consultation is meaningful? One problem is that, even in cases when the public is consulted, they rarely feel that they are being listened to.

I will take the example of the acute services review in Glasgow—although I do not want to get into the detail. By any measure, there has been

wide-ranging consultation on the review: there have been umpteen public meetings and thousands of people have been consulted. However, the proposals before and after consultation are virtually identical.

I know that, in a consultative process, not everybody can be satisfied, and that health boards need to take tough decisions, but when consultation appears to have absolutely no impact on proposals, I do not think that we can blame the public for being cynical about the extent to which their views are being listened to. If reforms are to be sold to the public, it must be made clear how they will make a difference; the public must be more involved in the delivery of a health service that truly belongs to them.

The third area that I want to cover is clinical standards and effectiveness. Talk of simplifying bureaucracy must not be confined to the delivery of service locally. I suggest that we need clarity and integration in the work of some national bodies, for example, the Clinical Standards Board for Scotland, the Health Technology Board for Scotland and SIGN, the Scottish intercollegiate guidelines network.

If we are to have a truly national health service, there must be nationally agreed standards of clinical effectiveness and nationally agreed systems of regulating the quality of care and of ensuring that performance lives up to the required standards. I welcome the minister's comments about new performance management systems that will monitor the whole of the service in the NHS. However, those systems need to be clearly understood not only by managers and health professionals, but by the public who use the system. I do not think that there is such an understanding on the part of the public at the moment.

Let us take the major issue of postcode prescribing. No one can deny that one of the major issues in the NHS is that, in many cases, quality of health care depends on where a person lives. As long as that remains the case, we have a national health service in name only. How is that issue tackled under the present system? It is not immediately obvious to anyone. Will it be by the Health Technology Board? Not according to its director, who expressly said that the board was not there to deal with postcode prescribing. There must be clarity about how systems and performance targets are set and about how they are monitored. That would ensure that we move away from a system that depends on locality towards a more national one with regard to the delivery of its service.

I welcome today's debate, but we must remember that talk of structures in the NHS is, on its own, meaningless to the general public. People

are rightly interested in how they can influence decisions about the NHS on their own care and on the service generally. People are concerned about quality and consistency and how they can hold those in charge accountable when things go wrong. Those are the tests against which the Minister for Health and Community Care's announcement today will be judged. I look forward to debating the national health plan when it is published in mid-December and I hope many of the key issues can be taken forward constructively and, as far as possible, on a cross-party basis.

I move amendment S1M-1324.2, to insert at end:

"and further notes that the formulation and implementation of such proposals for change must fully involve both staff and the public and that such changes must be adequately resourced if they are to be successful."

10:40

Mary Scanlon (Highlands and Islands) (Con):

Like Nicola Sturgeon, I welcome the tone of the motion, although I do not welcome the tone of the minister, which was unfortunate. I welcome the priority given to "improving governance and accountability" and the fact that "proposals for change" are set out in the health plan. I welcome Malcolm Chisholm to his new position and see it as a good example of partnership, as he was a member of the Health and Community Care Committee for 18 months and I am sure will bring forward many of our views and concerns.

The minister frequently refers to the internal market. If she seriously thinks that it is the major problem, I fear that she will miss the opportunity to thoroughly examine the deep-rooted, elitist hierarchy and culture of the NHS and she will not improve the patients' experience or help their voice to be heard. We must ask ourselves whether patient care is any better since the abolition of the internal market. We urgently await the response to the MORI poll in the health plan.

I welcome coterminous health decision-making boundaries. David Mundell has asked me to say that he would welcome consolidation of the health boards and trusts in rural areas such as Dumfries and Galloway and will be writing to the minister about that. However, where there is coterminosity—for example, in the Highlands—the problems are the same as, if not worse than, in the rest of Scotland. It is part of the answer but not the only answer. The 160 blocked beds in the Highlands—more than 10 per cent of hospital beds—show that the boards and trusts and the local council are not working together as well as they should.

Talk of governance and accountability must start in the Parliament with initiatives and examples.

There must be clear lines of policy, priorities, objectives and targets in place to set a framework by which we can judge governance and accountability. It is difficult enough trying to unravel and understand the health budget when it has to be judged against so many strategies and plans—the priorities and planning guidance, "Towards a Healthier Scotland", "Designed to Care", the review of services for people with learning disabilities, the carers strategy, "Investing in You", the dental action plan, the report on work force planning, to name but a few. Although those documents all address serious health issues and priorities, it is time to tie the clinical priorities of cancer, mental health and heart disease in with those documents and with the budget so that clear signals, strategies and priorities are set out by the Executive.

If managers are to manage, they must be told what the priorities and objectives are, and the Executive must face up to and accept economic realities. I am not often sympathetic to NHS managers, but imagine trying to base decisions on the three clinical priorities, all the strategies, all the reviews and new legislation, perhaps with a few damning Scottish Health Advisory Service reports that call for funding thrown in. Then they discover that a new scanner is being provided that calls for £400,000 to train personnel and to run it. Then they must unblock beds, reduce waiting lists, get rid of the financial deficit, do an acute services review, a maternity services review and stand by their HIPs and TIPs—and now we have a new health plan. I do not often extend sympathy to bureaucrats but in this case I do.

As the Minister for Health and Community Care sits at the Cabinet table, handing over a few million here and a few million there for historic monuments, Forest Enterprise and the paying off of Glasgow's housing debt, she must tell the people of Scotland why those are greater priorities than front-line health care and how the new joined-up thinking with forestry leads to health benefits from the decisions to reallocate funds from the NHS.

Mr Frank McAveety (Glasgow Shettleston) (Lab): Does Mary Scanlon agree that addressing the issue of housing is crucial when addressing the issue of health in a city such as Glasgow? If we address the issue of housing debt and release investment, we can do much more for the health of the people of Glasgow than we could by addressing the issue that she is prattling on about.

Mary Scanlon: I thank Frank McAveety for his prattle.

If money were going towards investment in good housing and warm homes, it would help to address health care problems. That is what I would hope for. However, if the minister is to

preach accountability, she has to accept responsibility and accountability. I can almost see that writing off Glasgow's housing debt could lead to investment in better housing, but if Frank McAveety, who is now on the Health and Community Care Committee, can tell me how money for historic monuments and trees can benefit health, I await his words of wisdom.

In this new world of focus groups and glossy brochures, we also have overlaps and interrelationships between such organisations as the Clinical Standards Board for Scotland, the Health Technology Board for Scotland, the clinical resource and audit group, SIGN and, of course, the National Institute for Clinical Excellence—NICE. Do we really need all those organisations as well as local drugs and therapeutics committees? Does the existence of all those bodies do anything to simplify and clarify the system and the lines of governance and accountability?

The minister should not create additional and separate organisations and then question why they do not collaborate. Devolution gives us the opportunity to integrate and simplify the structure of the NHS in Scotland. Last week, I submitted a question on the Public Health Institute for Scotland. Does it have to be a separate organisation from the Health Education Board for Scotland? Perhaps it does, but we need to be clear about it.

If the patient is to be at the heart of the system, local authorities in Scotland have to accept the responsibility of providing care in the community and the accountability and transparency that go with that. We should expect no less in standards of openness, transparency and accountability from councils than we expect from the health service. I look forward to the results of the MORI poll that will compare patients' experience of the NHS with their experience of our so-called local democracies.

A total of 10,000 people are waiting for assessment for home care and aids and adaptations, and a further 10,000 people have been assessed as needing care packages for which no money is available. Many such people end up in hospital, after which they cannot get back home because social work departments either refuse to fund their care or do not have sufficient funds. That failure to identify and address care needs not only fails the person needing the care but results in further complexity and confusion. In any partnership, the system is only as good as its weakest link.

Sutherland found that £750 million was being lost into what he described as a black hole between the allocation of money to councils and the provision of care. That figure equates to £75

million for Scotland. I am told that many councils spend money on children's services. I do not doubt that children's services are a priority, and I do not doubt the worthiness of investing in them. However, when money is earmarked for care of the elderly, we have to ensure that such decisions are transparent and clear, and we have to hold councils to account for their spending.

As far as councils are concerned, the problem is not theirs. As long as a person is being cared for in hospital, it becomes convenient for councils to pass the buck. That results in delayed discharge, bed shortages, longer waiting lists, inappropriate care and treatment, and cancelled operations. We cannot keep throwing money into councils to solve NHS problems. Openness and partnership working must be welcomed. The more chaos councils create, the more money they get. However, we do not know how or why they spend their budgets on community care. I hope that the minister will include that in the health plan.

The elderly do not complain, nor do the mentally ill. However, yesterday, the Mental Welfare Commission for Scotland published a damning report. The same problems arise in the care of the mentally ill as they do in the care of the elderly. The director of the MWC, Dr Jim Dyer, said:

"The Commission is aware of many people about whom there is unequivocal agreement that they need residential or nursing home places or other community care, but who remain in hospital—often for many months or even years—either because there is no apparent local authority funding for their placement or there is disagreement about responsibility for funding."

Given that we have had and are currently pursuing a phased programme of closing down the old psychiatric hospitals to offer care closer to the patient and more appropriate to their needs, it is totally unacceptable that patients are entering psychiatric institutions and find themselves unable to get out.

Last week, at my surgery in Inverness, I was visited by a lady whose mother had been in council residential care and had been taken to the local psychiatric hospital for a two-week assessment. Four months later, her mother was still there—her room had been reallocated and her clothes and belongings stored in a cupboard. The residential home said that that was not its decision and the hospital said that it was not its problem. The doctor said that the matter was out of his hands. When the lady finally tracked down a councillor, he did not want to know. For that case and others, I welcome the initiative that recognises that the patients' voice must be heard. I hope that an update of the patients' charter will be introduced to ensure that patients and their families know who is in charge and whom to go to if there is a problem.

There is a need for a common agenda. In Inverness, prisoners who had come off drugs and had come to terms with their habit were released into the community and there was no care for them. There is a new initiative in place and the governor of Porterfield prison is working closely with the primary care trust, which has provided a drugs officer in the prison for three days a week. It should not need parliamentarians to tell people to do such things. It is about good practice, good will and putting the patient first.

I am also concerned that most diagnoses of autism are when children are six or seven years old. Previously, I raised with Peter Peacock the issue of testing and diagnosing children in nursery school. Autism is diagnosed once children have failed to keep pace with the first year in school. Given the dramatic rise in autism, we should introduce a system in which health visitors, general practitioners and others can apply the tests to ensure that early diagnosis is made to allow children access to care and treatment.

If we do not start to give the patients information, the patients will start to give us information. Many doctors and consultants are faced with the latest downloaded, wacky American version of a wonder cure for their ailments—the patients turn up with pages printed from the internet. In that respect, I am pleased to hear that the SIGN guidelines will be printed in patient-friendly language, so that patients know what to expect.

I welcome the debate. I hope that it will lead to a clear structure with clear lines of accountability and will reduce the bureaucracy that has bedevilled the history of the NHS.

10:54

Mrs Margaret Smith (Edinburgh West) (LD): Before I begin my speech, I would like to welcome two people. I welcome our erstwhile poacher turned gamekeeper, the new Deputy Minister for Health and Community Care, Malcolm Chisholm. I enjoyed Mary Scanlon's comment that Malcolm Chisholm had been with the Health and Community Care Committee for 18 months. It had a slightly menacing tone, as if to say that the committee has knocked him into shape and now thinks that it is safe to let him go on to bigger and better things. I am sure that he will do an excellent job in his new post. He has the best wishes of all colleagues on the committee.

I also welcome Trevor Jones, the new head of the Scottish Executive health department and chief executive of the NHS in Scotland, to what has been described to him on many occasions—certainly by all members of the Health and Community Care Committee—as a bit of a poison chalice. I am sure that he, too, will rise to the

challenge of his new post.

The important point to come out of today's debate is that there is an appetite for change. That may be expressed by different people from different parties in different ways, but it is based on a sense of great frustration: frustration for individual MSPs arising from their casework; frustration for the Minister for Health and Community Care in dealing with the range of health issues that she has to deal with; and frustration for members of the Health and Community Care Committee as we try to tackle the issues in the health service. There is a sense of frustration that it is almost impossible to come to terms with the reality of the governance, accountability and issues at the heart of the health service in Scotland.

I will use an analogy that I sometimes use when talking to people in my constituency—it may have something to do with the fact that I have relatively young children. I describe trying to come to terms with the role of convener of the Health and Community Care Committee—and I mean no disrespect to my colleagues on the committee—as having to deal with a great big blob of green slime, which from time to time my children throw around our house and which ends up all over the carpet. You feel that you have it contained in your hands, but suddenly it squeezes out of your fingertips and it is all over the carpet. That is how I often feel when dealing with health service issues. I feel that I have everything in a nice little box, and suddenly something pops out of the other side. In talking about governance and accountability, we are considering wide-ranging issues. From that sense of frustration, probably every member of this Parliament will be able to tell the minister what the problems are, but we, as a Parliament, have to try to help the minister to secure the right results and the right way forward.

As I said in committee in March, the national health service in Scotland is a secret service. It is meant to be about patients' needs, patients' care and patients' journeys, but those of us who deal with it find that the reality does not match the rhetoric. Through the consultative steering group, we have a Parliament that is meant to be open and accountable. We have structures—our committee system, for example—that are meant to be open and accountable and looking at the health service.

I will work my way through some of the governance and accountability issues that we have examined in committee. In March, we had a debate about consultation. The issue came to us on the back of two petitions—one about Stracathro hospital in Tayside and the other about the Stobhill hospital medium secure unit in Glasgow. We found that consultation had not been followed

through effectively or properly, either with the populations of those areas or the staff. We found that there was wonderful rhetoric in wonderful documents about the importance of health service staff and how, when there is change, they should be taken along and their views should be taken on board from day one. The staff should not hear about change in local newspapers, yet time and again they hear about it from behind somebody's hand and in their local newspapers. They are the last to know about massive changes that affect their lives and those of their families.

What should we be doing about patients? At the moment, the average patient is probably not even adequately informed about their own difficulty, never mind being given effective information and being involved. They are not being, in Richard Simpson's words, informed, engaged and consulted. There is no point in someone being informed, engaged and consulted if, at the end of the process—when they have had their say, informed themselves, engaged in the process and been consulted—their words count for nothing. We have to get away from believing—and giving patients and the people of Scotland the impression—that the only voices that are listened to are those of clinicians and not those of patients.

I want to know from the minister what progress has been made to change the guidelines that the committee talked about in March. It was clear that Greater Glasgow Health Board had not done everything that it could have done. More shocking, however, is the fact that it had done everything that it was asked by statute to do. Guidelines exist on change of use, but they are 25 years old and do not deal with new developments. There was great confusion, and I would like to know what progress has been made.

The committee has also undertaken a review of community care. Time and again, the message that we have received is that there is a need for transparency. We hear stories about resource transfer, which involves long-term care beds being shut down to provide resources for community care services. Transparency is patchy across the country. For each bed that is shut down, more is paid in some areas than it is in others. In some parts of the country, the system is working and is transparent but, in others, councils have lost out.

I can answer Mary Scanlon's comments to some extent by saying that councils are central to effective health care. In addition to their statutory role in community care, they have important but non-statutory roles in day care, the provision of healthy homes and the promotion of health in our schools. Time and again, we have seen that the way to improve the health of our country is to bring together the health service and local government.

Irrespective of what I think about Sutherland—I

still believe that the Executive got its response wrong—I agree with the Executive's programme of joint working. By 2002, councils and the health service should be working together to provide a jointly managed and jointly resourced service through joint working. If that is good enough for community care, it is good enough for health services generally. If we do not appreciate and nurture an effective partnership between the health services and local government, we will do nothing to improve patient care.

The budget is an example in a nutshell of a major problem of transparency. I believe that Susan Deacon has an appetite for change. She has shown that in much of her work and in some of the root-and-branch changes that she has made in her department. In most of what she says, she is backed by the vast majority of members. Let us consider an issue on which we all agree: the need to take forward health promotion and the public health agenda. When the minister says that we will receive £26 million from the tobacco tax and that that money will be invested in public health, everybody says, "Yippee! What a good idea." However, we should ask throughout the process, "What happens next? Where has the money gone? Who has it gone to? Who is responsible for it?" In the end, the question is whether the services on the ground—the results that we want—have been delivered.

I believe that the minister, the Health and Community Care Committee and the Parliament have an appetite for change and are crying out for a system of accountability in which we can consider departmental budgets. Unfortunately, in considering the budget of the health department, the Health and Community Care Committee cannot say whether the aims of the Minister for Health and Community Care and the Executive are being followed through. That is not right. We may not have to know where every pound is being spent, but we need to know whether the priorities that are identified by the Executive—whether cancer care or public health—are being taken forward effectively. We have to know whether there is a shift in funding from the acute sector to the community sector.

We must know about those issues because they form the basis on which we will tackle the major problems identified not only by the minister and the Executive but by members of all parties. We must tackle those problems in order to improve the health of our country. There is a massive problem with the budget, with which the new Minister for Finance and Local Government will have to come to terms before we go through the budget process again next year.

The Health and Community Care Committee's work on the Arbuthnott report is a further example

of how we have highlighted problems in the health service. I try not to mention the "A" word often, as it has all sorts of memories for me. The committee did a good job on the Arbutnott report, but we worry that, although we secured a better settlement under Arbutnott 2—if I may call it that—than under its predecessor, there is nothing to tell local health boards and trusts to use the money that we have made available to them to tackle the inequalities that we have identified as a stain on the country's health. That is despite the fact that the country and the Parliament have decided to tackle health inequalities in our cities and rural areas, saying, "There's the money—go and do it." We must get to the bottom of that problem.

There are lessons to be learned from the way forward on community care that the minister and others are pursuing. We want joint working. We want to eliminate the layers of decision making. We want clarity and transparency from those responsible for decision making.

The minister should consider the long-term approach and make root-and-branch statutory change by eliminating some health boards—there is a great deal of sympathy among members for that approach. However, if we do not go down that route, we should ensure that everyone gets round the table and that we eliminate a layer of health governance so that results are achieved at the practical level.

The Deputy Presiding Officer (Mr George Reid): We now move to the open part of the debate. Members should keep their speeches to four minutes, so that all who wish to speak can be called.

11:07

Margaret Jamieson (Kilmarnock and Loudoun) (Lab): I welcome this opportunity to influence the shape of governance and accountability in our national health service in Scotland, which will be addressed in the first Scottish health plan. I stress the phrase "our national health service", as some who work in the service have forgotten that the national health service in Scotland does not belong to them.

The culture of competition ruled for many years—certainly for more years than I care to remember. That culture did not take account of patients' views or ask for the involvement of staff. However, the minister has delivered significant funds to provide a basis on which we can be proud of the national health service in Scotland once again. Unfortunately, those funds are not reaching the parts for which they were intended.

The minister announced £1.477 million for Ayrshire and Arran Health Board on 21

September, in order to kick-start the Arbutnott redistribution of resources. I asked her then for an assurance that the moneys would be spent in accordance with the Arbutnott principles. The minister assured the chamber that the moneys would be directed to

"address needs wherever they arise in Scotland."—[*Official Report*, 21 September 2000; Vol 8, c 510.]

My colleague Cathy Jamieson and I met representatives of Ayrshire and Arran Health Board on 25 September, in order to ensure that they were in no doubt about our aspirations for the new allocation. We were surprised, therefore, to read in local newspapers last week that the health board has decided to use those moneys to offset its anticipated overspend.

The *Ayr Advertiser* reported a stormy meeting of the health board. At that meeting, Gordon Wilson, who is chair of the Ayrshire and Arran Acute Hospitals NHS Trust, stated:

"There could be serious questions asked of us why we have not used this money for the purpose it was intended."

Aileen Bates, who is chair of the Ayrshire and Arran Primary Care NHS Trust, stated:

"I feel uncomfortable about making an on the spot decision about this, without knowing what improvements will happen next year. We should be more imaginative about this."

However, the board took the advice of the health board's director of finance and chief executive. The health board's chairman commented:

"Recent money has not been able to reduce the deficit. By using this money"—

the Arbutnott money—

"for this purpose, the board will not have to cut into its health improvement plans for next year."

I find it incomprehensible that no clinical input was given to the health board in reaching that decision. On the other hand, it would be difficult to have clinical input, as a director of public health for the Ayrshire and Arran Health Board area has yet to be appointed.

People in Kilmarnock and Loudon deserve better than that from an organisation that is supposed to have their health interests at heart. It is clear that those on Ayrshire and Arran Health Board do not share the minister's objectives for improving health. It appears that they are not accountable to her, as they can interpret her guidance as they like. My colleagues and I will not sit back and allow unaccountable health boards, such as Ayrshire and Arran Health Board, deliberately to ignore the needs of patients, staff and elected representatives and to squander hard-fought-for moneys that could make a difference.

I reiterate calls that I have made before in this

chamber to make changes before it is too late. It is no longer acceptable for one organisation in isolation to determine the health improvement programme and for trusts to arrange their trust implementation plans around it. If we are serious about holistic, patient-centred health care provision, one plan in which all stakeholders are equal must be drawn up in the short term, while we consider the options for the longer term. We will then have an opportunity to deliver our priorities, not those of the health boards.

11:11

Mr Andrew Welsh (Angus) (SNP): We have just heard the voice of experience from Margaret Jamieson, who has a practical NHS background. I agree with what Margaret Smith said about the appetite for change that derives from frustration. That is a good summation of the current situation and I have no doubt that that emotion is shared by MSPs and members of the Executive. Any proposed changes must get it right this time.

Management and accountability in the NHS are fundamentally all about the role, functioning and conduct of quangos. Quangos, by their very nature, are unelected, unaccountable bodies filled by Government appointees. In reality, they are accountable to no one. The promised new Labour bonfire of the quangos never happened. That is typical of Brian Wilson; today's promises and boasts of actions are tomorrow's inaction. Until quangos are either abolished or brought under democratic control and scrutiny, those problems of management and accountability will continue.

How did Tayside Health Board and the health trusts manage to receive more money each year than any other health board and still end up with a massive £20 million or more annual revenue deficit? What about the pensions and perks scandal? Those are both symptoms of a deeply flawed system. Sending in hit squads and sacking the occasional board chairperson—the self-same person whom the previous Government appointed—will never solve the fundamental democratic and organisational flaws that are built into the health board and trust quango system.

I know from past experience that trying to get individual Tayside Health Board and Angus NHS Trust chairmen to attend a public meeting is like drawing teeth. Massive decisions affecting hospital services for the whole community, service closures and large-scale staff reductions have all taken place behind closed doors with minimal or non-existent public consultation. Indeed, for many years, those decisions were taken without any Angus citizen being represented on the health board. Until recently, health board and trust meetings were not even held in public. That is unacceptable in a modern democracy. At the heart

of those problems is the culture of quangos and Government appointees. Whichever Government democratises this system, it will have done us all a great favour. Greater public participation and accountability has to be built in as a natural part of the system.

Tayside Health Board and the health trusts have now instituted briefing sessions for MSPs and MPs. That is to be welcomed, but the consultation must be genuine and it must be extended to include the public, whom the system is meant to be serving. I am not alone in being sceptical about the whole series of public meetings as Professor Rowley goes on another autumn tour of Tayside with totally uncoded options. Nor am I alone in expressing scepticism about the establishment of so-called focus groups that is now under way. The people of Angus do not want wish lists or deliberative conferences with Angus minority representation and conclusions that are obvious even before the meeting is held. They do not want meetings based on completely uncoded and untenable options, or anything else dressed up as consultation that clearly is not.

Government appoints quangos, and it must ensure that management and accountability are built into the organisation and conduct of those bodies. In Tayside there have in the past been dramatic failures in management and accountability. There must be improvement and, once introduced, that improvement must be permanent and firmly based on democratic accountability. That is the basis on which the success or failure of the minister's proposals will be judged.

11:15

Hugh Henry (Paisley South) (Lab): I was greatly encouraged by the minister's speech. Like many members, in the coming months I will watch with keen interest what happens and how the proposals are put into practice.

I was also encouraged by Nicola Sturgeon's speech, because she made a number of relevant and pertinent comments. In this debate, we are beginning to see a consistent message coming from members across the political parties that something is wrong and that something needs to be done.

However, I despaired at times while listening to Mary Scanlon. She talked about patient-friendly language but then introduced us to the word "coterminosity". She also seemed conveniently to ignore the damage that the Conservative Government caused during 18 disastrous years to the health service and to the councils that she criticised.

If we are to achieve anything from this debate

and in the health service more generally, we need to re-establish the simple principle that the health service should exist to help people, when ill, to get better as quickly as possible. We must reintroduce simplicity into the system. As has been said, how can people understand the system when their first point of contact with what they think of as one entity—the NHS—is a representative of the local health care co-operative? If patients from Paisley South need help out of hours, they must turn to Renfrewshire emergency medical service—another unit. If they are hospitalised, they become the responsibility of the acute hospital trust. They may then have to transfer to the primary care trust. Because of Paisley's proximity to Glasgow, there are also times when patients have to transfer to the South Glasgow University Hospitals NHS Trust. In the meantime, they must deal with community pharmacists and the dental services. At the end of the process, they may have to engage with social work, which in turn has to deal with the voluntary sector and nursing homes.

This morning we heard in the minister's speech other examples of the complexity of the system that baffles people. We must talk in a language that people understand. The minister referred to HIPs and TIPs. When people talk about hips, they mean replacements. When they talk about tips, they mean places where they take their rubbish. This should not be a debate between politicians and professionals; it should be a debate about the public, who need a service. I am showing my age here, but the tenor of this debate sometimes reminds me of the words of a parody by the Clancy Brothers of Galway bay, who sang about people talking in a language that the clergy do not know. Politicians and professionals often talk in a language that the public do not and cannot understand. We must bring the debate back down to their level.

We must ensure that consumer and staff alienation is ended. We need a system that is easily understood, transparent, accountable and effective. We need to renationalise the health service so that it achieves its aim of meeting the needs and aspirations of people who are ill and need the service immediately. This debate has signalled welcome progress, but we must work hard to achieve those aims.

11:20

John Scott (Ayr) (Con): I note the wording of the motion, which for once is not self-congratulatory—it is pure motherhood and apple pie and is difficult to disagree with on principle. I welcome the fact that the minister has given MSPs this opportunity to influence the debate, but we must ask the Executive what is meant by "improving governance and accountability".

I base my speech in part on the guidance note on clinical governance that was issued in 1999, when Sam Galbraith was health minister. The document proposes that the trusts should have clinical governance committees. What powers will those committees have? We must recognise that the committees and clinical governance per se will not necessarily deliver a better service. I hope that they will, but I fear that they might not. I am certain that they will increase paperwork and red tape. We must ask whether clinical governance and accountability will reduce waiting lists and waiting times because, in many cases, the length of waiting time affects the outcome of clinical treatment.

Will those "meaningful and practical proposals" cut by one the 6,600 people on waiting lists in the Ayrshire and Arran Acute Hospitals NHS Trust?

Margaret Jamieson: Will Mr Scott give way?

John Scott: No thanks, Margaret.

Will clinical governance reinstate to previous levels podiatry care or lip-reading services in Ayrshire? Most people in Ayrshire feel that services are decreasing, not increasing.

I fear that the new rules and regulations may take away individual accountability from any doctors and staff who might set out to deliver minimum standards. Doctor will have to check on doctor and nurse will have to check on nurse, which will mean that they use up valuable time on assessment and report writing—time that could have been used to deliver medical services. A danger is that a new tier of hospital bureaucracy will be created, using up valuable funds but not necessarily delivering a better service.

Morale is at an all-time low in the NHS. Clinical governance and accountability could lower that morale even further if doctors and nurses feel that they are being continually assessed and that regulation is being imposed from on high. Instead of rewarding and encouraging responsibility within the NHS, clinical governance committees may take the individual's personal pride and accountability out of a system that is already creaking at the seams, as Margaret Jamieson pointed out.

Who will guard the guardians? Who will monitor the monitors on those committees? I want the Executive to answer that. The more that the Executive has sought to control the NHS, the less well managed it has become and the more morale has fallen. The political interference that we have seen by Susan Deacon excludes the professionals, such as doctors, nurses and the British Medical Association; it has weakened the health service, not strengthened it. Last winter's debacle and the subsequently revealed £135 million underspend is a case in point.

Will the committees reduce bedblocking? Money has been thrown at that problem with little or no result. National health and social work budgets must be integrated. I commend the start that has been made to that in the Borders and as outlined in the report "All our Futures".

Local solutions and local accountability is needed. Will the Executive impose national guidelines of clinical governance or will it allow each trust to set its own local standard and benchmarks? If the Executive sets minimum acceptable national standards, will it give extra money to the least good hospitals? If it does that, will it have to take money away from successful and well-run hospitals? Will individual hospitals be able to set their own targets within their own trust, which would mean that the variation in clinical care across Scotland would continue? What will clinical governance committees do if their recommendations are not followed? We must hope that a position of last resort will not be needed. If it is, however, we must know what ultimate sanction the committees will have.

Those are just a few of the questions that require an answer. I look forward to the hearing the minister sum up.

11:25

Mr Adam Ingram (South of Scotland) (SNP): I shall focus on financial accountability and the transparency of information on health expenditure nationally and locally.

I welcome the efforts that the minister is making to respond positively to the concerns, which were well expressed by Margaret Smith, about the pervasive culture of secrecy in the bureaucracy of the NHS, but the credibility of those efforts would be greatly enhanced if the Executive set a better example. The surreptitious transfer of the £44 million that was accumulated by NHS trusts under the internal market system out of the NHS to facilitate a wholesale housing stock transfer in Glasgow is a case in point. Throwing up the smokescreen of Treasury rules to try to obscure a political fix merely served to compound a blatant error of judgment.

I am sure that the minister will acknowledge the fact that the NHS needs every penny it can get. If that £44 million was available only for debt repayment, the sensible course of action would have been to deal with the current debt problems of the NHS trusts. The situation in Tayside, for example, has been highlighted in this Parliament.

Decisions such as the transfer have a knock-on effect, frustrating policy aims and objectives and throwing the whole process of accountability into disarray. The Executive has made much of its initiative to tackle inequality in the provision of

health care through its implementation of the Arbuthnott report recommendations. Reallocating NHS resources among health boards to ensure that the impact of social exclusion and the needs of deprived and rural areas are fully addressed throughout the country is a laudable aim.

Margaret Jamieson illustrated, however, how Ayrshire and Arran Health Board has thwarted the Executive's intentions. The unpalatable truth is that the health board will get away with its decision—as it has with others, such as its suspension of the further development of mental health services despite that being one of the three NHS clinical priority areas—because of the absence of appropriate local accountability mechanisms and a lack of political will, on the part of the Executive, to direct health boards. I am not convinced by anything the minister has said this morning that such fundamental flaws in the system are going to be tackled effectively.

There appears to be a complete lack of appreciation on the part of the coalition parties and others in this Parliament of the big picture of health spending. The tightening grip of the Barnett squeeze on the NHS in Scotland is a major threat that is looming on the horizon. At the moment, the health service in Scotland receives funding that is roughly 20 per cent higher per head than that which is received by its English counterpart, but the Barnett formula is designed to eliminate that differential.

The latest academic research suggests that a convergence with the spending per head in England will proceed rapidly and that, in the next few years, the per capita spending differential will dip below 15 per cent. The differential was established in the 1970s as what was required to meet the greater level of need in Scotland due to the higher incidence of social deprivation and the sparsity of the population. When convergence happens, the chickens will come home to roost with a vengeance in this Parliament, exposing the inadequacy of the devolution settlement. The problems that are associated with NHS governance and accountability will be compounded manifold.

11:29

Mr Frank McAveety (Glasgow Shettleston) (Lab): This debate is about inheriting the legacy of the NHS and reinventing the service for the future. This morning, the minister addressed several of the issues that affect the NHS, including investment, reform, modernisation and accountability—which are much more interesting than Adam Ingram made out. He reminds me of the individual who once went into a bookshop and asked, "Where are the books on revolutionary socialism?" only to be told by the tired old

bookseller, "Where they've always been, son—just round the corner." Instead of engaging with the issues, as the minister did, Adam Ingram is merely waiting for what he thinks will be an inevitable failure of the devolution settlement.

The issues centre on how we reinject public service values into an NHS that has lost them over the past 20 years because of the ideology of Conservative Governments and on how we modernise the system to take account of the fact that the world has changed since Nye Bevan introduced the NHS in 1948, against the clinical views of those who dominated the profession.

How do we change the legacy of the NHS that we have inherited? Rab Butler once said of the civil service that it is a great system but no one is quite sure what to do with it. The same comment could be made of the NHS, and the minister has identified the importance of the Scottish health plan over the next months and years.

Hugh Henry and other members have pointed out that the main issue is the legitimacy of the health service: it matters to folk because it has made a difference to their lives and experience. It is in that light that it is critical we understand the history of the NHS. How can we re-legitimise the NHS in the eyes of a public who feel excluded from decision making? I am not just referring to some of the issues faced by my colleagues in Glasgow and elsewhere in Scotland; the question is how we break down the bureaucracy of health boards and health trusts, no matter what public office we hold. Many of us had experience of public office before we became MSPs, but even those who had access to information and power did not have a clear understanding of where health service decisions are made. We need to address that issue.

I welcome the minister's commitment to put patients at the heart of the service and to reduce bureaucracy, but how do we integrate decision making at a local level? Having spent a period of time in local government, I know that the critical issue is marrying the democratic credibility of local government—which should continue to consult the public—with the provision of a health service.

I am not arguing for a return to the 1920s model, when councils ran health provision; we need to create partnerships to integrate decision making much more at a local level. Furthermore, that problem will never be addressed by the internal market, no matter how many times John Scott and others invoke its memory. That system clearly failed the health service after it was introduced as part of the radical Tory plans of the 1980s and 1990s. Instead, we must use the experience of our communities to influence, shape and configure the health service for the future. That approach will work because, despite Adam Ingram's comments,

the health service will receive more investment than ever before. The challenge is how we use that investment to make a real difference.

Mary Scanlon: Does Frank McAveety disagree with the claim of the British Medical Association and the Royal College of General Practitioners in their submission to the Scottish health plan? They say:

"Clear benefits in relation to the monitoring of the quality of hospital services which were inherent in the internal market have been lost to the detriment of patient care."

Have all the doctors got it wrong?

Mr McAveety: I welcome their contribution, but I have the right to disagree with them—and I profoundly disagree with that singular perspective, which does not take into account many other issues that impact on the health service. Given the comments from many members this morning, we do not necessarily agree with the idea that doctors as professionals alone can give us a perspective on the health service.

The real challenge is not to have a bonfire of the quangos, which is a call I heard again from the Opposition; indeed, I would welcome the quieter velvet revolution that Susan Deacon suggests. Local government is changing. The community plans that will be central to the development of any local government legislation will marry well with a modernised agenda for the health service. I welcome many of the minister's comments and hope that we can move forward with these ideas.

11:34

George Lyon (Argyll and Bute) (LD): I welcome this debate on NHS governance and accountability. Since I became an MSP, I have felt great frustration in trying to get to grips with who does what and which organisations are responsible and accountable for the decisions taken in the health service. Governance and accountability have caused a great deal of concern in my constituency. The local community has expressed concern at the large number of NHS quangos, their lack of accountability and their physical remoteness to many of the communities in Argyll and Bute. Above all, there is concern due to the perception that local communities cannot influence the decision-making process.

A range of organisations are responsible for or impact on the delivery of health care in Argyll and Bute. The list is long. At the bottom tier—the front-line troops—there are two local health care co-operatives, which manage general practitioner services.

We now have a primary care trust—Lomond and Argyll Primary Care NHS Trust—which is an amalgamation of the old Argyll and Bute NHS

Trust and Lomond Healthcare NHS Trust. That has resulted in the one trust having two headquarters. Executives spend their time travelling up and down the road between Lochgilphead and Dumbarton, with no one very sure where the real headquarters is. Two local authorities work in partnership with the primary care trust to deliver community care. Again, three organisations must work together.

Alongside that is an acute trust—Argyll and Clyde Acute Hospitals NHS Trust—which manages Inverclyde hospital, the Royal Alexandra hospital in Paisley, Vale of Leven hospital and three quarters of the Lorn and Islands district general hospital in Oban. Oban is in the ludicrous situation of having two separate trusts—the primary care trust and the acute trust—managing different parts of its hospital. What a bizarre situation.

On top of all that, we have Argyll and Clyde Health Board, the NHS management executive, the Scottish Parliament—this new institution in which we represent our areas—the Parliament's Health and Community Care Committee and the Scottish Executive. In all, nine different organisations impact on the delivery of health and community care in my constituency. Is it any wonder that doctors, nurses and local communities feel remote from the decision-making process?

The hospital in Oban is a classic example. It was only when the people of Oban rose up in protest at rumours of closure and change at the hospital that the trust management responded and came to Oban to speak to the community. The cause of the community's concern is that it has a hospital on its doorstep that is run from 100 miles away. That is the equivalent of a hospital in Edinburgh being managed from Newcastle. Would the people of Edinburgh put up with that? I think not.

It is time for a rethink. I disagree with Frank McAveety. In a new, devolved Scotland, we do not need layer upon layer of quangos. It is time to bring the decision-making process back to local communities. We need to give local communities a sense of ownership and of identity, so that they feel that the relevant body belongs to their community. Above all, we need to give them the belief that they can influence the decision-making process. That belief is not present at the moment.

Surely it is the role of the Parliament to make the big strategic and investment decisions, but then to provide resources directly to doctors and nurses in the front line, to let them get on with delivering a top-class health service. Let us cut out the layers of bureaucracy that sit between us and the front-line troops.

I recognise that such changes cannot be

achieved overnight. The NHS is only just recovering from the most recent major shake-up. Staff morale is an issue and I do not believe that staff could cope with a further reorganisation right now. Nevertheless, the issue cannot be ducked. It is not good enough to say that partnership working is the way forward; partnership working is not the answer in itself. By the time all the organisations that impact on decision making in the health service in my bit of the world engaged in partnership working, there would be precious little time left to deliver health care.

I appreciate what the minister has said today, but I recognise that it is a first step in bringing accountability back to local communities. The overall goal must be a radical shake-up of the convoluted NHS structure, leaving us with a much simpler NHS structure, as befits the new, devolved Scotland.

I support the motion.

11:40

Richard Lochhead (North-East Scotland)

(SNP): I would like to continue the theme of transparency and accountability in the NHS in Scotland that many members have talked about today. In particular, I want to talk about the need to let people know what is happening on the ground in the NHS. I will concentrate on the condition of medical equipment in our hospitals, consider the implications for patient care and seek a response from the minister, who, unfortunately, is not in the chamber to hear my speech.

A few months ago, there was an enormous furore in the Scottish Parliament when it was revealed that there was a lack of investment in equipment in our hospitals. We also dealt with the issue of the underfunding of radiology equipment, which was brought to the fore by Professor Jamie Weir of Grampian University Hospitals NHS Trust. The minister must understand that the radiology issue is only the tip of the iceberg with regard to the condition of medical equipment in our hospitals.

It is extremely difficult to get national information on the state of medical equipment in our hospitals, yet that is essential to the delivery of proper patient care. I had to conduct my own investigation in Grampian. Correspondence from management in the NHS trust told me that 25 per cent of general medical equipment in that area's hospitals is beyond what is referred to as its standard life. In other words, a quarter of general medical equipment in the area should have been replaced long before now.

I recently lodged a parliamentary question about cancer treatment waiting times in Tayside and discovered that that area has the longest waiting

times for cancer treatment in the country. One of the reasons given by the health authorities in the area is that the equipment is old and has broken down. What are the causes of that? There is a general lack of investment. In its letter to me, the medical management of Grampian told me that matters are "less than satisfactory". On general medical equipment, the letter says:

"There has often been a gap of over £500,000 between what is requested each year and the funds that the Trust were able to make available under this heading."

There is also the issue of how funds are allocated. Often, it is a case of use it or lose it. A radiology department might want to buy a machine that costs £1 million, but is unable to save money from the £500,000 it gets each year—it all has to be spent. The minister has to sort that problem out immediately. There are implications for the reliability of Scotland's medical equipment. As happened in Tayside, equipment breaks down if it is old.

If equipment is not modern, we cannot maintain a proper standard of health care in Scotland. In the Royal Aberdeen children's hospital, one piece of equipment gives one tenth of the dose of radiation treatment that the older equipment gave last year. It will bring enormous benefits for the health of patients. Generally, however, the standards are falling behind. A new computed tomography scanner in Aberdeen hospitals is able to examine 40 patients a day, but the infrastructure in the hospital makes it possible to examine only 20 patients a day: the same as was possible with the old machine. The state of our medical equipment and the lack of infrastructure mean that we cannot keep up with modern standards in the health service.

If we ask our medical staff to use older medical equipment, there will be implications for patient care. We know that claims for compensation worth many millions of pounds are made against hospitals every year. What is causing those adverse events, as they are called, in the health service? Perhaps it is the fact that our medical staff are being forced to use out-of-date equipment that is not appropriate to the job in hand. Let us try to find out what lies behind those claims, as is happening in England.

I call on the minister to ensure that there is an immediate audit of medical equipment in all Scotland's hospitals. We must find out what should have been replaced before now, so we can address that problem. The national health service needs a national policy and national statistics. I agree with the modernisation of the health service that the minister talked about, but I do want the medical equipment to be modernised as well as the bureaucracy.

11:44

Tommy Sheridan (Glasgow) (SSP):

Unfortunately, yet again, my amendment has not been selected. However, I hope that today's debate marks a new trend in the politics of our new Labour colleagues. It is a long time since I have been able to agree on a political matter with Hugh Henry, but I find myself in complete agreement with him today. He used a phrase that heartened me. He said that it is time to renationalise the national health service. I hope that that is not the last time we will hear that term being used and that we will hear it further in relation to our rail, gas and electricity.

I hope that the minister will agree that there are some absolute prerequisites for improving the governance and accountability of the national health service. First, there has to be the fullest possible democratic involvement of the health workers' unions, the patients' representatives and the professional organisations. That involvement has to be real and based on consensus and democratic judgment. We should not have—as happened with the problems with higher still and the Scottish Qualifications Authority—a profession that is acutely opposed to major change and therefore not willing or able to deliver it. There has to be involvement of those who work in the national health service and those who require it.

Another prerequisite is that there should be an overhaul of our boards and trusts. There is no place for those unelected, unaccountable quangos in a new, modern, renationalised national health service. We need the involvement of the health workers' unions, which represent the nurses, auxiliaries, cleaners, technicians and porters. We also need the patients' representatives and the professional organisations, but their participation must be on an accountable basis.

Of course, that is all just talk if it is not matched with resources. We cannot improve the governance and accountability of our health service if it does not have the resources that are required. There is a multiple sclerosis scandal in Scotland. There is a huge problem in cancer care. We have a disgraceful situation in relation to autism and other child disorders. I know that both ministers want to tackle those problems, but that cannot be done unless there are sufficient resources. If those who use the health service are to be more satisfied, we have to provide the resources to allow the staff to deliver that service.

We already have a complex set of statutory requirements for clinical governance in relation to such matters as clinical risk management, which is supposed to reduce litigation costs. It is supposed to encourage an honest assessment of situations when things have gone wrong so that measures can be introduced to avoid similar problems in

future and so that there can be early communication with, and explanation and apology to, patients or potential litigants. The difficulty is that in a service that is under-resourced or understaffed, it is much easier to apportion blame and to have a culture of blame.

Richard Lochhead: The member may be aware of the organisation with a memory project in England, which tries to move away from the blame culture and to get at the root of problems in cases of compensation claims, such as stressed workers or the lack of good equipment. Does the member agree that we need such a study in Scotland?

Tommy Sheridan: I agree 100 per cent about the need to mimic the practice to which Richard Lochhead refers. However, I hope that we will not mimic another practice in England—I will seek an assurance from the ministers on this. As part of the national plan in England, there is a move towards the naming and shaming of hospitals that do not meet certain targets and requirements. Unless there is adequate resourcing, targets mean nothing to hospitals and staff.

There is a complex set of rules, which many trusts are not following. Because of reorganisation, deficits and winter pressures, the service is firefighting and staff morale is at rock bottom. The Executive will be unable to deliver an improvement in the governance and accountability of the health service unless the service is properly resourced. Will ministers agree that the Scottish health plan must be properly resourced and must deliver, as Hugh Henry said, the renationalisation of our health service in Scotland?

The Deputy Presiding Officer: Speeches should now last less than four minutes, please.

11:50

Irene Oldfather (Cunninghame South) (Lab): As I am coming down with a cold, and given that a lot of points have already been made this morning, I will cut out some of my speech—I am sure that you will be pleased about that, Presiding Officer.

I agree with much of what Margaret Smith, Hugh Henry and George Lyon said. It is no longer enough that health services are simply presented to the user. Public ownership should not solely mean state ownership, but that each individual, each family and each community has a stake in the NHS, with associated rights to involvement and consultation. Those are not just the rights of a consumer; they are the rights of a citizen.

That is where the internal market went so badly wrong. It involved the creation not only of a divisive two-tier health service, but of a culture that was alien to most people's wishes for and expectations of the NHS. It is not long ago that we

discussed GP fundholding and purchaser-provider splits. We have forgotten that, and we have come along way in a relatively short time, although there is still a way to go.

Foremost among expectations are openness and transparency. The inquiries into Stobhill and Stracathro spring to mind. Regrettably—and as Margaret Jamieson said—the problems there are not isolated incidents. They demonstrate that more work is required to ensure that health boards become more accountable. There is a democratic deficit.

North Ayrshire Council has set up a consultative health forum consisting of council members and officers, parliamentarians and chairs and chief executives of the local health authorities. Although it is a purely consultative body, the forum allows elected representatives to discuss constituents' concerns with health managers. It is certainly a step forward in community involvement. If local authorities are to drive forward the community planning agenda, clear opportunities will arise from such forums, but it would be a mistake to view accountability as relevant only in macro policy terms. Decisions about individuals are just as vital and require just as much transparency and accountability.

This morning, the minister spoke about too much bureaucracy and about fractured accountability. Sometimes, it is the little things that count for patients, including cleanliness on the ward and in the toilets; having someone to help with eating at meal times; and having easy-to-understand information. In all those matters, we must listen to the patients' voice.

Ninety-five per cent of GPs do a terrific job and act as a linchpin in the primary care sector, but it is a matter of concern that GPs can—and occasionally do—remove patients from their lists without being obliged to give any reason. No one would deny GPs the right to remove patients from their lists when a relationship has broken down, but the fact that they can do so without providing reasons often fosters mistrust of the service, usually among people who are socially excluded to some degree and who are, therefore, in most need of a positive relationship with the service. It would hardly be onerous to require GPs to give reasons for such decisions. It would cost nothing, but would improve accountability and individuals' relationships with the health service.

A record level of spend must be complemented by openness and transparency. The democratic deficit in the health service must be addressed.

11:54

Nick Johnston (Mid Scotland and Fife) (Con): I agree with the minister that we require this

debate in advance of the publication of the Scottish health plan. The Conservative party has no problem with the motion or with Nicola Sturgeon's amendment. After three years of Labour Government in Britain, the health service is a basket case. After 18 months of Labour control in Scotland, with all the reforms and reviews, we have a patient who, if not yet ready for autopsy, is still not out of the critical care ward.

The Minister for Health and Community Care mentioned the white paper "Designed to Care", which amended trust duties to make trust chiefs accountable for the quality of care provided. That was laudable, but it added to the layers of bureaucracy and confusion in the health sector. Nothing was done to define leadership. I may not be the expert on the health service that colleagues in the chamber profess to be, but from my time in the army and in industry I know that leadership is not rocket science. Three basic things are necessary to make progress in any organisation: clear, unequivocal instruction on what the task is; a means of identifying the objectives; and measures to establish whether the objectives have been met and the task is complete.

The failure of leadership in the NHS is illustrated by what happened in the Tayside Health Board, as Andrew Welsh and I well know. A ministerial task force had to be sent in to sort out the mess. It identified confusion, a morass of cross-cutting responsibilities, failures to recognise problems in time, the trust's inability to work with the board and impotence and frustration in a health board that had responsibility of disbursing funds but no automatic right to check or monitor the use of those funds.

We should welcome ministers' recognition that the NHS in Scotland needs a hierarchy that is responsive to local needs yet retains a system to allow not only the identification at an early stage of incompetence, mismanagement or sheer cussedness but the recognition and promotion of good practice.

The setting up of the Scottish Parliament, as so many people have said, must surely allow for the many layers of bureaucracy to be stripped back and for decisions to be devolved to a local level. I thank George Lyon—who has left the chamber—for articulating Tory policy so well. Usually, when Hugh Henry sounds reasonable I realise that it is time for me to up my medication, but he is right—the NHS must be responsive to the needs of clients, not to politicians or civil servants. Again, Tayside provides an example in the acute services review's failure adequately to consult the local community and patients, leading to the incorrect—at least, I hope it is incorrect—impression that Perth royal infirmary is being closed or run down by stealth.

In his summing up, the Deputy Minister for Health and Community Care should tell us clearly what lies outwith ministerial control and what the responsibilities of civil servants in the NHS are. He should tell us in what circumstances ministers will take responsibility—if, indeed, there are any. We do not want to see put in place governance that allows ministers to duck responsibility by passing the parcel to boards, to trusts, to local health care co-operatives and back again.

So often, debates such as this are fig leaves to cover ministerial embarrassments or, in this case, past failures to act. Autumn is here, the fig leaves are falling and what is revealed is not a pretty sight.

11:58

Helen Eadie (Dunfermline East) (Lab): I congratulate Malcolm Chisholm on his new role. I also congratulate the Minister for Health and Community Care for bringing the motion before the Parliament. It demonstrates her clear commitment to identifying a way forward that we can all sign up to. I also agree with what Margaret Smith, Hugh Henry, George Lyon, Margaret Jamieson and Irene Oldfather have said this morning.

Many of the challenges that face us stem from the overlapping circles of health services and local government, but the community planning that Frank McAveety mentioned this morning is not enough. We need more fundamental change. The people whom I represent in Fife have a clear focus on accountability, which they believe is the key to so much. It costs £3.5 million to run Fife Health Board, yet the board and the trust still do not reflect the issues that local people face. Nearly a thousand elderly and frail people in Fife await assessment for occupational therapy—that is only one illustration of that point.

When the Scottish Parliament was established, local government feared that the Parliament would suck up its powers. The Minister for Health and Community Care has an opportunity to be bold and radical, and I believe that she is capable of being just that. What we see as the solution in Fife may not be the way forward elsewhere; in Fife, the boundaries of the health bodies, the council and the emergency services match, but that is not the case elsewhere.

More than a year ago, Fife trades council called for Fife Health Board to be transferred to Fife Council. I believe that my colleagues in Fife Council could demonstrate to the minister that they could undertake the duties of the health board and, at the same time, achieve a commitment to minimal restructuring for employees in the health services. There is no

doubt that NHS workers will be very anxious about such a suggestion; our challenge will be to reassure them that any resulting changes would cause minimal disruption.

Having experienced the 1996 restructuring of local government, I know how vital it is to ensure that staff in public services are valued and not demoralised by uncertainty. Above all, they must have the resources to do their work and to deliver the best possible service.

I agreed with a number of things that Nicola Sturgeon said this morning. Local people need to feel that they can influence and shape their local health services. The most frequent problem that I confront in my area is the inability of the professionals at the sharp end to deliver the services that their patients need. That stems from decision making at health board level, where barriers to the resolution of issues are continually presented. An example of extraordinary delay and prevarication in Fife Health Board was the issue of GP practice nurses. It took me a year to get a conclusive response, but that response still does not resolve the issue.

Fife Health Board's resource planning continues to result in health visitors and nurses in the village of Ballingry having to raise charity funding for aids and adaptations. Fife Acute Hospitals NHS Trust continues to be a law unto itself. Earlier this year, it made a decision to impose car parking charges at hospitals in Kirkcaldy and Dunfermline. Despite a petition of 90,000 signatures to the Scottish Parliament, and despite joint press releases from Fife MSPs, MPs and councillors, the acute trust has set its face and is determined to proceed. Where is the community planning in that? Where is the partnership with transport officials?

Denmark is just one example among our European partners of a country where the health services are in the hands of the local authorities. They have demonstrated how accountability can work. Will the Parliament encourage the Health and Community Care Committee to send a delegation to investigate how giving responsibility to local health authorities has led, in a clear and accountable way, to the beneficial involvement of local people?

12:02

Mr Kenneth Gibson (Glasgow) (SNP): Accountability and public consultation are important issues. I am sure that all of us in the chamber agree that the structures of NHS decision making are outdated, outmoded and in need of urgent review. Eighteen months ago, some parliamentary colleagues and I formed an unofficial cross-party group to look into the future of hospital services in south Glasgow. We did so

because we had been presented with plans by the South Glasgow University Hospitals NHS Trust and Greater Glasgow Health Board to restructure hospital services in south Glasgow. Those plans were virtually cut and dried, and were comprehensively rejected by community groups, NHS staff and service users.

My parliamentary colleagues and I persuaded the board and the trust to reconsider the plan prior to the launch of their statutory consultation. During that period, and into the consultation, we met umpteen groups—ranging from hospital staff associations to the ambulance service to the Minister for Health and Community Care herself. All my MSP colleagues attended numerous public meetings across south Glasgow, taking soundings directly from constituents. The board extended the consultation period by 10 weeks, and the number of public meetings that it organised increased manifold.

Once the consultation period was exhausted and the submissions had been delivered, it became clear that no cognisance whatever had been taken of the cross-party submission or of many others. The staff were ignored; the patients were ignored; and the community groups were ignored. To many, the consultation was a sham and an insult to those who took part. To the board and the trust, the consultation was a costly irritation, but one that did not deflect them one iota from the path that they had pursued prior to the exercise. To add insult to injury, the health board is now selling its plans via press advertisements costing tens of thousands of pounds that would otherwise be spent directly on services.

We need a response from boards and trusts that genuinely acknowledges the concerns of the public and professionals. The minister gave us hope when she spoke of her clear appetite for change. Is she aware that many decisions that have been made before any effective consultation had taken place are ultimately down to her department? For example, at Glasgow royal infirmary, despite total opposition from medical and nursing staff who believe that the merger will prove disastrous for patients, staff have been told that to access £50,000 to £60,000 to address winter pressures, a specialist head injury unit must merge with two medical wards. No one was consulted; staff were presented with a fait accompli. Why? The board said that without the merger, the Executive would not release money for winter pressures. The board said that

"following announcement of additional monies made available by the Scottish Health Department to address winter pressures, the Trust prepared a bid to secure almost £1 million additional funding . . . A key element of this bid outlines a proposal to integrate the head injury service, currently provided at Ward 29 with the Acute Medical Receiving service in Wards 4 and 5".

Staff believe that that blackmail will result in a loss of staff specialisms, a mismatch between patient needs and services and, ultimately, a loss of experienced staff who believe that their new working conditions will be intolerable.

Fundamental change to the way in which NHS staff work at the coalface must be preceded by real consultation if morale is to be maintained and service delivery improved. We must democratise the NHS.

The Deputy Presiding Officer: I ask all concluding speakers to trim a few paragraphs from their speeches if at all possible.

12:05

Nora Radcliffe (Gordon) (LD): Devolution offers us an opportunity to reshape the national health service in Scotland, to suit our own needs. However, such vocabulary—"reshape"—must raise hairs on the necks of all who work in the NHS. They have been through organisation, reorganisation, purchaser-provider split and reconfiguration. Just saying all that demonstrates the forces of fragmentation that have acted upon the health service over the past decade or so.

Staff have been working away in hospitals, health centres and communities while the management structure has been formed, broken up and reformed above and around them. It is probably fair to say that most management effort over those times went into managing change, rather than services. Each change has left a trail of debris and a huge and complex organisation has become littered with the remnants of each succeeding structure. Several members have highlighted that problem.

The health service will always be huge and complex, but we must accept the current structure and work within it, focusing on service delivery and staff welfare. It may be heresy to say so, but sometimes I think that structures are irrelevant. People will find ways in which to work within any structure. People can, do, and want to work together. Our job is to give those people the tools to do the job and then step back and let them do it.

Recently, I spoke to a health manager who had spent months trying to work with his opposite number in social work to set up protocols for joint working in a certain locality for the dozen staff involved. In the end, they made a leap of faith: they got the staff together, told them what they wanted and asked them to go and do it and to draw up the protocols as they went along. It worked. There is a lot to be learned from that. John Scott raised that issue. If we give people responsibility and let them get on with it, they will rise to the challenge.

I want to pick up on one or two issues that have been raised by members. Nicola Sturgeon talked about the SNP idea of a national health service commission with a strategic role, which would call into question the role and function of health boards. Various people talked about health boards and highlighted bad examples. However, just because there are bad examples, that does not mean that the role and function of health boards is wrong. We need a local strategic focus and health boards provide that. Whether such bodies should be quangos is another argument, but I am sure that someone must carry out that job at that level.

Nicola Sturgeon talked about additional money going into direct patient care. However, I want to sound a note of caution. We should not forget the health service staff. There are shortages of consultants, specialists, doctors, nurses, ward cleaners and porters; those staff that we have are working seriously long hours. Sorting that out will soak up a lot of resources. That money will not go into direct patient care, but will undoubtedly lead to better patient care.

Mary Scanlon talked about the "deep-rooted, elitist hierarchy" in the NHS. That was an accurate description, but that culture has been eroded. Nurses and other health professionals, such as pharmacists and professionals allied to medicine, are being given higher status and more responsibility.

Several members mentioned coterminosity. All that I have to say about that is that the boundary commission made a right sotter, but as it is an independent body there is nothing that we can do about it.

There was talk about setting priorities and objectives and tying those to budgets. Community care was never properly funded and there were complaints about councils and their failure to deliver on their health responsibilities. That is true to a point, but we should recognise that they were making bricks without straw. We must recognise that the health responsibilities of councils are broad—not just direct health services, but good health, sport and the arts. I disagree with Mary Scanlon: trees are important.

SIGN, CRAG, NICE and so on all do different and complementary jobs. That is fine, so long as everyone knows what they are doing and sticks to their brief.

Budgets and their scrutiny is a Parliament-wide problem, and we have to crack it, not just for health budgets, but for all others.

We come back to patients, who are the root of the issue. They need an easy passage through the system. They need involvement in their own health care, and involvement in decision making about how services are delivered and the services that

they want. To achieve that, we need to give them good information, for example the SIGN guidelines. If we implement our equality strategy, that will get better.

12:10

Mr David Davidson (North-East Scotland) (Con): I welcome today's debate, but having served on two Government advisory committees on health in a past life, I wonder about the ability of the civil service and the minister to rewrite the book between now and next month. The minister made a brave statement about comments that are made today being pulled into the thinking, but I find it incredible that after three years of relative inactivity, we will make it all happen in a month.

Many good comments have been made today, and despite the fact that there have been woolly proposals, members have contributed in a meaningful way. I still have a few questions about the approach to the debate. There is a lot of talk about management change, but the fact is that the NHS is not a structure but an organism. If that is thought through, it will be realised how the service fluctuates, moves, grows, develops and shrinks in different parts of the country. That is a new way of looking at the NHS that is not too stylised.

We have far too many layers—comments such as that have come from members across the chamber—but if that is the case, why are we not talking about the layers? There was little mention, and none from the minister, of the potential role of local health councils as spokesmen for users and communities. I would like that role to be beefed up and the minister to introduce decent proposals. Another question is, if the internal market failed, why have so many problems arisen only in the past two years?

Two years ago at my party's conference, I had the pleasure of delivering the basis of our proposed structures for the health service. Then as now, we did not see the need to retain health boards. They served a purpose at one time, but that time has come to an end. If we are to be radical, we can start with that proposal. We want community health trusts that take in all aspects of primary care, community hospitals and mental health. We would push—others, apart from Helen Eadie, also hinted at this—for the transfer from local government of health-related care provisions into primary care, so that we get focused, hands-on, single-point-of-entry treatment and support systems. The public are looking for such clarity.

No mention was made of how the minister intends to be accountable, other than in the chamber, but there are many questions to be asked. Day after day, in answer to parliamentary questions, we get answers saying that the

information is not held centrally. That cannot go on. If the minister is to make decisions, she must have the facts at the centre. If that means having a central statistical unit to provide her with trend analysis, that is what she must establish. It would be money well spent.

John Scott mentioned the clinical governance document, which I thought we were going to talk about today, but obviously we are not. Much of what is in that document is bureaucratic and needs to be put into plainspeak so that people can identify where things are going.

There was a lot of talk of postcode prescribing, but there is a solution to that. Health board money could be top-sliced and put in a central fund for which areas could bid, because clusters of conditions and treatments are not uniformly spread across Scotland. Every trust that I have spoken to has said that the issue must be addressed. If a trust has a lot of multiple sclerosis sufferers, who receive expensive treatment, and clusters of cancer and other conditions, disproportionate calls will be made on that trust's budget. Postcode prescribing has been talked about in the health service, but I have not heard the minister address it; our new deputy minister may do so when he winds up.

Everyone has talked about morale. GPs are saying that after the pain of moving to LHCCs, they see no gain. There is just pain—there are no new resources, no promises have been kept, and communications have broken down. The Executive must convince GPs that they can live with, and operate under, the Executive's proposals for them with confidence.

Membership of health boards has been discussed. The quality of the members is more important than how they are appointed. Board members give up their time, are paid little and invest much good effort.

Time is restricted, so I will not go into some of the finer detail. We live in a world of economic reality, and all speakers have called for transparency and focus. The big issue is whether we devolve or centralise responsibility and design. Opposition parties and the junior partners in the coalition have expressed a fair amount of warmth for early resolution of that issue.

Patient ownership of health care, shared by those who deliver the service, is the way forward. That will provide the democracy that we need and will improve morale. Leadership from the Minister for Health and Community Care is the key to building faith and confidence in our health service. I pray that the minister means it for once when she says that she will listen before she writes and publishes the document.

12:16

Shona Robison (North-East Scotland) (SNP):

I join the long queue to welcome Malcolm Chisholm to his first debate as Deputy Minister for Health and Community Care. I will enjoy sparring with him. I also welcome the tone of the debate. However, we should beware that consensus does not become an excuse for inaction. In December 1999, we agreed that accountability was a problem. In March, we talked about accountability again. Now, in November, we agree again that accountability is a problem and needs to be improved. It is time to stop talking, to publish the health plan and to get on with making the required changes.

Financial transparency is crucial. We need to know where the pounds are going and whether they are being spent where they are meant to be. Margaret Smith talked about the £26 million from the tobacco tax. What difference is that making? Margaret Jamieson talked about Ayrshire and Arran Health Board and made the point well that answers cannot be provided locally to questions about where money is being spent. In that case, the health board was spending money where it was not supposed to be spent. Those issues must be addressed.

Many members talked about public accountability, which must involve visibility. Procedures must be transparent and we must stop information being shrouded in secrecy. We must also assess some of the announcements that have been made about accountability.

We should find out whether there has been any improvement in the representation on boards. What progress has been made? Do the health boards represent a wider pool of people? The local partnership forums were supposed to address many of the problems of accountability—what has happened to them? The patients project is supposed to improve the way in which the NHS communicates with patients and their carers and families. We talked about that in December—what has been achieved to date? We need answers to those questions today.

Consultation will be a key issue; it should be more than a formality that involves decisions being made after a sham of consultation has been carried out. Andrew Welsh made a good point about the problems at Tayside Health Board. We need to improve the levels of openness and accountability—patients deserve that and have a right to expect it.

I note Susan Deacon's caution on the structural issues. She said that we do not want the health service to face yet another major restructure. However, I echo George Lyon's point that we must do something about the layer upon layer of

bureaucracy and quangos. I reiterate Nicola Sturgeon's points on the need to have a bit of ambition and vision—we hope to see that in the health plan.

I hope that the Deputy Minister for Health and Community Care will accept that the SNP amendment is a genuine attempt to strengthen the motion by adding to it public and staff involvement and a recognition that change must be resourced adequately. The issue of resources is important—change must be resourced adequately if it is to be successful.

We must also remember the points made by Hugh Henry about the language that is used sometimes—we, too, may be guilty of talking in tongues in the chamber. Hugh's comments about renationalising the health service will stay with me after the debate. He was absolutely right, because the public want a health service that has them at its heart. They want a health service that gives patients the No 1 priority and that ends postcode prescribing, so that it does not matter where in Scotland one lives. They want a truly national health service.

We have heard about the problems that are caused by out-of-date and inadequate equipment and by waiting times—depending where one lives, one's cancer may not be treated in time. We have heard from many people throughout Scotland about the need for clean wards, which is a basic point. When we talk about the NHS, we should remember the people's priorities.

We want the health plan to be issued before the Christmas recess and I hope that the Deputy Minister for Health and Community Care will give us a commitment to hold a full debate on the plan when it is published.

The Presiding Officer (Sir David Steel): I thank Shona Robison for taking less than her allotted time.

12:22

The Deputy Minister for Health and Community Care (Malcolm Chisholm): I thank the members who have welcomed me back to the front bench. In particular, I thank Margaret Smith for her reference to the Health and Community Care Committee's attempts to knock me into shape, although the committee has been as successful in those attempts as others have been.

I acknowledge the great contribution made by the Health and Community Care Committee to the debate on governance and accountability. In fact, the issues that we have debated today have been raised over a long time by not only the Health and Community Care Committee but by staff in the health service, by patients, by managers and by

members in the chamber. It was slightly odd, therefore, that Nicola Sturgeon spent the first three minutes of her speech asking why we were debating those issues.

Having said that, I welcome the constructive comments made by Nicola Sturgeon and Shona Robison. I assure them that the health plan will address many of the issues that they—and many other members—raised today. I reassure them that the plan is on track and that an announcement will be made to Parliament before Christmas, preceded by a presentation to the Health and Community Care Committee.

Shona Robison said that the issues we are debating today were raised a year ago, but we should remind ourselves that there has been massive consultation on the health plan and that many working groups have worked on it over many months. For those reasons, although we are sympathetic to the SNP amendment, we believe that its wording is slightly misleading, given the amount of consultation that has taken place. It is important that we progress the immediate changes without formal consultation, although it is clear that all partners will be fully involved in the longer-term plans.

We agree with many of the comments made by Nicola Sturgeon, many of which had been made already by Susan Deacon. In particular, Nicola Sturgeon called for us not to shy away from more radical restructuring. In Susan Deacon's speech, which members will be able to find and check in the *Official Report*, she explained how the health plan would pursue that important, long-term piece of work.

I also agree with many of the points made by Mary Scanlon in the debate. In particular, there needs to be more clarity on priorities. That is something that the health plan will address. I thought that Mary Scanlon was a little grudging about the considerable extra resources—more than £100 million—that were announced by Susan Deacon at the beginning of October for home care and other related services. That extra funding will address many of the problems to which Mary Scanlon referred. Those moneys are being given to local authorities on a new basis in terms of agreed outcomes. That is something that we should all welcome.

Today's debate has considered the problems that we have at the moment and has dealt with the general principles and policy objectives that will help to address those problems. I will not reiterate those problems, but I shall repeat briefly that current problems relate to the complexity of the system, ambiguity over where responsibility lies, blockages, slow decision making and residual competitive behaviour. Our starting point must be to say that how the NHS is structured matters less

than how effectively it performs its principal functions. However, process of decision making is critical to that effectiveness.

Mary Scanlon: I appreciate the fact that the additional money that was allocated to local authorities is being auditrailled and is based on clinical outcomes, such as how many people are being given home care. Does the minister agree that, on the basis of experience, all money that goes to local authorities should consistently be auditrailled and based on clinical outcomes?

Malcolm Chisholm: We have made an important development in terms of the new money and we have a lot of information about how local authority money is spent at the moment. We do not want to get too tied up in audit trails, but we want to emphasise the importance of agreed outcomes.

I shall move on to deal with governance and accountability. Certain key themes and principles have emerged in relation to governance. First, the national health service is a national service. Trusts and health boards are the NHS and I welcome the recent submission from the Scottish Association of Health Councils, which pointed out that trusts and health boards must be more clearly branded as the NHS.

A second theme that has emerged is that effective, integrated decision making is key to improvement. Mary Scanlon said that David Mundell had referred to the consolidation of trusts and boards. I welcome Margaret Jamieson's reference to there being one plan, and I note and welcome Hugh Henry's words—echoed by Tommy Sheridan and Shona Robison—about the renationalisation of the national health service. I am, of course, far too new Labour to use such a word, but it has been a hallmark of the debate. Susan Deacon may live to regret that one of her good lines has been stolen rather prematurely.

Another key theme has been the importance of greater clarity about roles and responsibilities, which includes the health department setting the strategic policy agenda. The corollary of that is strong local systems, and we heard the evidence from the MORI patient survey that found that people do not feel that they are involved in decision making. Patients and the public are clearly at the heart of our developing agenda for the national health service.

I welcome the practical points that Irene Oldfather made about matters such as cleanliness in hospitals. I reaffirm our commitment to the modernisation of local health councils, which clearly have an important continuing role to play. I also emphasise the importance that we attach to patient information, which was mentioned by many speakers.

It is not just the patients and the public who matter. Mary Scanlon, Margaret Jamieson and Tommy Sheridan all mentioned the importance of the staff. Work has begun in the Scottish partnership forum to improve staff involvement.

Nicola Sturgeon: Several speakers asked for a progress report on the patients project. Can the minister provide such a report now?

Malcolm Chisholm: One of the major themes of the health plan will be the whole patient and public involvement agenda, and more will be said about that then.

The last partners, but by no means the least, will be the local authorities, which Frank McAveety mentioned.

On accountability, the important general principle that has emerged today is whole-systems accountability. More specifically, we need greater clarity about lines of accountability—who is accountable to whom, and how. Accountability needs to be both upwards and outwards—or downwards, as Nicola Sturgeon put it. Again, local authorities have a role in ensuring that.

Key to our proposals on accountability is the need for a clear performance assessment framework. We want a performance assessment process that focuses on patients—on the people who use the service and their experience of it. We want a framework that focuses on outcomes, not inputs. As many members have said, money is important, and it would be irresponsible to suggest that the largest public sector body in Scotland can afford to be anything other than financially sound. However, our measures of success must also accommodate people's experience of the service. This must be about achieving quality outcomes.

We have consulted widely about the issues that I have outlined and others, and they will be dealt with in the Scottish health plan. We will continue to consult until we put the plan to print. However, the process will not stop there. The plan will be a staging post, not an end point. It will signal the direction of travel for years to come. We recognise that there is more to be done and will continue to involve those who will be affected by the plan: the public, patients, carers, staff and public and voluntary organisations.

Today we have talked much about the NHS, local health services and local systems. However, we must always remember that the NHS does not exist in isolation, but must interact with others, not least with local authorities around Scotland. Increasingly, our work on health is interrelated with the work of other public and voluntary organisations and with the Executive's policies on housing, education, social justice and social inclusion. We recognise that, and also recognise the fact that we must do more to work with

everyone who is involved in those and other areas. We regard that as fundamental to the health improvements that we want to achieve.

I know that today's messages will be welcomed by everyone who has a genuine interest in improving the health of our people and the health service that they receive. I say to all members present, and to people who are listening elsewhere, that the status quo is not an option. The Executive recognises the strength of feeling around this issue and the desire for change. Susan Deacon and I also want change. However, we must resist the temptation to go for wholesale structural change that will distract attention from the real priority—improving health and people's experience of their health service.

Today marks the beginning of a process of moving forward. I want us to move forward together. We know that there are already many good examples of joint working and integrated planning. We want those to become the norm across the NHS in Scotland. Partnership working and joint working are necessities if we are to deliver the truly seamless care that the people of Scotland have a right to expect. This is not about structural upheaval, but about improving the health of the people of Scotland and achieving quality patient care for all.

Business Motion

The Presiding Officer (Sir David Steel): I call Tavish Scott to move, on behalf of the Parliamentary Bureau, business motion S1M-1326, as set out on pages 2 and 3 of the bulletin.

The Deputy Minister for Parliament (Tavish Scott): Before moving the business motion, I inform members that the Scottish National Party has indicated that its topics for the morning of Thursday 16 November are a debate on community care, followed by a debate on the housing stock transfer. The Executive business on the afternoon of Thursday 16 November will be a debate on the implications for the Scottish Executive of the pre-budget statement by the Chancellor of the Exchequer.

I move,

That the Parliament agrees

(a) the following programme of business—

Wednesday 15 November 2000

2.30 pm Time for Reflection

followed by Ministerial Statement

followed by Executive Debate on Social Justice

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business - debate on the subject of S1M-1236 Ms Sandra White: Glasgow and West Coast of Scotland Rail Infrastructure

Thursday 16 November 2000

9.30 am Scottish National Party Business

followed by Ministerial Statement

followed by Business Motion

2.30 pm Question Time

3.10 pm First Minister's Question Time

3.30 pm Executive Debate on Implications of the Chancellor's Pre-budget Statement for the Scottish Executive

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business - debate on the subject of S1M-1273 Mr Duncan McNeil: Compensation for Mesothelioma Sufferers

Wednesday 22 November 2000

2.30 pm Time for Reflection

followed by Executive Debate on Domestic Abuse

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 23 November 2000

9.30 am Committee Business

followed by Stage 1 Debate on the Salmon Conservation (Scotland) Bill

followed by Business Motion

2.30 pm Question Time

3.10 pm First Minister's Question Time

3.30 pm Continuation of Stage 1 Debate on the Salmon Conservation (Scotland) Bill

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

and (b) that the Transport and the Environment Committee reports to the Justice and Home Affairs Committee by 24 November 2000 on The draft Scotland Act 1998 (Transfer of Functions to the Scottish Ministers etc.) (No. 2) Order 2000; and

(c) that the Justice and Home Affairs Committee and the Rural Affairs Committee report to the Transport and the Environment Committee by 24 November 2000 on The draft Scotland Act 1998 (Cross-Border Public Authorities) (Adaptation of Functions etc.) (No. 2) Order 2000.

Motion agreed to.

12:33

Meeting suspended until 14:30.

14:31

On resuming—

Question Time

SCOTTISH EXECUTIVE

Homeless People (Christmas)

1. Mr Kenneth Macintosh (Eastwood) (Lab): To ask the Scottish Executive what plans it is drawing up to address the needs of homeless people over the Christmas period. (S1O-2498)

The Minister for Social Justice (Jackie Baillie): It is unacceptable that people should be homeless at any point in the year. Our target is that by 2003 no one should have to sleep rough. We have increased funding for the rough sleepers initiative to £40 million to extend the provision of services for rough sleepers and to increase the attention that is paid throughout the year to preventing rough sleeping.

Mr Macintosh: I thank the minister for her answer and for her announcement this morning of measures to tackle street homelessness in Glasgow. Does she share my concern about attempts to reintroduce Victorian concepts such as the deserving and undeserving poor? Will she assure members that misplaced and misguided efforts to stop individuals giving money to beggars will not be introduced in Scotland and will not be allowed to undermine the excellent work that Parliament has done to tackle homelessness and rough sleeping?

Jackie Baillie: We are aware of the campaign by the rough sleepers unit. Our priority is to ensure that by 2003 no one has to sleep rough. Our approach in Scotland is to find solutions by involving those who have experience and knowledge of the problems. We are not targeting particular groups, such as beggars—we should address the underlying reasons for their situation. I reassure Kenneth Macintosh that our approach in Scotland is different.

Tricia Marwick (Mid Scotland and Fife) (SNP): I welcome the minister's announcement and her reminder that homeless people are not just for Christmas, but are there in January, February and beyond. I thank the minister for condemning the remarks that were made by Louise Casey. Will she go further and assure Scottish charities that criticism of the Scottish Executive will not lead to the withdrawal of funding, as Louise Casey threatened that criticism of the Government would result in in England?

Jackie Baillie: On no occasion have we

threatened to withdraw funding from voluntary organisations in Scotland. We respect and value the contribution that the voluntary sector makes to Scotland and, indeed, we respect the fact that voluntary organisations will criticise us occasionally.

The Presiding Officer (Sir David Steel): Question 2 has been withdrawn.

Young Carers

3. Karen Whitefield (Airdrie and Shotts) (Lab): To ask the Scottish Executive what steps are being taken to address the needs of young carers. (S1O-2499)

The Deputy Minister for Health and Community Care (Malcolm Chisholm): The Executive recognises that young carers can be a particularly disadvantaged group and that they have specific needs. We are taking a number of steps to address these needs under our strategy for carers in Scotland.

Karen Whitefield: Does the minister recognise that there must be a balance between support for young carers and support for the person who is being cared for, so that duties of care are alleviated for those young carers? Does he also accept that it is not appropriate for young carers to undertake certain care duties, such as heavy lifting and toilet duties? If so, what measures will he take to ensure that that issue is addressed?

Malcolm Chisholm: The main themes of the Scottish carers strategy relate to information, standards, legislation, services and monitoring. Action is being taken in each of those areas to help young carers. For example, a young carers information pack was produced recently and money has been given to the Princess Royal Trust for Carers to ensure that there are high standards in young carers projects. A working party has been established to find out what can be done in legislation to help young carers. There have been several announcements recently of pots of money to help young carers. Last week, it was announced that £500,000 would be provided for carers projects, including young carers projects.

Karen Whitefield can rest assured that a great deal of action is being taken to help improve the position of young carers in Scotland.

The Presiding Officer: Question 4 has been withdrawn.

Local Access Panels

5. Lewis Macdonald (Aberdeen Central) (Lab): To ask the Scottish Executive what plans it has for working relationships with local access panels, which promote access to the built environment and the countryside for disabled

people. (S1O-2500)

The Deputy Minister for Health and Community Care (Malcolm Chisholm): The Executive has close links with a range of statutory, voluntary and private sector bodies, which are active in encouraging increased access for disabled people to the built environment and the countryside. Local access panels play a vital part in ensuring access for disabled people and are consulted on a wide range of issues, including changes to building regulations. The proposed land reform bill will contain proposals to establish the right of responsible access for all.

Lewis Macdonald: I thank the minister for his positive recognition of the role of access panels. Is the minister aware of the invaluable support that has been provided in the past by Disability Scotland, in particular to local groups such as Aberdeen Action on Disability and Aberdeen disability advisory group? Does he recognise the importance of access to a national body to local groups, service providers and individual disabled people? Will he ensure that any body that takes the place of Disability Scotland continues to base its work on the principles of inclusiveness and accessibility?

Malcolm Chisholm: I take this opportunity to acknowledge the work of local access panels and the support and training that is provided by Disability Scotland to those panels. The Executive is determined to secure the work of Disability Scotland. An administrator has been appointed by Disability Scotland to draw up a report. We are considering the best way forward to ensure that the interests of people who have a disability continue to be represented.

Michael Matheson (Central Scotland) (SNP): As the minister will be aware from what Lewis Macdonald has just said, many access panels are concerned about the loss of Disability Scotland. They have come together under the Scottish disability forum and would be keen for the forum to offer a national umbrella for disability organisations throughout Scotland. Is the minister prepared to enter into discussions with the forum to explore whether it could fulfil such a role?

Malcolm Chisholm: In the Executive, disability is a matter that is shared between the health department and the equality unit. Discussions with the Scottish disability forum have already taken place. It is true that many bodies represent the interests of disabled people in Scotland. The Executive is determined to find a way forward on the matter and, following the publication of the report by the Disability Scotland administrator, we will consider what the best way forward is.

Mobile Phone Masts

6. Mr John Home Robertson (East Lothian) (Lab): To ask the Scottish Executive what the current position is with regard to recent applications for the erection of mobile phone masts. (S1O-2486)

The Minister for Environment, Sport and Culture (Mr Sam Galbraith): Planning applications for mobile phone masts should be determined by planning authorities on the basis of existing planning guidance and legislative provisions.

Mr Home Robertson: I agree. However, following Sarah Boyack's announcement of new planning controls on telecommunications masts on 11 September, is not it downright provocative for companies such as One 2 One to indulge in a last-minute rush to erect masts under the old system in places such as Cockenzie, Port Seton, Tranent and North Berwick? That old system was designed for the benefit of public utilities. Will the minister instruct such companies to co-operate with local authorities and local communities or face the prospect of increasing demands in Parliament for the new regulations to be made to apply retrospectively to 11 September?

Mr Galbraith: I am aware of the strong feelings about mobile phone masts. We asked all the planning authorities to provide us with returns on the number of applications that they had received. However, the response was very poor indeed. There was no general significant increase in the number of applications, other than what one would expect in the course of the development of the industry in the areas that are concerned.

I understand and agree with the point that John Home Robertson raised and there is widespread concern about the matter. I remind all mobile phone companies that we will publish—this month, I hope—our proposals for legislative changes and I suggest that they examine the proposals to ensure that their applications are in line with them.

Fergus Ewing (Inverness East, Nairn and Lochaber) (SNP): Will those legislative proposals require in future full planning control for masts that are erected on buildings? Is the minister aware that there have been no fewer than 104 applications for such masts during the past three months and that the issue is of great public concern, particularly with regard to the possible health risks that masts might cause?

Mr Galbraith: As Fergus Ewing knows, the Stewart inquiry showed that there is no evidence of any health risks, but suggested that it was best to proceed on a precautionary basis. He should wait until I publish the proposals to see what is in them.

Dr Sylvia Jackson (Stirling) (Lab): Given the evidence of the Stewart report and the advice to adopt a precautionary principle, I again suggest a moratorium on masts in the period until the legislation is in place.

Mr Galbraith: We do not have statutory powers to impose a moratorium—

Michael Russell (South of Scotland) (SNP): SQA!

Mr Galbraith: I understand the concerns and I say to the companies that are involved that they should be aware of and take into consideration the pressures from the public and Parliament—pressures from reasonable and sensible people who do not shout from a sedentary position.

Convention of Scottish Local Authorities (Meetings)

7. Mr Keith Harding (Mid Scotland and Fife) (Con): To ask the Scottish Executive when the Minister for Finance and Local Government will next meet representatives of the Convention of Scottish Local Authorities and what issues are likely to be discussed. (S1O-2501)

The Minister for Finance and Local Government (Angus MacKay): I will meet COSLA representatives later this month to discuss the local government finance review and settlement.

Mr Harding: I thank the minister. Does he agree that by introducing his tax on pensions in July 1997, Chancellor of the Exchequer Gordon Brown has deprived Scottish councils of more than £52 million from their budgets over the past two years? That is money that could have gone a long way towards resolving the current council workers strike.

Angus MacKay: The issue to which the member should address himself is the local government settlement that was announced earlier this year. The COSLA spokesperson on finance said that COSLA's fair share of the spending review should be £1.2 billion over the next three years. He said later that he was delighted to hear that that is exactly how much COSLA will be getting.

Mr Mike Rumbles (West Aberdeenshire and Kincardine) (LD): When the minister meets COSLA next, will he bear it in mind that COSLA does not speak with one voice on the formula that is used to determine the financial allocations to local government and that many rural councils, such as Aberdeenshire Council, feel strongly that they are disadvantaged by the current distribution formula?

Angus MacKay: I know that a number of different views have been expressed on the range

of issues that are currently being discussed by the Executive and COSLA on the wide-ranging programme of reforms to local government finance. I am aware that Aberdeenshire Council and other authorities have different views on the distribution formula. I hope that we can address all their concerns when we announce our conclusions, which we will do soon.

Scottish Qualifications Authority

8. Dennis Canavan (Falkirk West): To ask the Scottish Executive what its current position is regarding the Scottish Qualifications Authority's handling of this year's examinations. (S1O-2496)

The Minister for Education, Europe and External Affairs (Mr Jack McConnell): Publication last Friday of the Deloitte & Touche report of the independent inquiry provided us all with a frank account of what happened this year. We must now move forward in the same spirit of openness. I am determined that the SQA must deal quickly and effectively with all remaining appeals and queries about this year's results so that candidates are not left in doubt any longer than necessary.

I have also asked the SQA, under the leadership of a new chair and a smaller board, to provide by 20 November a formal compliance statement on how it intends to put the Deloitte & Touche recommendations into action. I will publish that statement and put monitoring arrangements in place that will involve all stakeholders and provide for accountability to Parliament.

Dennis Canavan: Is the minister aware that I wrote to the chief executive of the SQA on 7 September, requesting that candidates who are dissatisfied with the results should have the right to see their marked examination papers? Here we are, nine weeks later, and I still have not had a reply. If the SQA cannot even reply to MSPs' letters, is it any wonder that candidates, teachers, parents and some employers—for example, Scottish Widows—have little confidence in the SQA? Will the minister take steps to ensure that justice is done and is seen to be done, particularly for the young people whose future is jeopardised by the SQA fiasco?

Mr McConnell: I am happy to look into the matter of Mr Canavan's letter and I will raise it with the chief executive of the SQA. It is important that we and the SQA look at provisions for access to marked exam papers. That issue has been raised by this year's incident and must be addressed for future years.

Employers organisations and employers throughout Scotland were among those who were most strident in their demands for the changes that were brought in by higher still. Given that, it

was wrong for a major employer in Scotland to question the validity of the examination system—I stress this point—before the exams had even been marked this year. Scottish Widows should think twice before it puts in jeopardy the future careers and credibility of Scotland's young people.

Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab): I welcome the minister's assurances on provisions that I hope will allow young people access to their examination scripts. Can he reassure members that there will be no repetition of the problem of inadequate numbers of markers in place? Will markers be adequately remunerated for the important and valuable work that they do?

Mr McConnell: The provision of markers, the timetable for the preparations for marking and the remuneration of markers are all vital issues that were raised in the Deloitte & Touche report. I intend to raise those matters with the new chair of the SQA and I intend that the SQA should consider those issues as part of the action plan that I have asked it to publish. I intend to make a statement on those issues and to take a decision on them before Christmas.

Michael Russell (South of Scotland) (SNP): I welcome the fact that the new minister has taken more decisive action in seven days than his predecessor was capable of taking in months. I also welcome the fact that he has done so on a consensual basis.

In recent days, the minister has announced changes to the board of the SQA. Will he confirm that longer term and permanent changes to the governance of the SQA and to the way in which it operates will come after full discussion of the reports of the parliamentary committees and Deloitte & Touche and the statement that the minister has asked for from the new board of the SQA by 20 November? In that way, all members who are concerned about those matters can take part in helping to solve the problems that have so damaged Scotland's young people?

Mr McConnell: Last Friday, when we published the Deloitte & Touche report, I gave a commitment and I announced my action in relation to the board. I said that I would take no further action on a permanent restructuring of the board until after the publication of the Enterprise and Lifelong Learning Committee's report. I will stick to that commitment.

I welcome Mike Russell's remarks about us all working together to restore confidence in the examination system. It is vital that all members and all those who are involved in Scotland's education system from top to bottom are involved in ensuring that the youngsters who sit exams next summer can have faith in those exams and their

marking. They should have that faith before the exams, at the time of the exams, at the time that the marks come out and afterwards. If we can all work together to achieve that, we will have done a great service to those young people.

Flu Vaccines

9. Mr John Munro (Ross, Skye and Inverness West) (LD): To ask the Scottish Executive what is being done to ensure that there are sufficient flu vaccines to meet the current demand among vulnerable groups. (S10-2476)

The Minister for Health and Community Care (Susan Deacon): The Scottish Executive continues to be in regular contact with all key stakeholders in the national health service and with vaccine manufacturers to ensure that all those who are in at-risk groups, which now includes all those aged over 65, will be offered the flu vaccine.

Mr Munro: I understand that general practices throughout the country take delivery of the flu vaccine at different times. Does the minister agree that all general and medical practices should be advised and encouraged to commence treatment on the same agreed date? That would be to the benefit of all concerned.

Susan Deacon: I will first pay tribute to the work that is being done by general practitioners and pharmacists throughout Scotland, and to the extent to which they have joined together and worked closely with the Scottish Executive to ensure that we have been able to offer the largest ever flu immunisation programme. I am loth to say that identical practices should be followed throughout the country, because it is important that local services can be responsive to local needs. However, I assure John Farquhar Munro that the Scottish Executive continues to work closely with local health care services to ensure that flu vaccine is available and that flu immunisation continues throughout the country.

John Scott (Ayr) (Con): In the light of this morning's debate and the revelation that funding that was allocated to specific projects in Ayrshire was not being spent on them, will the minister assure us that the flu vaccination programme is on target in Ayrshire?

Susan Deacon: It is important to point out that more than £10 million is being spent this year on the flu immunisation programme alone. Following the national promotional campaign—backed up by work at local level—I am delighted that people who are at risk have responded to the call and have taken up the vaccine.

At the end of October, 650,000 doses of the flu vaccine had been delivered to GPs and pharmacies throughout Scotland. Of course, it is

for local areas to make the arrangements that best suit their needs; but I can assure members that the supply is available and being distributed throughout the country.

Nicola Sturgeon (Glasgow) (SNP): Will the minister give a full progress report on the level of uptake of flu vaccines? She will be aware of anecdotal evidence that, in some parts of the country, uptake might be as low as 20 per cent, compared with the minister's target of 60 per cent. Is the minister satisfied that enough is being done to ensure that people are getting the vaccine now—before a flu outbreak—rather than waiting until it is too late?

Susan Deacon: The target of 60 per cent is not my target. The uptake target to which Nicola Sturgeon refers was agreed in discussion with the medical profession and those who are involved in the delivery of the vaccination programme. It was set because the people who are involved in the programme thought that it was right to aim for as high an uptake as possible. An effective series of measures has been put in place throughout the country to ensure that the programme is effective. Ultimately, it is up to individuals to choose whether they take up the offer. However, I take the opportunity to encourage those who are in at-risk groups to take up the offer of flu immunisation. We should deal with facts, rather than debate knee-jerk reactions to anecdotes.

We have good arrangements in place for monitoring data. The first figures will be issued in about a fortnight.

Mary Scanlon (Highlands and Islands) (Con): There have been some concerns about the shortage of flu vaccines. Will the minister clarify whether manufacturers are experiencing short-term problems and whether the supply of vaccines will be sufficient to meet the level of demand over the winter?

Susan Deacon: There is no national shortage of flu vaccine. Arrangements are in place and discussions with manufacturers are on-going to address any short-term disruption of supply that might occur. The Scottish Executive has organised 250,000 contingency doses and has already made 100,000 of those doses available to local systems where short-term disruption has taken place.

I must emphasise that it is not helpful to elevate a local incident to a national crisis. Sometimes an individual is not able to get a flu jab because their GP has not checked with the community pharmacist when the next batch of vaccine will arrive. Let us consider such events in context and keep them in proportion.

Dorothy-Grace Elder (Glasgow) (SNP): Pensioners seem to be particularly clued up about the need to get vaccinated. Indeed, many of us

find that pensioners are particularly clued up about everything. However, there is concern about younger vulnerable people, for example bronchitis and asthma sufferers, whose uptake of vaccines could be as low as 20 per cent. That could be disastrous. There is also some concern about the homeless who are living on the streets. Will the minister assure us that she is particularly concerned about those groups?

Susan Deacon: I am pleased that Dorothy-Grace Elder thinks that older people are familiar with the programme because this year, on the basis of the best possible expert advice, the programme was extended to cover more older people. As in previous years, other at-risk groups are included in the programme. The chief medical officer has issued detailed advice on that to health professionals. I am pleased to say that we have worked closely with the medical profession to allow GPs to make local arrangements with appropriate support, to reach out to individuals in at-risk groups.

Rural Public Transport

10. Maureen Macmillan (Highlands and Islands) (Lab): To ask the Scottish Executive what progress is being made on improving public transport in rural areas. (S10-2492)

The Minister for Transport (Sarah Boyack): Our rural transport fund and public transport fund are providing significant additional resources to improve transport in rural Scotland. We are also providing the highest ever level of subsidy for lifeline air and sea services.

Maureen Macmillan: I welcome the measures that were announced today to improve transport infrastructure in Inverness and Aviemore and at Kirkwall airport. Could the minister give us more details on those measures? Following the Chancellor of the Exchequer's announcement yesterday, will the minister say how the Executive will ensure that petrol stations will be able to provide ultra-low sulphur petrol and diesel even in the most remote parts of the country?

Sarah Boyack: I am happy to say that, as part of a £33 million public transport fund award, significant new money will go into transport interchanges in Aviemore and Inverness. Major amounts of money are being put into Orkney to ensure that flights in and out of Kirkwall airport will be less disrupted by bad weather. I am sure that that will be welcomed in the islands.

In addition, Gordon Brown announced yesterday that there will be a cut in duty on low-sulphur, environmentally friendly petrol. That is crucial. He made the point that, by this time next year, he expects 100 per cent take-up throughout the UK. For people in rural areas, we will continue with our

rural petrol station grant awards. So far, 18 petrol stations have benefited from those awards and 34 applications are in the pipeline.

Christine Grahame (South of Scotland) (SNP): I congratulate the minister on the announcement that she is about to make available £1.9 million for a further Borders rail study as a result of the actions of 17,000 people outside Parliament, the Campaign for Borders Rail and the Public Petitions Committee. My question is—

The Presiding Officer: Good.

Christine Grahame: Will the minister confirm that she is ever mindful of the motion that was agreed to in Parliament on 1 June, and that she will work energetically to have the railway line reinstated to Carlisle, rather than merely to Gala and no further?

Sarah Boyack: I am happy to say that today, I announced £1.9 million to assist Scottish Borders Council in progressing work on the Borders railway line. It is an important announcement, which is not only about further study; it is about examining the opportunities to draw on developer funding and private sector funding and looking at a range of public sector funding opportunities. Crucially, it is also about enabling the Scottish Borders Council to promote a parliamentary order, which is crucial if we are to see progress.

I remind Christine Grahame that the major feasibility study that was carried out by the Scottish Executive pointed out that the line to the central Borders would be economically viable if somebody could identify £73 million to put it in place. That is a major challenge. The announcement that I have made today is of great help to the Borders, which is why it has been welcomed by all sections of the Borders community—especially by Scottish Borders Council.

Ian Jenkins (Tweeddale, Ettrick and Lauderdale) (LD): May I be one of the first members to welcome the announcement. Does the minister agree that every big journey starts with one small step? [*Laughter.*]

Sarah Boyack: In the context of our public transport fund, our agenda is to build step by step. Some of the small announcements will lead to bigger announcements: £33 million is the biggest public transport investment that we have made. It is appropriate that the Borders rail link is included in it.

Mr Jamie McGrigor (Highlands and Islands) (Con): Although I welcome the fact that the Chancellor of the Exchequer has seen fit to remove road tax from tractors, is the Minister for Transport aware that most tractors in the Highlands and Islands are not road licensed

anyway? [*Laughter.*] Is the Executive suggesting that people ought to use tractors rather than private cars to get rid of the enormous fuel imbalance that exists between urban and rural areas in Scotland?

Sarah Boyack: I hope that that was not an invitation to the farming community to drive tractors around on our main roads. I am sure that that was not the point that was being made. The crucial point in yesterday's announcement is that there are real cuts for the haulage industry and agricultural community, which will enable them to compete better. That has been welcomed by many. The Brit disc is also important in giving our haulage industry the competitive advantage that other European countries have. It is a major step forward, which is why it will be welcomed by all those who will benefit from the measures in Gordon Brown's budget announcement yesterday.

The Presiding Officer: Question 11 has been withdrawn.

Employment (Career Breaks)

12. Elaine Smith (Coatbridge and Chryston) (Lab): To ask the Scottish Executive what steps are being taken to assist women who are returning to work after career breaks. (S10-2488)

The Minister for Finance and Local Government (Angus MacKay): Career breaks are available for all staff in the Executive who have caring responsibilities. Women make most use of the scheme. Staff who are on a career break continue to receive information from their office, including details of posts that are available to them on their return to work and training opportunities. On their return to work, they may work reduced hours and further support is available to staff who have child care and other care responsibilities.

Elaine Smith: I thank the minister for that response, but I wish to pursue an issue on which I have had representations from constituents. Will the minister outline the plans that are in place in the public sector to ensure that those who return to work from maternity leave or career breaks in services that operate non-traditional shift patterns—such as the police and postal services—are afforded the opportunity to access child care that suits their child-care requirements?

Angus MacKay: Provision of child care is important to the Executive. There is no sense in providing child care unless it suits the requirements of those who seek to access it. However, responsibility for many of the public services to which Elaine Smith refers is at UK level, rather than with the Scottish Executive. Nevertheless, I am happy to meet Elaine to discuss delivery in the areas for which the Executive is responsible.

Scottish Parliament (Autonomy)

13. Mr Kenneth Gibson (Glasgow) (SNP): To ask the Scottish Executive whether it will make representations to Her Majesty's Government to obtain a level of autonomy for the Scottish Parliament equivalent to or greater than that applying in the Manx Parliament or the States of Jersey. (S1O-2490)

Does the Scottish Executive believe that the Scottish Parliament should have as much autonomy as the Manx Parliament or the States of Jersey?

The Minister for Parliament (Mr Tom McCabe): No.

Mr Gibson: I thank the minister for his response, but not for his poverty of ambition. Jersey and the Isle of Man have complete fiscal autonomy and control over customs and excise, postal services, telecommunications and social security. Are not the minister and the Executive embarrassed that this Parliament has none of that control? Why are the 84,000 inhabitants of Jersey and 70,000 residents of the Isle of Man trusted with wide-ranging social and economic powers with which the 5.2 million people of Scotland are not trusted?

Mr McCabe: Such comparisons are completely pointless. Historically, politically, practically and in every other context, there is no comparison between that situation and that of a nation such as Scotland. Arrangements in the Isle of Man and Jersey are entirely different and take account of a different historical context and different circumstances. It would be far better if the SNP started to take Parliament seriously and resisted such juvenile matters.

Phil Gallie (South of Scotland) (Con): I welcome the minister's comments on power and autonomy. Does he agree that the Scottish Executive must not extend its centralised powers? Does he feel that the Minister for Environment did that last week in overruling a planning application that South Ayrshire Council had approved? Will he—

The Presiding Officer: Order. Mr Gallie, I am doing the overruling. We will not have that question.

Mr John Home Robertson (East Lothian) (Lab): The Isle of Man is not in the European Union. Will the minister speculate on the losses that the Scottish economy would incur if we were taken out of the EU? Has the minister been notified that it is SNP policy to take Scotland out of the EU?

Mr McCabe: The loss will be incurred if the SNP continues to talk Scotland down and make comparisons that denigrate our history and

political context—it will be guilty of hammering Scotland. The coalition in the Parliament is determined to do everything that it can to improve Scotland's position in the world.

John Young (West of Scotland) (Con): Is the minister aware that the Isle of Man and Jersey are able to promote badly needed firework legislation, but the Scottish Parliament cannot because of the Explosives Act 1875, which is a matter that is reserved to Westminster? Will the minister assure members that Parliament will approach Westminster to ensure that that act no longer remains a reserved matter?

The Presiding Officer: That is in order.

Mr McCabe: I can give an assurance only that we are determined to ensure that the Parliament goes with a bang.

Energy Efficiency

14. Elaine Thomson (Aberdeen North) (Lab): To ask the Scottish Executive what steps are being taken to ensure energy efficiency in industry. (S1O-2473)

The Minister for Enterprise and Lifelong Learning (Ms Wendy Alexander): The Scottish energy efficiency office provides energy advice to Scottish businesses through a free helpline service to customers and through publications, technical seminars and workshops and free site visits by specialised consultants.

Elaine Thomson: I thank the minister for her reply. Is she aware that BP Exploration, which is based in my constituency, is considering moving from generating power offshore—which uses small gas turbine engines—to using power that is generated more efficiently onshore, which could cut offshore industry carbon emissions by 7 million tonnes or 20 per cent? That exceeds the measures that are currently proposed for Scotland's contribution to the Kyoto carbon emission targets, which would have major environmental benefits. Does the minister agree that such projects should be encouraged?

Ms Alexander: I agree absolutely. The measure that Elaine Thomson outlined suggests that the climate change levy that was introduced by the Government was far-sighted. Anybody who experienced flooding during the past week will understand the importance of tackling energy efficiency so far-sightedly. We are reducing employers' national insurance contributions and increasing energy efficiency and, ultimately, the profitability of Britain's companies.

Bridges (Funding)

15. Mr Andrew Welsh (Angus) (SNP): To ask the Scottish Executive what financial provision it

makes for essential lifeline bridge projects and what funding is available where structures reach the end of their lifespan. (S10-2502)

The Minister for Transport (Sarah Boyack): The Scottish Executive is responsible for the maintenance, including replacement, of bridges on the trunk road network. We are increasing funding to ensure that trunk road bridges continue to meet the needs of the travelling public.

Mr Welsh: The minister could do better than that.

Given the essential lifeline nature of the Montrose road bridge, how can the Executive force Angus Council to commit its total capital spending for a year to that single project?

Was it simply empty rhetoric from the new First Minister when he said that he would ensure that his Administration would not favour the central belt only and that it would act for other parts of Scotland, or can we expect honesty and delivery?

Sarah Boyack: The reason why I allocated £70 million over the next three years to local authorities was to give them discretion to introduce urgently required maintenance projects. I expect to discuss the outputs of those projects with the Convention of Scottish Local Authorities, in order to ensure that that £70 million is spent on essential road and bridge projects. COSLA lobbied the Executive on the urgency with which the money was required—£70 million has been allocated and I want the work to be progressed now.

Alex Johnstone (North-East Scotland) (Con): Is the minister aware of the remarkable cross-party support for the Montrose bridge project? Does she understand that there would be enormous effects on Angus Council's roads programme if the council were required to fund the project from existing budgets? Will she make an early visit to Andrew Welsh's constituency to see the problems and to hear local people's views for herself?

Sarah Boyack: To answer Alex Johnstone's last point, I am familiar with the bridge—I know where it is and how essential it is as a local bridge.

It is important for the council to take the opportunity that will be created by the £70 million of new resources that is being provided in addition to the existing money that councils should allocate through their budgets to work on local roads and bridges. I want to ensure that that critical process continues.

Mr David Davidson (North-East Scotland) (Con): Further to the minister's answer about extra money for transport infrastructure in our rural areas, will she explain why it is that, of the £9.6 million application for rural railway improvements—

The Presiding Officer: I am sorry, Mr Davidson. The question must be specifically about particular bridges.

Post-adoption Services

16. Scott Barrie (Dunfermline West) (Lab): To ask the Scottish Executive what plans it has to ensure that local authorities adequately fund post-adoption support services for young people and their families. (S10-2479)

The Deputy Minister for Education, Europe and External Affairs (Nicol Stephen): It is for local authorities to decide funding levels, but provision for post-adoption support services should be included in the children's services plans that are prepared by councils. Revised plans are due to be submitted by next April and we will consider them carefully.

Scott Barrie: As the minister knows, the provision of post-adoption support services is a statutory function of local authorities—indeed, he referred to that in his answer.

Is the minister aware that certain local authorities discriminate between children who are placed by the local authority through its own adoption agency and those who have been placed by an independent adoption agency? Does he believe that it is essential that equal support is made available to families in both sets of circumstances?

Nicol Stephen: There should be equality. We are aware of concerns about the consistency and adequacy of post-adoption services throughout Scotland.

Post-adoption practice guidelines have been issued in England and Wales and we are considering whether those guidelines could be applied or adapted to the Scottish experience. I give Scott Barrie the undertaking that we will bear in mind the issue that he raises when we consider the possibility of applying those guidelines in Scotland.

First Minister's Question Time

SCOTTISH EXECUTIVE

The Presiding Officer (Sir David Steel): We now move to First Minister's questions. Before we begin, I take this opportunity, on behalf of Parliament, to congratulate the First Minister and the Deputy First Minister on their appointment by Her Majesty to membership of the Privy Council, which I am sure we all welcome. *[Applause.]*

Scottish Executive Priorities

1. Mr John Swinney (North Tayside) (SNP): To ask the First Minister what the Scottish Executive's main priorities currently are. (S1F-637)

The First Minister (Henry McLeish): The Executive's priorities were set out clearly in "Making It Work Together: A Programme for Government", which was published last September. The Executive will be updating its priorities for future action in the light of the substantial progress that has already been made in making a difference for the people of Scotland.

Mr Swinney: I am sure that the Executive's priorities will be informed by the pre-budget report that was announced yesterday. The report contains many things that can be welcomed, some of which the SNP has been calling for for a considerable time.

The Chancellor of the Exchequer recognised yesterday that the Labour Government had failed pensioners, and agreed an increase of £5 a week for single pensioners. Does the First Minister recognise that the Scottish Executive is also failing pensioners? The single pension may be increasing by £5, but somebody who has to pay for personal care may have to pay 17 times as much as that for their care. Will the First Minister give Parliament a commitment that the Executive will pay for the personal care costs of the elderly?

The First Minister: John Swinney started off by saying that the SNP could welcome many of the proposals in yesterday's pre-budget statement. We all welcome the commitments, because they provide a substantial package to the pensioners of Scotland. Almost 900,000 people over the ages of 60 and 65 will be affected. A budget that will help 185,000 pensioners with the minimum income guarantee and will give 840,000 pensioners a pension above basic inflation—*[Interruption.]* There is no point in SNP members welcoming something and then not being willing to listen to find out what it is that they were applauding. I am making a vital point about how the budget will affect pensioners. Around 700,000 pensioner households will get another £50 as part of their

winter fuel payment. That is a truly substantial package for Scottish pensioner households and we welcome it.

When I took over as First Minister, I was listening to what people in Scotland were saying about the Sutherland report and about care for our older people. I have already made it quite clear, in this chamber and in many interviews, that we are currently reviewing those matters as part of the review of policies that I have introduced. We have a clear commitment to older people in Scotland, which we take very seriously indeed. We already have in place a substantial package of measures covering domiciliary care and residential care. We are looking for—*[Interruption.]* Sir David, I wish that the SNP would stop this orchestrated and childish behaviour and listen to me. *[MEMBERS: "Answer the question."] We are talking about the future of 900,000 pensioners in this country and all that we get from the SNP is persistent grubbing around at the margins.*

We will not let our pensioners down. We will work in partnership to ensure that, with the excellent pre-budget statement, we continue to forge ahead. People will have to await the outcome of the review that is under way.

Mr Swinney: I hope that I misheard the First Minister. He can correct me if I am wrong, but I think that he said that the issues that I was raising today were grubbing around at the margins. If that is what the First Minister said, I think that he had better correct the *Official Report*, because what I am doing today is seeking clarity.

The Minister for Health and Community Care has said that it would not be right to pay for personal care. The First Minister has said:

"Is what we have as a policy the right thing to do?"

I am asking him to clarify not whether there will be a review—we know that there will be a review—but whether the Executive is going to pay for the personal care costs of the elderly. Yes or no?

The First Minister: This has to be one of the defining lines between a party that will always be in opposition and a Government that has to take its responsibilities seriously. I think that many members will agree that I have gone a significant way along the road in saying that this is an issue of major importance to Scotland and to this Parliament and that I have agreed that it should be part of the review. That review's outcomes will be given not only to this Parliament but to the country. I think that that is a reasonable contribution to make at this stage.

Mr Swinney: I notice that the First Minister never corrected my assertion about what he said on the record. He had better remember the point that he made.

At the weekend, the First Minister said that

"every medical group, every local authority, the Sutherland people themselves, the PLP, the Liberal group, the opposition [are all agreed] . . . sometimes you just have to say to yourselves: 'Well, look. There is a firm body of opinion. Is what we have as a policy the right thing to do?'"

If paying the personal care costs of the elderly is the right thing to do, does the First Minister accept that it is the right thing to do now? Will he do more than commit himself to a review at the end of an 18-month period of consultation? Will he tell Parliament when he will come to his conclusions and whether we will have to wait until the publication of the Labour party's next election manifesto for a policy commitment capable of being implemented, or will he indicate right now that the Executive will pay the personal care costs of the elderly?

The First Minister: I can understand why John Swinney is interested in the Labour party's campaign material for the next election, because what the nationalists produce will never be to the benefit of Scotland.

We have honoured a commitment to examine this issue seriously. No one would expect us to go further than that at this stage. I am convinced that John Swinney is not listening to a very positive story for Scotland and for the 900,000 pensioners about whom Gordon Brown was talking. Let us not take away the gloss from a very substantial package of measures that was announced yesterday at Westminster. When I said that the SNP grubbed around at the margins, I meant that this week John Swinney has been in Europe speaking to a half-empty room, talking down Scotland and discussing a Scottish pound. We are dealing with substantial policy issues in Scotland. We are not concerned with the symbolism of the nationalists.

The Presiding Officer: Please stick to the subject matter of the question.

Cabinet (Meetings)

2. David McLetchie (Lothians) (Con): To ask the First Minister when the Scottish Executive's Cabinet will next meet and what issues will be discussed. (S1F-643)

The First Minister (Henry McLeish): The Cabinet will next meet on 14 November, when we will discuss matters of significance to the Executive and to the people of Scotland.

David McLetchie: It seems to me that the Cabinet has been busy disowning what the First Minister described recently as a rich legacy. I read with great interest on Sunday that the First Minister intends to base his new policies on a philosophy called progressive pragmatism, which he stole from his political hero, an American called

Cuomo—I did not realise that Perry had such influence. Could the First Minister take a few magic moments to tell us what he means by progressive pragmatism? Is it a vision that he shares with Dennis Canavan?

The First Minister: I hope that it is a vision that is not shared by the Conservative party. Let us return for a minute to the pre-budget statement, which meant so much for Scotland. It dealt with motorists, farmers, hauliers, families and, of course, pensioners. That is about pragmatism. More than that, it is about the important issues that face every family and household in Scotland. The Tories would have put all of that at risk, and they know it. Today I want them to explain to this chamber—

Phil Gallie (South of Scotland) (Con): Grow up.

Ben Wallace (North-East Scotland) (Con): Get another idea.

The First Minister: They may not like it, but I want to find out where the £16 billion of cuts proposed by the Conservatives will come from. Why do they want to get rid of the winter fuel allowance, the free television licence for over-75s and the Christmas bonus? The whole of Scotland wants to know the answers to those questions. We will not take any lectures from the Tories about pragmatism. We believe that our links with the people of Scotland are vital and we want to strengthen them.

David McLetchie: It is interesting that, in this Parliament, the First Minister cannot explain the profound philosophy that he claims as his own in one sentence. That shows that this is part of the same charade, with all the accompanying spin and flannel, that we are used to getting from new Labour. What about all the inconsistencies that the First Minister did not mention? He talks about dropping workplace parking taxes, but city entry tolls are still in place. He talks about spending more money on health, but NHS money is siphoned off to fund housing in Glasgow. The Executive hints that it will implement the main Sutherland recommendation, but not for another four years. Is not the truth of the matter that progressive pragmatism is not a philosophy but, as the First Minister put it only last week, more

"a ragbag of issues that are thought up on the back of an envelope"—[*Official Report*, 2 November 2000; Vol 8, c 1346.]?

The First Minister: It sometimes seems that the Conservatives do not understand that things can only get better for them. We are dealing with policies; we make no apologies for that. On the one hand, we have an attempt to talk about policies through pragmatism; on the other, at least the SNP has put forward Sutherland. Let us

remember that we have moved quickly to address some of the issues that this Parliament should be talking about.

When we talk about pragmatism, we also talk about being progressive. That is why the Executive, particularly Jack McConnell, are making progress in relation to the Scottish Qualifications Authority. That is why we are introducing a multi-million pound fund for local authority transport initiatives, why we will end workplace parking charges, why we are providing record funding for sport and why we are tackling the issue of confidence in the Scottish Tourist Board.

I make no apologies for coming to the dispatch box and saying that those are the policies that Scotland wants to see. I am afraid that Scotland is going to get more of them. We will lead from the front, despite the indifference and cynicism of the Conservatives.

Richard Lochhead (North-East Scotland) (SNP): At the next meeting of the Cabinet, will the First Minister raise the issue of the potential crisis that faces Scotland's fishing industry, given that cod stocks—which are vital for the Scottish fleet—may be at dangerously low levels? The European Union fisheries commissioner, Franz Fischler, visited Parliament today and spoke to MSPs. He indicated that the European funding programmes could be amended to allow compensation to be paid to the Scottish fishing fleet, should fishermen have to cease fishing for cod. Will the First Minister support that amendment? Will he make the necessary matching funding available to protect the viability of Scotland's coastal communities?

The First Minister: I acknowledge the importance of the issues that have been identified. Mr Fischler has visited the Parliament; Rhona Brankin and Ross Finnie have been in discussions with him. The major problem affecting cod stocks in the north Atlantic is a serious concern for our fishermen. There will be a meeting with the Commission on 17 November, which Rhona Brankin will attend to represent our interests along with those of the United Kingdom. Scientists have confirmed that there are major problems of depletion of stocks. Several options are being considered. We want to provide the best return for our fishermen in the difficult period ahead.

Floods

3. Donald Gorrie (Central Scotland) (LD): To ask the First Minister what measures are already in place to prevent flood damage in Scotland this winter and what further action it intends to take in this respect. (S1F-644)

The First Minister (Henry McLeish): The

Executive's priorities were set out—forgive me, we are on question 3.

Local authorities have already constructed more than 50 flood prevention schemes. Additional resources were made available from the spending review to allow councils to take forward further flood defence measures. Given the disastrous consequences of flooding, I am sure that councils will be urgently reviewing what action they can take to reduce the risk of flooding.

Donald Gorrie: I ask the First Minister to give assurances on two points. First, will he examine the planning system to ensure that no more residential developments are foolishly sited on low ground that is liable to flood? Secondly, will he—along the lines that he mentioned—agree a programme of priorities with local authorities to deal with flooding and fund that adequately? Given the choice between doing something more immediate—such as repairing a school—or dealing with potential floods, councils will naturally deal with the more immediate issue.

The First Minister: That question gives me the opportunity to make further remarks about the flooding. We were all grateful that we did not experience some of the difficulties that we saw in the south—especially in Yorkshire and the south-east.

I say to Donald Gorrie that we intend to take matters further. Local authorities and landowners have the first responsibilities, but Sam Galbraith is working hard to examine how best we can improve the situation.

Climate change will have consequences for Scotland and the United Kingdom over the next few years. In relation to the intensity and frequency of serious flooding, we can look forward—if that is the appropriate phrase—to an increase of between 5 and 15 per cent of such intense rainfall over the next 40 years. We therefore take this matter very seriously.

In addition to urging local authorities to consider their schemes and prepare new defences against flooding, we want to improve flood warnings. If a flood warning is given, the public should have the confidence to be able to react to it and get the necessary help much quicker. That is being considered. A meeting will soon be held with the Scottish Environment Protection Agency, at which Sam Galbraith will examine new measures to be taken. We want to improve emergency communication measures.

Funding will be made available. Over the past few years, £4 million has been used each year for such activities. Over the next three years, that figure will rise to £8.5 million, £9 million and £10 million. There will be consequential, as a result of the situation in England and Wales, from the £50

million that was announced by John Prescott at the weekend.

We intend to move rapidly to ensure that public confidence is inherent in the system. The environment is a crucial issue in Scotland and what we are doing now will help to allay fears and, more important, tackle what will be serious problems in the future if we do not reinforce our procedures.

Lord James Douglas-Hamilton (Lothians) (Con): Is the First Minister aware that the gaps in the banks of the Water of Leith are urgently in need of reinforcement and that other flood-prevention measures are required? Will he give sturdy advice and guidance to local authorities to put flood prevention measures effectively in place well in advance of flooding occurring—especially in such places as the Hanover (Scotland) Housing Association's old folk's home in Stockbridge, which Sam Galbraith and I visited a few days ago?

The First Minister: I am happy to give those assurances. We have a fairly settled pattern of difficulties in Scotland, as we have seen over the past few days. The local authorities must ensure that their defences are strengthened, and Sam Galbraith has asked them to do that. Other parts of Scotland will be affected over the next 10, 20, 30 or 40 years, so that advice is not just for the local authorities that are experiencing difficulties, but to ensure that other areas of Scotland, which might be affected and have scientific evidence to confirm that, will take the necessary steps so that public life and property are protected.

Margaret Jamieson (Kilmarnock and Loudoun) (Lab): Will the First Minister assure my constituents and East Ayrshire Council that he will give due consideration to speeding up the process of agreeing flood prevention applications, thereby alleviating the persistent problems of the flooding of homes and businesses?

The First Minister: Again, I am happy to give that assurance. This situation demands strategic operations and getting the logistics right. Resources are available and I urge local authorities to ensure that they have done what Sam Galbraith has suggested—to review procedures. Whether in Kilmarnock or in other parts of Scotland, we are very willing to help, and I think that the local authorities will respond.

Robin Harper (Lothians) (Green): I am sure that the minister is aware that many embankment schemes simply push problems further downstream or upstream. Will the Executive take seriously the concepts that are being developed by groups such as the Forth Estuary Forum for managed retreat and for increasing the number of water meadows as part of the flood control measures?

The First Minister: The Executive is preparing a number of reports and is considering the science that is coming from global organisations for use in the future. We are also examining the quality of flood defence procedures and structures. We will seek to take advantage of the best available science to inform us of what is happening.

The point is well made about planning authorities and building—that is a commonsense issue. We hope that this issue will impact a bit more on some planning decisions than it has done in the past. However, we are keen not just to push problems further down the system. We must recognise that any steps that are taken may have a knock-on adverse effect on lives and property.

Budget (Devolved Matters)

4. Andrew Wilson (Central Scotland) (SNP): To ask the First Minister what representations the Scottish Executive has made to the Chancellor of the Exchequer in advance of the green budget regarding issues which impact on devolved matters. (S1F-641)

The First Minister (Henry McLeish): I am in regular contact with the chancellor to promote Scotland's interests in budget issues. His excellent financial stewardship, delivering sound public finances and a strong economy, benefited Scotland's budget in the spending review.

Andrew Wilson: I am tempted to ask the First Minister whether he can name a petrol station in central Fife that sells low-sulphur fuel.

What did the First Minister say in his representations to the chancellor to defend the funding of Scottish public services? Did he mention that Scotland—the highest-taxed region of the United Kingdom—is sending a surplus of £3 billion of revenue over expenditure to the Treasury this year alone? According to the chancellor's statement yesterday, next year, the oil revenues will be worth more than £7,000 million—£1,400 per person in Scotland. Given the strength of Scotland's position, why will spending on health and education increase faster in the rest of the UK, as a result of the chancellor's policies, than in Scotland?

The First Minister: It is the same tired old story. However, despite the daily improvements that are being made for the future of Scotland and its people through the chancellor's pre-budget statement and our excellent spending commitments over the next three years, we find the SNP still clutching at political straws on every occasion. At the moment, there is a well-known television programme called "The Weakest Link"—the SNP is Scotland's weakest link.

Ben Wallace (North-East Scotland) (Con): In welcoming the chancellor's pre-budget statement,

the First Minister might be aware that fewer than 15 petrol stations in Scotland offer low-sulphur diesel and petrol. In light of that fact, how practical is a pragmatism that offers tax cuts on products that no one can buy?

The First Minister: If Ben Wallace had been listening closely to the chancellor's statement, he would know about the coincidence of two factors: Scotland will be provided with low-sulphur petrol and diesel in April 2001, which is the date from which the new measures that he outlined will apply. As the chancellor has spelled out that point, there should be no controversy over or difficulty with it. Of course, the major oil companies will ensure that those measures are applied.

Hugh Henry (Paisley South) (Lab): Will the First Minister comment on the billions of pounds of extra public spending in Scotland as a result of the chancellor's stewardship of the economy? Would those funds have been available if we had followed Andrew Wilson's economic programme for the SNP? If the funds were available in those circumstances, would they be better spent on embassies and armed forces than on health and education?

The First Minister: I notice that one of Andrew Wilson's latest press releases was sent out from Valencia—that visit obviously coincided with his colleague's visit to Brussels.

I agree with Hugh Henry. [MEMBERS: "Oh."] I am quite happy to say it again: I agree with Hugh Henry. We are talking about real investment from both Westminster and Edinburgh that will benefit the Scottish people.

I will finish on a topical note to show what we get from the SNP. Yesterday, Jackie Baillie—

Ben Wallace: That is not an answer.

The First Minister: The question is about policies, investment, equality and equal opportunities. That is important to us.

Yesterday, Fiona Hyslop had a great quote—perhaps I should start a competition. She said that Jackie Baillie's equality strategy was

"self-congratulatory, navel-gazing mince, which will mean hee-haw"—[*Official Report*, 8 November 2000; Vol. 8, c 1426.]

to people in Scotland. That sums up the differences between us. The Executive is taking the politics and the people of Scotland seriously; the SNP still means "Still No Policies" and it is still playing games.

The Presiding Officer: That brings us to the end of question time. We now move to the debate—

Mrs Margaret Smith (Edinburgh West) (LD):

On a point of order, Presiding Officer. As convener of the Health and Community Care Committee, I have been approached by committee members from three parties who are as concerned as I am at plans for an SNP debate on community care next week. That will happen only a matter of days before the publication of a committee report on which members from all parties have been working for 10 months. Committee members, including party spokespeople, will be in danger of revealing the content of a private report. In light of that fact, I seek your guidance on this matter and ask you to use your influence to delay the debate until after the report's publication so that all members can benefit from it.

The Presiding Officer: That is not really a matter for me; no doubt the Parliamentary Bureau will consider the situation at its meeting next Tuesday. However, in the interests of harmony in the chamber, I urge members to discuss the matter informally among themselves and see whether they can reach agreement on how to handle it.

Michael Russell (South of Scotland) (SNP):

On a point of order, Presiding Officer. You will have noticed that, despite the fact that you ran three minutes over the allocated time, we reached only question 4 in the business bulletin. One of the major problems was the First Minister's misunderstanding of what First Minister's questions are. He did not really answer any questions; indeed, at one stage, he was even asking questions. Could you perhaps advise the First Minister on how to answer questions?

The Presiding Officer: As I have said many times, ministerial answers are not a matter for the chair.

Sport

15:35

The Minister for Environment, Sport and Culture (Mr Sam Galbraith): I am delighted once again to open a debate on a motion that identifies so many key issues for the future development of sport in this country.

Sport is an immensely valuable activity in its own right. It gives pleasure to millions and is a fundamental part of many people's quality of life. The Executive has a vision to make Scotland a great sporting nation. Sport makes a significant contribution to many areas of Scottish life. Our objective is to expand that contribution.

Sport is already a major and increasing force in our economy—there are 40,000 jobs in the sport and leisure sector in Scotland. Sport contributes about 1.7 per cent of gross domestic product and 2.5 per cent of total consumer expenditure. It contributes to our sense of national identity and pride. We therefore have firm foundations on which to build our policy.

Evidence is accumulating on the role that sport can play in making progress in key areas of the Executive's wider policy agenda. Sport can be a key part of our attack on health problems, by developing physical fitness and activity. Evidence from studies in France and England highlights the potential of sport to give young people positive lifestyles and activities and so to lead our efforts to combat youth crime.

Links between participation in sport and children's academic attainment are being recognised. We are beginning to realise the potential of sport in the regeneration and empowerment of people and communities. Recent developments in many places, including Paisley, Castlemilk, Dundee and Easterhouse, put sport at the heart of regeneration strategies.

We must build on that momentum. But sport cannot do that alone. It needs a strong and meaningful partnership, in particular with health and education. We are committed to supporting and developing such partnerships at local and national level. The role of local authorities is central to all those objectives.

In Sport 21, we have a strategy that sets out three co-dependent visions for sport in Scotland, a country where sport is more widely available to all, where sporting talent is recognised and nurtured and where world-class performances in sport are achieved and sustained. The strategy includes a target to increase the number of people who participate in sport from certain groups, including

people with disabilities, women and young girls, people who live in areas of economic and social disadvantage and people from ethnic minority backgrounds.

The first review of the strategy was published last month and copies were distributed to all members of the Parliament. The review, which was undertaken by a series of expert forums, highlights the significant progress that has been made over the last two and a half years. More than 250 secondary schools have a school sports co-ordinator; lottery funding is available to support the deployment of resources and equipment into every primary school in Scotland; the biggest ever study of sports clubs in Scotland has been completed; the Scottish Institute of Sport is open for business; and a new strategy for disbursement of lottery funding for sport has been agreed, with a new emphasis on targeting those most in need.

Mr Brian Monteith (Mid Scotland and Fife) (Con): Will the minister take an intervention?

Mr Galbraith: But of course.

Mr Monteith: I thank the minister for allowing me to intervene. I am sorry to interrupt him while he is reading his speech out verbatim.

Why does the minister think that such targeting is more effective, when funding for sportscotland from the lottery has been reduced from what it might have been had the millennium fund been used to spread money to other deserving lottery funding causes, such as charities, heritage, arts and sport?

Mr Galbraith: If the member had read the new opportunities fund proposals and discussion document, which we published on Monday, he might not have put forward his silly amendment, which I will ask the Parliament to reject.

By way of contrast, I am happy to accept the nationalists' amendment. It is not often that a Government comes across an Opposition amendment that commends and gives a ringing endorsement to its policies, which is what the SNP amendment does. I am happy to tell the chamber that we are willing to accept the ringing endorsement contained in the nationalists' amendment.

Irene McGugan (North-East Scotland) (SNP): Is the minister accepting the amendment?

Mr Galbraith: Yes, I am accepting the amendment. I will say it a third time: I am accepting the amendment. It is a wonderful and ringing endorsement of this Government's policy, so it is. I see that Mr Russell wants to stand up and endorse the Government's policies.

The Presiding Officer (Sir David Steel): Mr Russell wants to move a vote of thanks.

Michael Russell (South of Scotland) (SNP):

The reason that we asked the minister to repeat his acceptance is that we found it so unusual for him to be gracious. If Mr Galbraith were to stop at that point and not give what I suspect will be a somewhat cynical reason for accepting the amendment, we will not be tempted to withdraw the amendment but will be happy to have it accepted.

Mr Galbraith: Me? A cynic? How ridiculous. I simply want to say that the amendment is a ringing endorsement of our policies and I am grateful to get that from the nationalists.

Despite the fact that we have done such great work, there is still much to be done. That is why I am delighted to announce today a further major injection of funds for sport to accelerate the pace of implementation of Sport 21. I am allocating an additional £6 million of Exchequer funds to sportscotland over the next three years. Its annual grant in aid will be £12.5 million over that period. That represents an increase of nearly 20 per cent over the previously planned figure—the greatest increase that sportscotland and, previously, the Scottish Sports Council have ever had.

Before we get complaints from the nationalists about cutting funding in the previous year—which I see is part of the brief that the SNP has made available to all its members—I should point out that such a complaint would be the usual inaccurate rubbish that comes about as a result of someone not understanding a document. The reason that there is an apparent fall is because the money that was given to the Hampden rescue package naturally fell out the following year. If the figures are considered correctly, it can be seen that there has been an increase.

Sportscotland will also be spending an additional £3 million from the National Lottery sports fund over the next three years, following a revised forecast of lottery income. I am asking sportscotland to use that additional £9 million in three main areas. The first is a major expansion of the active primary schools programme currently being piloted. The second is the further development of the school sports co-ordinator scheme to put more focus on the links between schools and clubs and complement the funding for sport which will come from the new opportunities fund. With regard to that, I ask Brian Monteith once again to read the consultation document. The third area is a substantial investment in the 48 social inclusion partnership areas in Scotland to increase the number of people participating in sport who live in areas of economic and social disadvantage.

Ms Margo MacDonald (Lothians) (SNP): Will the minister give way?

Mr Galbraith: Of course; I always do.

Ms MacDonald: I welcome the new objectives. However, does Mr Galbraith agree that, in getting to the objectives that the Executive has set itself for active primary schools, it might need to consider the effect of budgeting, which primary schools have to cope with now? Schools often have to choose between a share of a peripatetic physical education teacher and some other facility or service for the school. Does Mr Galbraith agree that, unless the Executive gets more physical education teachers in schools, it is militating against achieving its objective?

Mr Galbraith: With the continued and significant increase in funding for education that we have made available, local authorities should be able to do all the things that Ms MacDonald talks about. Not only last year and the year before but also this year, significant extra funding has been made available.

Subject to the present consultation, £87 million will be available through the new opportunities fund in Scotland to stimulate schemes that will encourage the improvement of school facilities and their wider use in the community, and for schemes in which sport can be part of the wider strategy in the fight against youth crime.

It is clear that local authorities, working through schools and their leisure and recreation services and in their work in deprived areas, will make a major contribution to achieving our objectives for sport and culture. The increased national funding will complement local commitments. Jack McConnell's announcement in September, following the spending review, identified significant additional funding for authorities—20 per cent over the next three years, or 10.5 per cent in real terms.

I know that authorities share our priorities in sport and in the wider areas of culture and, while it is for authorities to determine their own programmes, the additional funding they have will ensure that they can fully play their role.

Mr Jamie Stone (Caithness, Sutherland and Easter Ross) (LD): Does the minister agree that the continuing separation in some local authorities of the education department from the leisure and recreation department does not advance the aims that he describes?

Mr Galbraith: That is a matter for local authorities. I have always taken the view that education and leisure and recreation should be one department. On my advice, my local authority combined those in one department to the great benefit of everyone.

We also gave a pledge last year to assist the development of football academies.

Fiona McLeod (West of Scotland) (SNP): Will

the minister comment on the fact that East Dunbartonshire Council has just closed Twechar recreation centre, thereby disbaring a community from access to a local recreation facility?

Mr Galbraith: Members will know that East Dunbartonshire Council is now dominated by a Tory called Billy Hendry. That is the sort of policy that I would expect from a Tory.

I can announce today that sportscotland is opening a programme of lottery funding for football academies this week—£4 million will be made available over the next three years. Further funding, including moneys from the reduction in pools betting duty, will be available soon, when a new body is established in Scotland to succeed the Football Trust. My friend Allan Wilson will progress the establishment of the football academies with all haste.

I will make only a brief reference to the sterling efforts of Team GB and its Scots members at the Olympics and the Paralympics in Sydney, because Mary Mulligan initiated a member's debate on that subject last week. I want simply to extend to them again my warmest congratulations on their excellent performances and to confirm that the First Minister will host a reception for team members and officials at Edinburgh Castle next month.

I will conclude by discussing the 2009 Ryder cup. Members will be aware that last week the Scottish Executive submitted its bid to stage the 2009 Ryder cup in Scotland, the home of golf. Our bid demonstrates Scotland's commitment to golf at all levels and sets the staging of the Ryder cup firmly in the context of a comprehensive strategy for the development of the sport and of golf tourism. We are glad to have received the endorsement of Colin Montgomerie and, yesterday, of Tiger Woods.

With the Ryder cup in 2009 as a focal point, we believe that a partnership approach involving the public and private sectors and national and local agencies and clubs can take the development of golf and golf tourism to new levels. Golf is already an immensely popular sport in Scotland and golf tourism is worth at least £100 million per annum to the Scottish economy. The staging of the Ryder cup in 2009 would enable us to promote Scotland and firmly re-establish our status as the home of golf in key markets such as the rest of the UK, Scandinavia, Germany and France.

We also firmly believe that the Ryder cup will give us a focus for enhancing the junior golf development programme so that, by 2009, every child in Scotland could be introduced to the game by the time he or she is nine years old. The £10 million of new public money that we have pledged to support the bid will be added to our sport and

tourism programmes and is additional to the new money for sport that I announced earlier. The economic gain for Scotland will be significant.

Our bid is bold and imaginative, and I am sure that every member of the Parliament will give it their full support. It reflects our commitment to sport and the role that it plays in many aspects of Scottish life. I commend the bid and the motion in my name.

I move,

That the Parliament recognises the contribution that sport makes to a modern inclusive society, to health and full and enjoyable life and as a positive and attractive alternative, for young people especially, to anti-social activities and criminal behaviour; notes the outcome of the first review of Sport 21; restates its support for *Sport 21: Nothing Left to Chance* as the strategic basis for developing sport in Scotland; welcomes the outcome of the 2000 spending review for sport in Scotland; congratulates Team GB and the Scots in it on their performances in the Olympic and Paralympic Games, and commends and supports the Scottish Executive's bid to secure the 2009 Ryder Cup for Scotland, the home of golf.

15:49

Irene McGugan (North-East Scotland) (SNP):

I welcome the opportunity to speak to the motion in my name. I also welcome Allan Wilson to what I understand is the first debate in which he will participate since his appointment as Deputy Minister for Sport and Culture.

The SNP acknowledges the role that sport plays in the life of Scotland and recognises that poor levels of physical fitness have contributed to Scotland's appalling health record, particularly in heart disease. That is why the facilities that we have need to be accessible to all. As the minister acknowledged, there are too many facilities that are not accessible, geographically or financially, and there are too few opportunities for participation in sport for people of all ages, people with disabilities, women and members of ethnic minorities.

I commend to the Executive its continuing commitment to improve and promote increased use of community-based facilities such as community sports centres, village halls and, in particular, schools, whose resources are vastly underused outwith the school day. Not only are such facilities closer to home for most people, meaning that people do not have to travel, but they are likely to be a much cheaper option.

That is often not the case for leisure centres run by local authorities. I am advised that, for people in Edinburgh who participate in sport regularly—four times a week or more—it can cost less to be a member of a private sports facility than to be a member of the local sports centre. That cannot be right, and will not contribute to the Executive's goal

of an inclusive society.

The Executive wants young people to get involved in sport in a bid to prevent them turning to drugs or getting involved in anti-social and criminal behaviour, and I support that. I heard the minister's comments on funding to local authorities, but many local authorities have reduced spending on leisure and recreation, due to budget cuts. That has resulted in the closure of local swimming pools and ice rinks. The Executive's policy therefore becomes difficult to implement.

East Dunbartonshire Council did not just close the swimming pool in Kirkintilloch but knocked it down, leaving the small surrounding community—which suffered a drugs death last year—to take responsibility itself for recruiting volunteers to drive local youngsters to a pool in North Lanarkshire. It is because of such examples that I welcome the minister's announcement of increased investment.

There is no doubt that increased funding, particularly lottery funding, has made a significant difference to specific sports and to athletes, and that it is the single most influential element in promoting participation and excellence. But perhaps we need strategies to spread those benefits more effectively. Although a few badminton players have benefited from funding, it is debatable whether the sport could identify any advantages that it has gained at a grass-roots level. In other sports, the opposite is the case. Although the game has been advantaged, there has been only limited support to athletes at the top level.

I suggest that the process of funding needs to be streamlined at a local level. There are too many layers. Consideration should be given to a more direct funding of local sports councils. While we should prioritise the concept of sport for all, there needs to be provision for people with special talents. We emphasise that qualified coaches are the key to future successes in national and international competitions.

For the minister's benefit, I can confirm that we welcome and support the Executive's bid to bring the Ryder cup to Scotland in 2009. How could we not do so? I believe that my colleague Fiona McLeod originally suggested it. I will go further: I reiterate our offer to the minister of full co-operation and assistance in promotion of the bid.

The Executive has been remarkably quiet to date on the question of Scotland bidding to host the Euro 2008 football championships. Public reaction to the idea has been very favourable, and many people in the sport have voiced their support. I accept that hosting the European championships would not be simple, with issues of infrastructure, feasibility and finance. Perhaps we

do not quite have the infrastructure for football as we do for golf—which makes the Ryder cup bid fairly straightforward. However, Portugal is to host Euro 2004, and the sport, transport and associated infrastructure in Scotland starts at a higher base than that of Portugal when it first entered its bid.

As far as the feasibility of a bid is concerned, I understand that the Dutch commissioned a study into the economic and social impact of their co-hosting Euro 2000. We suggested to the UK Minister for Sport that she begin a dialogue with the Dutch ministries that were involved in that study, to gain access to its findings. We could then learn from their successful co-hosting of the recent championships before commissioning our own feasibility study. Can the minister confirm that that contact was made, and can he update us on any progress on that?

If there is a financial issue arising from the bid, we should consider the amount of money that was spent on recent unsuccessful bids, particularly the money spent on England's recent world cup bid. We understand that more than £10 million of public money was spent in support of that, and that the UK Government spent more than £100,000 so that the English Minister for Sport could go globetrotting to promote the bid. Any bid by Scotland to host Euro 2008 should expect the same degree of commitment.

Mr Monteith: Given the complexity of the issues surrounding the 2008 Euro championship bid, does Irene McGugan's party have a view on involving another nation in the bid?

Ms Margo MacDonald (Lothians) (SNP): Norway.

Mr Monteith: Norway is a suggestion from the back benches. I would suggest the Irish Republic as a co-participant in formulating a bid that might be recognised and might overcome some of the technical problems.

Irene McGugan: It will not surprise Brian Monteith that I would prefer Scotland to make an independent bid. I do not see why not. We hear a lot about Scotland being talked up or down and, if the Executive and the Parliament are serious about Scotland as a host for major events on the world scene, we will have to be ambitious. What is the converse view? That Scotland cannot or does not want to compete with the rest of the world? What about sporting vision and tourism? I am sure that the Euro 2008 bid would do as much for the Scottish economy and tourism as the Ryder cup would, if not more.

There is a proposal to introduce all children to golf by age nine. We welcome the idea of developing golf—as we would most sports—and particularly a sport that has social barriers. Some

clubs still do not allow women to play. But golf should be developed alongside other sports. Why not ensure that every child can swim by age nine? That would have non-sporting benefits as well. Why not introduce all children to tennis? It is more accessible, easier to pick up and probably cheaper.

Scotland has a great history of success in minority sports such as curling, cycling and judo, but those sports get very little media coverage, little funding and next to no sponsorship. Scots rarely fail to achieve well in them at international level. In ice-skating, Scottish athletes face constant battles at the UK level for adequate funding, representation and recognition. We should support and develop all those sports at grass-roots and elite levels, encouraging wider participation in general and having the infrastructure in place to develop talent.

I move amendment S1M-1325.1, to insert at end:

"accepting that the overall purposes of a sport policy should be to involve as many as possible, to encourage diversity, to sustain not only mainstream but also minority sports, including traditional Scottish sports, and to ensure a high level of international standard sporting excellence in Scotland."

15:57

David Mundell (South of Scotland) (Con): I would like to restate our support for the 2009 Ryder cup bid and for the Euro 2008 bid, which Mr Monteith will say more about. I do not think many people in Scotland were untouched by the rekindling of true sporting spirit at the Olympic games and Paralympics in Sydney, by the achievements of people such as Steve Redgrave and by joy at the success of Scots participants such as Shirley Robertson. For Conservatives, the performance of Equatorial Guinea swimmer Eric the Eel, who won the affection of audiences around the world, had great resonance. We are used to swimming on our own. The Paralympics then showed everything that we would want sport to encapsulate. Everyone who participated deserves our congratulations.

Arguments about the balance between competitive success and individual participation in the local community have been well rehearsed. After this year's Olympics and Paralympics there can be no doubt that success in sport provides a tremendous boost to the confidence and general well-being of a country. There should be no argument about giving our most talented sporting competitors the help and support that they need to fulfil their potential. In some areas, that is happening, and the Manchester velodrome is a facility that cyclists from Scotland and elsewhere in the UK have been able to take advantage of to

improve their performance.

I accept the need to prioritise. It would be easy to come along today and say that beach volleyball facilities in Scotland are totally inadequate, if not requiring a complete change of climate. However, swimming is a sport that requires much more investment than it receives. Swimming is not just a sport: it is one of the healthiest activities that a person can engage in. It can also be a life-saver.

Swimming is a sport in which there is a clear difference between competitive activity and ordinary participation. Generally, a football pitch can be used and enjoyed by leisure footballers or by those who are more serious. A similar point could be made about a basketball court or an ice rink. However, with swimming, we have seen a move towards more leisure-based water facilities provided by local authorities and others. I have no complaint about that, because there is a demand for such facilities. However, that should not diminish the opportunities for what I would call serious swimmers.

The lack of Olympic-size 50 m pools in Scotland is a serious drawback. Many young swimmers have to battle with all sorts of other groups to get time in the pool. When they have to get up at 5 am or 6 am to go to the pool before anyone else gets in, then go to school, and then perhaps squeeze in some time later in the evening, it is not surprising that so many teenage swimmers give up when all that becomes too difficult to balance in their lives. That is especially true in rural areas such as my South of Scotland constituency, where many people have to drive miles to get access to a pool. It is good that the Sport 21 document recognises rural exclusion as well as urban exclusion.

Another difficulty arises with financial support for swimming—the relationship between capital and revenue funding. Swimming facilities—be they public or attached to schools—have a relatively high on-going cost. If all funding—and especially lottery funding—is skewed towards capital funding, practical consideration of a swimming pool becomes very difficult. I can give two examples of that from my area. In Langholm, lottery funding was available for the capital provision of a swimming pool, but there would have been no funding on a year-by-year revenue basis to allow the facility to operate. Another possible example of that is at Douglas Ewart High School in Galloway. We must, therefore, consider the difference between capital and revenue funding.

I would like to touch briefly on football. We in the European Committee have produced an extensive report on football, and I received some feedback from a member of the public—one of Allan Wilson's constituents. Mr Pete Smyth, of Ardrossan and Pyramid 2000, e-mailed me to say that for 30 years he had suspected that politicians

knew nothing about football and that, when he read the European Committee's report, he knew it for sure. I did not agree with his analysis, but I welcomed his suggestion that he would petition the Parliament to ensure that we engage in a wider-ranging discussion on all aspects of football. I think that we would all agree that football touches on every community.

We should encourage participation in sport by everyone at their own level and in their own community. We should also support our best athletes. We would like more lottery funding to go into sport and, in our amendment, we have suggested a way in which that can be achieved through the ending of the millennium fund.

In the name of Mr Monteith, I move amendment S1M-1325.2, to insert at end:

"and urges the Executive to consider how it may best assist the objective of Euro 2008 being held in Scotland; recognises that sports such as swimming will require additional investment if participants are to realise their full potential; and calls upon the Scottish Executive to lobby Her Majesty's Government to use the ending of the Millennium Fund to return the share of lottery funds going towards sport in Scotland to the levels that existed when the share of National Lottery funding for sport, art, heritage and culture was 20% rather than the 16.7% that has been in place since the Labour Government introduced its New Opportunities Fund."

16:03

Ian Jenkins (Tweeddale, Ettrick and Lauderdale) (LD): I would like to start by thanking the Presiding Officer for his indulgence on the last occasion when I spoke, when he was in the chair. I will try not to infringe my time limit this time, and will listen for when he taps his microphone.

Using the current parlance, I would like to welcome team McLeish to the debate. I welcome today's announcements of substantially increased funding and I welcome this short debate on sport. The time allowed is so limited that we can only scratch the surface of a massively important topic that impacts on the life of everyone in Scotland. There is widespread support in the chamber for an inclusive policy that promotes sport at all levels, in all social groups, and in all parts of the country. As I said in an earlier debate, if we can increase participation in sport across the board, society will benefit through having a healthier population, communities will benefit through enhanced social cohesion and sense of identity, and individuals will benefit through fitness, self-esteem and the great pleasures of taking part. Sam Galbraith spoke about golf; sometimes I think that people get a masochistic pleasure from taking part in some sports.

In the wide-ranging motion that we are debating, we are asked to consider the inclusive nature of sport, yet to make commitments to our elite

performers—such as members of our Olympic and Paralympic teams. We are asked to consider local community issues at the same time as endorsing and supporting moves towards national and international professional sporting occasions, such as the Ryder cup and the European football championships. It is a broad-brush approach, and I am happy to support the various elements in the motion.

Nevertheless, underlying the debate is an attempt to make a statement in the Scottish Parliament that we want to establish a positive culture in Scotland. We want a Scotland where everyone is included, where sport is highly regarded and well supported by educational and political structures, where resources are made available, where individuals are valued whatever their abilities and where talent is fostered and excellence treasured. Devolution gives us an opportunity to make that focused adjustment to our culture. That can be achieved through debates such as this but, more important, through the practical steps that are embodied in Sport 21 and the atmosphere that we create, just as we discussed last week in reference to the cultural strategy.

I welcome the progress that has been made on many of the Sport 21 targets. I want to mention two or three areas where the process of readjustment could be accelerated or reinforced. In schools, the appointment of sports co-ordinators seems to be going well, but I make a plea for some flexibility in the application of the scheme. Some local authorities, such as the Scottish Borders, feel that the regulations surrounding such posts do not fit local situations. Provided that the aims of the scheme can be delivered, unnecessary bureaucratic obstacles should not bar the way to funding and the acceptance of local solutions to fit local problems.

There should be stronger emphasis on the importance of sport and physical activity in the primary and secondary school curriculum. We must embed that into the timetable. In negotiations with teachers, there must be a recognition of the importance of sport and other extra-curricular activities in our educational provision. I had expected sport to be mentioned in the national priorities for education. It appears that it is not mentioned specifically. Perhaps the minister will indicate his position in that respect.

We must examine the relationship between public education and the range of clubs and groups involved in sporting activity in the wider community. Good, flexible co-operative working should be encouraged. The work of voluntary organisations should be fostered in that area, as in others.

We must be prepared to invest in the provision

of facilities. I agree with David Mundell that while it is sometimes possible to obtain capital through lottery funding to build a sports complex, that might mean turning a blind eye to the future implications for revenue funding.

Fiona McLeod: Has Ian Jenkins had any contact with his Liberal Democrat colleagues in East Dunbartonshire Council, which knocked down the swimming pool in Kirkintilloch? In such cases, it is not about finding revenue funding or capital, but about replacing a facility.

The Deputy Presiding Officer (Mr George Reid): Mr Jenkins, your five minutes is almost at an end.

Ian Jenkins: That could be a good way out. I refer Fiona McLeod to Sam Galbraith's earlier comments about that council.

When we consider countries such as Finland, we find examples of cultural attitudes towards sport from which we might learn. I hope that the Education, Culture and Sport Committee will take up some of the issues that have been raised during the debate. In the meantime, I am happy to support the principal motion and the substance of Irene McGugan's amendment.

16:09

Hugh Henry (Paisley South) (Lab): It is an extremely strange day: we had a constructive contribution from Nicola Sturgeon in the health debate in the morning and by the afternoon Sam Galbraith was accepting an SNP amendment. The old certainties seem to be crumbling.

Several useful points have been made. Members of my family would find it strange to hear me make a speech on sport, given their despair at trying to get me to participate. However, such reluctance does not stop me, or anyone else, recognising the key part that sport plays in our society.

It is true that Scotland has never recovered from the teachers' strikes of the 1980s. While we know that there were problems then and that participation in sport was not as high as it should have been, nevertheless there has been no determined effort to plug the gap that was created at that time. I welcome the debate and the initiatives that the Executive has put forward as a way of trying to address some of the problems that have existed since that time.

It is right, as Irene McGugan and others have said, that we should support those who are particularly gifted, in order to develop expertise, but if we are to see the true contribution of sport to our wider society, there must be engagement across the social spectrum and across all communities in Scotland. Unfortunately, whether

we like it or not, sport still tends to be the preserve of a small minority in our country who have access to resources. While we should look at how we should encourage people who have the expertise, what are we doing for the broad mass who do not participate, particularly young people?

The evidence is well documented. Sam Galbraith mentioned that in many cases, educational achievement is predicated on sporting activity, and health is improved by involvement in sporting activity, yet it is in our poorest communities where participation is lowest. I should like the Scottish Executive to examine how it can be more inclusive and holistic in its approach to sport, so that its other targets can be met. Sport, and the initiatives that have been spoken about, should be only a starting block for the regeneration of our wider community. We have to start young.

I welcome some of the initiatives that have been mentioned. I do not necessarily concur with those who view golf as a good walk wasted; nevertheless, Irene McGugan was right to talk about other sports being included and encouraged. David Mundell spoke about swimming, and other areas should equally be considered. We have to look at access for ordinary people. David Mundell is right that it is not just about capital; it is about the on-going use of facilities in communities.

I would also like the Executive to consider how we can instil hope in communities that have no hope. Sport is good for personal development, team development and participation, and it enables people to take control of their own lives and provide leadership. I would like schemes to help young unemployed people to obtain level 2 Scottish vocational qualifications and other qualifications, to train them in sporting activities, and to allow them to be leaders in their own communities. We should look at means of paying people who have no other means of earning income. I commend some of the initiatives in Renfrewshire by Unity Enterprise Ltd and other organisations.

We should look at schools. Head teachers are worried about young people spending many hours working in supermarkets. We could look at senior pupils as peer group models and encourage them to play a role in their schools and communities.

I hope that by examining all those strands, the Executive, with support across the political spectrum in Parliament, can start to see long-term benefits after the current short-term focusing.

16:14

Ms Margo MacDonald (Lothians) (SNP): I also welcome the new Deputy Minister for Sport and Culture, and express regret that he did not wear

his football strip or a tutu.

I agree with the sentiments of today's motion, and obviously with the amendment, which simply enhances an absolutely beautiful and all-embracing motion. However, I will comment on the core of the amendment, which is about ensuring high standards of international performance. That can be done only if there is a pool of skilled people from which to draw. Everything that Hugh Henry said forms the basis of the pursuit of excellence; far too many potential athletes and participants are excluded if the wider question is not considered.

That potential pool of excellence must be formed at primary school, because we must reach children as early as possible. There are so many other avenues for children to pursue that unless we get them used to sport at primary school, they will be lost before the age of nine. I understand all about the active primary school initiative, but I still do not think that the Executive is managing to hit its targets.

I return to my call for more physical education teachers in primary schools. I am not asking for a dedicated teacher in every primary school, but why on earth are there no travelling teachers who can go to two or three primary schools? I did that, and I know the difference that such provision makes. I also know how many folk made the Olympic team, the Commonwealth games team and the final of the Commonwealth games during that era—I will not say whether it was in this century or the last. I should be obliged if the minister seriously considered the relationship between having professionally trained teachers of movement, fitness and sport and the standards that participants in sport show at school, and even the volume of people who take part in sport or some form of exercise regularly.

Hugh Henry: Margo MacDonald spoke about targets. Does she agree that the Executive should examine systematic monitoring and evaluation to ensure that we are not spending money frivolously and that we get some returns on it?

Ms MacDonald: I could not agree more. In Scotland, no national target for physical activity has been set, so the resources that we are committing to the programmes are not monitored. That is part of my point.

It has been said in Parliament that there is no need to train more PE teachers. Oh yes, there is. I hope that the new Deputy Minister for Sport and Culture will revisit that issue. The £3 million that was announced for extra investment in primary schools is not enough to provide continuous support of coaching and teaching.

We can compare Scotland with Finland, whose population had similar levels of poor fitness and health. Its Government followed a determined

public policy of getting Finns off the couch and into the fresh air. Admittedly, the Finns drank too much. There will be more discussion of that later for those who care to stay for Mr Gorrie's motion. We also have the answer to that. Perhaps the difference between Scotland and Finland is that PE is compulsory between the ages of seven and 17 in Finland. As far as I know, the World Health Organisation has not reported more suicidal young Finns than Scots, so young Finns are not being driven out of their minds by going to PE classes. The benefit of that provision is shown in the health statistics that are now reported from Finland.

The potential for excellence is diminished if we do not catch people young. The potential for health in the whole population is further diminished if people are not able to participate in activities such as the aquafit class at the Royal Commonwealth pool in Edinburgh which, along with the other golden oldies, I attended this morning. Edinburgh requires more revenue to fund such activities. Edinburgh is doing its best, but it is not doing enough. It needs money—I hope that the minister will come up with the hard cash.

16:18

Margaret Jamieson (Kilmarnock and Loudoun) (Lab): I congratulate Allan Wilson on his appointment as deputy minister.

I am especially pleased to be called to speak in the debate because, all too often, sport in Scotland is just a boys' game. Sport has much wider relevance, both for social inclusion and to ensure a healthy society.

I want to share with members two recent developments in my constituency. Kilmarnock Football Club has just appointed the first full-time women's football development officer in the United Kingdom. Women's football has a long pedigree in my constituency. Allan Wilson may remember Rose Reilly, who went on to captain the Italian women's world cup team and is now a successful businesswoman in Italy. She is a product of the town of Stewarton and developed her skills in Stewarton Ladies football club.

Recently, the club formed an association with Kilmarnock Football Club and has become Kilmarnock Ladies. From the ranks of Kilmarnock Ladies, Donna Cheyne filled the post of development officer, which will enhance substantially women's access to the sport.

At the same time, Kilmarnock Rugby Club started a women's team, which is coached by Scottish international, Lorna Murray, and which has full access to the coaching structure of the club that gave Scotland Bill Cuthbertson and Derek Stark. I hope that we will not have to wait for too long for our first women's Scottish

international at Bellsland.

Two local clubs are taking innovative steps to improve women's access to sports that, for many years, were for men only. I invited the deputy minister's predecessor, Rhona Brankin, to visit those projects and I extend that invitation to the new deputy minister.

Other sports face more difficulties. Margo MacDonald mentioned swimming, with which there is a problem in my constituency. Kilmarnock Amateur Swimming Club has provided swimming lessons to the young people of Kilmarnock and Loudoun for many years through the voluntary activities of its many coaches. The club faces serious problems with access to the local pool. The Galleon leisure centre, which was established in the 1980s to replace the old Kilmarnock public baths, is a trust in which the local council retains an interest. The trust also provides swimming lessons. Recently, the swimming club received a bill for access charges as well as for use of the pool, which is seen as an attempt by the trust to drive a competitor out of the market for lessons.

It would be a disgrace if the club were driven out of Kilmarnock, as it has provided swimming lessons for many years, particularly to children whose parents cannot pay fees in advance. There must be a way of resolving that issue and, in line with the Executive's determination to improve access, I invite the minister to assist me in resolving that problem.

I have another invitation for Allan Wilson. I was pleased to be present at the recent launch of a new project that takes the anti-drugs message into primary schools in Kilmarnock and Loudoun through football coaching. The project is led and managed by Kilmarnock Football Club and is another innovative partnership involving the club, the local council, Ayrshire and Arran Health Board, Executive agencies and the private sector.

Kilmarnock Football Club shows that it takes seriously its social responsibilities, and it should be congratulated on that work. I invite the deputy minister to visit that groundbreaking project and to "Come and get your kicks from Killie", as the club's slogan says.

16:23

John Young (West of Scotland) (Con): I, too, congratulate Allan Wilson on his appointment as Deputy Minister for Sport and Culture.

I am rather puzzled as to why the deputy minister should be responsible to the environment minister and why Rhona Brankin should have been so suddenly dumped from sport into fish. My good friend and colleague, Brian Monteith, fears that Allan Wilson may be responsible to the environment minister because land that may have

been designated for sporting activities will no longer be released for that purpose, as such proposals may involve global and environmental matters. Many questions remain unanswered about that side of things.

We probably all remember the films such as "Chariots of Fire", which go back to the halcyon, golden days when all sportsmen and women in this country were amateurs. It was quite right that Eric Liddell became a great sporting hero, not only in the 1920s but in the decades that followed. Today's sport is very different in many ways.

In those days, boys at fee-paying schools tended to play rugby and cricket and girls played hockey and tennis, while, at non-fee-paying schools, boys played football and girls often played hockey or did gymnastics.

A number of years ago, a colleague of mine was involved in rowing. Around the 1970s, he paid two visits to the then East Germany and was quite astonished to discover that school pupils were given not only scholastic report cards but sporting achievement report cards. Children were streamed in sports at the ages of eight and 12, when the sport in which they were most gifted was decided. They were streamed into those sports and into any other complementary activities without having much say in the matter, although it was made clear to them that great material rewards could emerge if they were highly successful in representing the German Democratic Republic.

I am not suggesting for a moment that we should follow such a line. For 21 years, I was a member of Glasgow Sports Promotion Council, which achieved a lot. Most members were amateurs, but a few had professional expertise. Perhaps our greatest achievement, working with Glasgow City Council, was managing to get the world lightweight boxing championship fight to the Kelvin Hall in Glasgow, where Jim Watt won the world title. Glasgow Sports Promotion Council also played a part in sport for children and young people.

The use of sports co-ordinators in schools is welcome. Much should be done to increase participation at school and to encourage children to take up sport. The use of sports co-ordinators cannot entirely make up for the shortfall in sports participation that resulted from the withdrawal of many teachers from sports and after-school activities, which Hugh Henry touched on.

Additional moneys are welcome, and I welcome what Sam Galbraith said about that. However, there will probably never be enough money in this sphere. Money being given to lesser-known sports is due in part to lottery funding and has allowed many athletes to train full time. When John Major established the national lottery, the share of

funding for sport, art, heritage and culture was 20 per cent. Since Labour created the New Opportunities Fund, that figure has dropped to 16.67 per cent.

Many of Scotland's best footballers could be seen to come from areas of social aid, as it used to be called. Irene McGugan mentioned youngsters participating in tennis, and I absolutely agree with what she said. Many European countries are way ahead of us in tennis and are training very young people in the sport. Of course, we see the results of that approach coming through with the Boris Beckers of this world and other successful tennis players. We have fallen badly behind in tennis.

Success in sport at its highest level casts a worldwide glow of success not only on the athletes but on the country that they represent. It can also improve mutual relations and understanding. During the Sydney Olympics—the most successful ever—masses of billboards in the city, its suburbs and its underground system advised athletes that the Australian Institute of Sport favoured healthy eating and healthy lifestyles. The institute benefits from massive endorsements and the millions that have poured in will help to feed future success. That is a good propaganda message to youth.

The Deputy Presiding Officer: You must wind up now, Mr Young.

John Young: I am just about to do so, Presiding Officer.

Can we build a similar cultural change here in Scotland? Some are against seeking foreign expertise and help, particularly in the world of Scottish football, but that is wrong. My final sentence—I always seem to end by saying that, Presiding Officer—

The Deputy Presiding Officer: If you have only one sentence left, you may use it to conclude your speech.

John Young: It is a rather long sentence, but here it is. If we can open the doors to all the youth of Scotland and make them individual active participants, that will go a long way to solving many existing problems.

Finally, I was sorry to read that, for the first time—

Michael Russell: That is two sentences.

John Young: For the first time, the Scottish international rugby league team did not contain a single member born in Scotland. That tells it all.

16:28

Fergus Ewing (Inverness East, Nairn and Lochaber) (SNP): That may have been a long

sentence, Presiding Officer, but it never feels like a jail sentence when one is listening to John Young.

I pay tribute to Sam Galbraith, who was a distinguished sportsman in his day as a climber and oarsman. I think that I may even have coxed him into the banks of the Clyde when I was slightly younger than I am now. It will not surprise members to learn that my skill in sport is non-existent, although I participate in running. I am able to unburden myself before members and say that I once came last, out of a team of 19, in the Cairngorm hill race. The following year, I increased my position substantially—to last-equal. Things would have improved drastically had the fixture not been abandoned before I could be allowed to move inexorably up the rankings.

I want to talk today about a minority sport that is Scotland's truly national sport: shinty. This debate gives me a chance to put the case for shinty—a case that was put so eloquently last year by Duncan Cameron, president of the Camanachd Association, in front of a large and well-oiled audience of MSPs from all parties. Duncan's case that evening was that shinty contributes to every part of the agenda that is espoused by Jackie Baillie and Allan Wilson in respect of social inclusion. It encourages volunteering, economic development, developing citizenship and healthy living. From every point of view, shinty contributes to those values.

I heard mention of whisky, and I will not use the term whisky Olympics; that has nothing to do with shinty. However, I know that shinty makes an active contribution to all the activities that the Executive wants to promote.

At the moment, when Scotland plays Ireland at shinty, sportscotland does not even recognise the match as an international. The team players have to pay their own fares. They are not allowed even to keep their jerseys or to swap them with the opposing team. However, until this year they had an excellent record against Ireland.

The shinty bodies do not have any representation on sportscotland. Allan Wilson may want to rectify the fact that, at board level, sportscotland has no representation from areas north of a line drawn from Aberdeen to the central belt. A senior sportscotland official led the shinty executives to believe that there would be a review group on minority and indigenous sport, but that seems to have been parked; perhaps the minister can tell us what happened to it. I am concerned that funding of sport takes place on a number of levels. How much is being wasted on bureaucracy? The minister will want to tackle that issue with zeal.

There are many other problems, but the primary

concern relates to funding. The funding contribution that shinty, which is Scotland's national sport, receives from sportscotland has been fixed at a paltry £15,000.

Mr Monteith: That is a disgraceful figure and shinty deserves the recognition that the member seeks for it. However, I am confused by his claim to its being a national sport—although I am sure that he can educate me on that matter, as he often has on others. Is shinty played in Coldstream or Duns? To what extent is it played south of the Forth and the Clyde? If I knew that, I would be able to argue more strongly in favour of shinty.

Fergus Ewing: Shinty is certainly played south of the border. Its Gaelic name is camanachd, which reveals its identity as the oldest organised team sport in Europe that is still played by its original rules.

Shinty receives one third of 1 per cent of sportscotland's budget. I hope that Allan Wilson, in his closing speech, will say that the 20 per cent increase in funding that we heard about earlier will allow that shame and ignominy to be ended. This Parliament, and every party represented in it, should recognise the importance of Scotland's national sport, shinty, treat it with dignity and fund it adequately.

16:33

Mr John Munro (Ross, Skye and Inverness West) (LD): I will confine my remarks to the lack of sports facilities, as Fergus Ewing has made an adequate case for shinty. I thank him for that.

This is the first year since 1996 in which Scotland has not lost some of its playing fields to developers, even though tougher rules and restrictions have been put in place. The most alarming fact is that statistics show that pitches have been lost where they are needed most. Playing fields in large urban local authorities have been worst affected, despite the concentration of deprivation in those areas. There is also an abundance of brownfield sites close at hand that could easily be used by local authorities and developers to satisfy demand for urban housing. Surely there should be a penalty for choosing to develop on greenfield sites.

Figures show that since 1996—just four years ago—167 pitches have been threatened with development, of which two thirds were lost. Taking into account the number of new pitches that have been constructed over the same period, there has been a net loss in Scotland of 87 pitches. That is disgraceful. In Scotland, since 1996, no minister has prevented any publicly owned playing field from being developed. In England, Mr Blunkett, the education minister, has saved only one playing field from development. I hope that our new

minister will have greater compassion and understanding on the matter of sales to developers and whether fields should be preserved for generations to come.

Ms MacDonald: Will John Munro give way?

The Deputy Presiding Officer: With respect, if we are to fit in Mr Canavan—

Ms MacDonald: I will be brief.

The Deputy Presiding Officer: If you intervene, you will kill off Mr Canavan.

Ms MacDonald: I wanted to mention the European convention.

Mr Munro: I welcome and whole-heartedly support Sam Galbraith's motion—it is hard not to do so, as it is so wide and contains so many noble sentiments—but too much effort and money has been targeted towards the development of football academies. The needs of small indigenous or minority sports have been ignored.

I talked about shinty in last week's debate on the cultural strategy. I was interested to note that the Executive failed to mention sport, except to acknowledge that it was part of culture. However, the sports agency has no contact with cultural agencies within Government or in local communities where sport and culture are inextricably linked.

Sportscotland should have a strategy to develop more sporting facilities in remote areas where sport is a pivotal point in the community.

As we have heard, sportscotland should make an immediate commitment to the shinty-hurling internationals. The game should be acknowledged as a full international, with the full status that is accorded to other sports at the same level. It should be funded adequately so that international players do not have to pay for their own travel and accommodation.

Although this may remain a matter for the minister and politicians, it is ridiculous that sportscotland at board level has no representation north of a line drawn from Aberdeen to the central belt. The minister has claimed in the past that no account is taken of geographical representation. In answer to a parliamentary question, Mr Galbraith said that that none of the appointees lived in the Highlands and Islands and that there was no information on whether they had any association with the area. So that is all right, then.

Sportscotland must press to have the cultural and geographical representation on its board of management made inclusive and representative. The current imbalance enhances the perception that sportscotland is an Edinburgh/Gyle-centric organisation that concentrates its efforts within a radius of a few hundred miles.

I support the motion.

The Deputy Presiding Officer: Can Mr Canavan manage to make his speech in a couple of minutes?

Dennis Canavan (Falkirk West): Two and a half.

The Deputy Presiding Officer: Done.

16:38

Dennis Canavan (Falkirk West): At the Scottish Institute of Sport's annual forum earlier this week, we were told the result of a survey of its athletes. They number about 140 very talented Scottish athletes in 10 different sports, including 16 who competed in the recent Olympics and nine who competed in the Paralympics. We are talking about the crème de la crème of Scotland's sporting talent. The survey revealed that just over 60 per cent of those athletes aspire to be the best in the world. The question arises: why do more of our best athletes not aim for the top? Is there something about the Scottish psyche that lowers rather than raises expectations?

I am sure I am not the only one who remembers Ally McLeod's spell as team manager of the Scottish football team for the 1978 world cup finals in Argentina. The manager had many of the players—and all of the tartan army—convinced that Scotland would win the world cup. When that did not happen, it was like a national hangover.

Expectations were unrealistically high then, but perhaps nowadays expectations and aspirations in Scottish sport are not high enough. If we are to raise those aspirations, we must start with young people in our schools. There are more than 200 school sports co-ordinators in Scotland who have the responsibility of promoting sports opportunities for all young people. It is to be hoped that they will also help to identify and nurture exceptional talent. The Scottish Executive should consider the possibility of having more schools that specialise in maximising the potential of exceptionally talented young athletes. It could learn from the experience of the Glasgow School of Sport at Bellahouston Academy, which takes in talented young athletes from all over the city.

Margo MacDonald mentioned the case of Finland—a country of similar population to Scotland—where there is a network of 12 national sports schools, offering a specialised service to around 1,600 talented young athletes. The annual running cost of that network is only £1 million.

Professor Ian Thomson, of Stirling University, and David Fairweather, of Falkirk College, visited Finland last year and produced a report on the Finnish sports schools. Last night, they gave a presentation to the Parliament's cross-party sports

group. I would like to give the minister a copy of their report and ask him to consider its contents with a view to taking appropriate action. In England, the Government has allocated £3.4 million to improving facilities, and a similar sum for running costs, of sports schools. However, there has been no corresponding investment in Scotland. I hope that some of the additional funding that was announced by the minister today will be invested in sports schools.

Investment in our young people is an investment in Scotland's future, and investment in sports for young people is an investment in Scotland's future success in international events. I wish Allan Wilson, the new Deputy Minister for Sport and Culture, every success in his appointment, and I hope that he will work hard to achieve sporting success for Scotland.

The Deputy Presiding Officer: I apologise to Kenneth Macintosh and Colin Campbell, who were not called. I would like to trim about two minutes from the totality of winding-up speeches. Jamie Stone has just over three minutes.

16:40

Mr Jamie Stone (Caithness, Sutherland and Easter Ross) (LD): I congratulate Allan Wilson on his elevation to Deputy Minister for Sport and Culture. It is always nice to see a friend getting on and I look forward to great things in the far north of Scotland from the deputy minister.

Fergus Ewing and I have several things in common: specs, striped suits and a complete ineptitude where sport is concerned. Fergus will be comforted to know that I, too, was useless at sport. I was the last child to be chosen for the football team and I had to be life-saved from the swimming pool at Tain Academy during a swimming lesson.

The Sport 21 document rightly makes reference to Scotland's rural areas—Irene McGugan also referred to them—and I shall illustrate the nature of the problem in the Highlands. Mr Sam Galbraith will know that there are lots of sports centres in Ross-shire and Inverness-shire, but that Sutherland and Caithness are poorly provided for. Although there was a rush to spend, at the time of local government reorganisation, sports provision was left out. That chronic under-provision is a problem that needs to be tackled.

The document contains a graph that shows the downward trend in revenue and capital funding from councils for leisure and recreation, to which the minister has referred. In that context, it is hard to see how progress can be made in sports provision for outlying rural areas. It rather sticks in the gullet of the people of Caithness that the council tax that they are paying is funding sports

centres in other parts of the Highlands, especially Ross-shire and Inverness-shire. The inequality that is built into the system needs to be tackled.

Sam Galbraith referred to health, self-respect and “positive lifestyles”. He said:

“The role of local authorities is central to all those objectives.”

My intervention on the minister was deliberate. He knows that I have long believed that the separation of funding between leisure, recreation and education is unhelpful in tackling such issues. I complement the minister on all that he has done for community schools in the past year. I believe that such schools are a way forward. There is a small problem in getting young people to accept that community schools are not just schools—they do not like to go back, because they are schools—and a marketing job needs to be done in that context.

I highlight those two points: the under-provision of sporting facilities in rural areas and the problem with co-ordinated funding in our local authorities.

I will move on to other things. One of the ramifications of Tavish Scott’s elevation to Deputy Minister for Parliament is that I am joining the Holyrood progress group. I look forward to it with enormous enthusiasm. Unlike Ian Jenkins, it will not be life after death on the Education, Culture and Sport Committee for me. I think it only right and proper to thank Sam Galbraith for his very courteous and quick responses to all comments that I made and letters that I wrote as the education spokesman for the Liberal Democrats. I wish him well for the future.

The Deputy Presiding Officer: Thank you, Mr Stone. That was helpful. I ask Brian Monteith to keep his speech to less than four minutes.

16:44

Mr Brian Monteith (Mid Scotland and Fife) (Con): I will try to be as helpful as Mr Stone, Presiding Officer.

I was saddened to see that at the debate’s lowest point, only 14 members were present in the chamber. I hope that that does not reflect the chamber’s views on sport.

What is sporting policy for? What should it seek to achieve? The Tories do not disagree with the Executive’s motion, which is framed within the general context and great tradition of cross-party support for the expansion of involvement in sport. We will support not only the Executive’s motion but the SNP’s amendment, which—as Irene McGugan will be pleased to hear—we find as agreeable as a 12-year-old malt.

That said, although our amendment seeks to

add to the Parliament’s view on sport, we feel also that an opposition party should seek at least to challenge the orthodoxy, if not to tease out new opinions from the establishment.

Yesterday, we debated equality; today, we debate sport. It will not be lost on keen observers that, in society, the Government denies natural talents and differences whereas, in sport, it is keen to fund those differences. That is strange. I like to think that no one is equal except before the law and in front of the ballot box. I am fat, bald, short and—some would say—lacking in intellect; however, I believe that I am equal to all members here today. My two sons are tall, lithe, bright, energetic and keen to learn, and will take up any sporting opportunities that are made available to them.

If we are keen to support excellence, we must first encourage children to explore their abilities to allow them to discover what they are excellent at—to find something at which, as Hugh Henry said, they might be gifted. All schoolchildren have an interest in sport, because most of them can find one that they are good at, even if it is as unphysical as darts.

Moving on from the philosophical view of sport, I want to touch on two issues. First, as far as Euro 2008 is concerned, the minister is keen to support the Ryder cup bid, because Scotland can lay claim to being the home of golf. Well, we can also lay claim to being the home of football. There is a field in Callander where the first recorded game of football was played, and we can be proud of our role in generating the rules of association football. We should use that fact to promote Scotland. Furthermore, we should work together with the Scottish Football Association, the Scottish Premier League and—if required—the Irish football authorities to bring Euro 2008 to Scotland. We could have the facilities and the infrastructure; indeed, as rugby has shown and football will show, events can be staged across a number of countries.

I will also touch on the issue of lottery money. When the Conservatives set up the lottery, there were five good causes, each of which received 20 per cent of lottery funds. The Labour Government introduced a sixth fund—the new opportunities fund—which resulted in the funds to sport being reduced to 16.6 per cent. Now that the millennium fund, quite rightly, is to be abolished as the millennium year is ending, instead of the share of sport funding increasing from 20 per cent to 25 per cent—which is what should have happened—it will stay at 16.6 per cent. The Olympics and Paralympics have shown the advantages of funding coaching; however, any advantages from doing so through lottery funding are being lost. The winding-up of the millennium fund should

have provided an opportunity to help the funding of sport.

Surely it is not too late to help swimming or shinty by changing the share of lottery funding. I commend my amendment.

16:49

Michael Russell (South of Scotland) (SNP): Before I welcome Allan Wilson to his new portfolio—everyone else has done it, so I will do it too—I will thank the SNP's Fiona McLeod, who has carried the responsibility of speaking on education, culture and sport with Nicola Sturgeon for some time. The baton has passed to new hands in the shape of Irene McGugan and me; I hope that we can live up to the amount of work that Fiona has done, not least in pressing Sam Galbraith on the issue of Hampden.

It is good to see Allan Wilson in his new position. He is obviously a man of ambition: *The Sunday Times* this weekend informed us that he wishes to establish a Radio City in Kilbirnie, and one cannot get more ambitious than that. We certainly need his ambition; we need people to be ambitious for Scottish sport. I am sure that he and the Minister for Environment, Sport and Culture will feel the hot breath of ambition down their necks, because the convener of the cross-party sports group—one Dennis Canavan—is, as we understand it, about to rejoin the Executive and, I am sure, will be pushing for a place in team McLeish. We can look forward to some fun.

Hugh Henry: That would be some promotion.

Michael Russell: Mr Henry recognises the potential of such a team move. We will see what happens. I will come to Mr Henry in a moment. [MEMBERS: "Oh."] Absolutely. I would not think of ignoring him. What an illuminating debate this has been. I have managed to agree with Hugh Henry and, more unusually, with Margo MacDonald.

The Minister for Rural Development (Ross Finnie): The member is losing his touch.

Michael Russell: I am about to make a revelation to the chamber. For a long time, I have worried about my relationship with Margo, as she has no doubt worried about her relationship with me, but I discovered today where the edge comes from—I discovered that Margo was a PE primary teacher. My mother was a PE primary teacher. It is clear that, in the deep recesses of the psyche, there is a problem, which I am sure we will be able to work out together.

The Deputy Presiding Officer: That is all very fascinating, Mr Russell, but you have a minute and a half left.

Michael Russell: Time passes quickly when

one is enjoying oneself, Presiding Officer.

I agreed strongly with the point that Margo made about children being the key. When she made that point, Hugh Henry intervened on her to point out that benchmarks and resources are the key. That is why I welcome the minister's acceptance of our amendment, because our amendment is entirely about that. It is not an easy amendment for the Administration to accept—so I am glad that it has—because it does not praise the Executive, but sets the benchmarks by which we can judge the Executive's progress.

Our amendment states quite clearly that we must have a sporting policy that involves "as many as possible"—

Mr Galbraith: We have got that.

Michael Russell: A policy that encourages diversity—

Mr Galbraith: We have got that.

Michael Russell: A policy that sustains

"not only mainstream but also minority sports, including traditional Scottish sports"—

Mr Galbraith: We have got that.

Michael Russell: And ensures

"a high level of international standard sporting excellence in Scotland."

Mr Galbraith: We have got that.

Michael Russell: Mr Galbraith makes endless interventions. We will find out during the next few years whether we have got it, because now that the Executive has accepted the amendment and the motion therefore includes the benchmarks, we will be able to work it out.

Finally, we give our full backing to the Ryder cup bid for 2009. That full backing extends to any co-operation that the SNP can give in working nationally and internationally to secure the bid, which, we were heartened to hear, Tiger Woods supports. The SNP's support for the bid brings another open champion into contention for support, as the former title holder of the Colonsay open—one Mr Alex Salmond—is free to help with the bid. I am quite sure that he, like all other members of the SNP, will be happy to ensure that Scotland secures the tournament and a place in the sun for the Ryder cup in 2009.

I am happy about the consensual nature of this debate. We shall now see whether the Executive can deliver. I hope that it can, but the proof will be two or three years down the road. Mr Galbraith has not done it yet.

The Deputy Presiding Officer: I call Allan Wilson to respond to the debate on behalf of the Scottish Executive. [Applause.]

16:53

The Deputy Minister for Sport and Culture (Allan Wilson): I thank colleagues for all their good wishes. I must, however, correct Irene McGugan, as this is not my ministerial debut. That took place, as those members who were there will know, in the great sheep dip debate of last week. I also thank all those who contributed so sportingly to today's debate.

Sport is of great intrinsic value. We should never forget the pure pleasure that comes from taking part in sport. Playing is reward in itself and is a satisfying experience that many of us, including Fergus Ewing, have had. Sport is basically good fun. It therefore seems natural to us in the Labour party, the Liberal Democrats and the nationalists—this agenda cuts across political parties—to give that pleasurable experience to as many Scots as we can.

Opening up the pleasure of participation is a worthwhile objective in itself, but we are committed to seeing our people succeed and to building their confidence. A lack of confidence, low self-esteem and low self-worth often contribute to many of the problems and difficulties that we must tackle in modern Scotland, such as drug abuse.

This debate has made clear the role that sport has to play in building confidence, creating opportunity and, as Hugh Henry said, giving hope to communities. Well-being, confidence and opportunity: each feeds the others in a virtuous circle of personal and national growth. We are engaged in the pursuit of excellence and, as Margo MacDonald said, teachers play a pivotal role in that.

That is why my passion for sport is easily reinforced by my passion for politics and social justice. My new environment role links with sport and culture in many ways, particularly in the maintenance of green and open spaces.

Mr Monteith: Would the deputy minister care to list five ways in which environment helps sport?

Allan Wilson: I have already mentioned one and there are many links with open-air activities such as the sport of mountain climbing, which my colleague, Sam Galbraith, pursued. There are many more besides.

With sportscotland, we are giving strong leadership to governing bodies, sports clubs, local authorities and other organisations that all have a major role to play in giving the sporting experience to as many people as possible. I take the point about appointments, but appointments are made on the basis of merit, not of residence.

In the next few weeks, I will endeavour to meet as many of those organisations as possible to hear their views and ideas about what has been

done and what has to be done, in relation to shinty as well as to swimming. I will also take the opportunity to talk to as many people as possible in local government. I will be stressing to them the role that I believe sport has to play in their objectives for social, cultural and economic prosperity. We will lead by example on this issue. Sportscotland will receive an increase in funding of nearly 20 per cent and we shall announce soon the details of a further £9 million investment.

Money from the national lottery has been vital in the good start that we have made; those resources will be a key part of the additional funding that has been announced. The next round of new opportunities fund initiatives will see £87 million pumped into sports facilities and development with the primary objective of giving our young people attractive and positive alternatives to criminal and anti-social behaviour.

Last week, I was in Birmingham arguing the case for bringing the Ryder cup to Scotland. I am glad that our colleagues in the SNP have dropped their initial negativity to that proposal because, if our bid is successful, it will be a huge achievement for the Executive and our nation.

Our ambitions do not stop there, of course. In 2001, we will be developing a strategy for attracting major sporting and cultural events to Scotland. The European championships have been mentioned; the Dutch study to which the SNP referred in a letter to Rhona Brankin was not to do with feasibility but was conducted after the event and examined the economic benefit of Euro 2000. We will obtain up-to-date information about the economic benefits to Holland and Belgium of staging Euro 2000. The Scottish Football Association is carrying out a preliminary feasibility study that will seek to quantify that economic gain. We have said to the SFA that we are willing to support it in all its efforts.

In conclusion—[MEMBERS: "Aw."] It is a shame, I know, but all good things must come to an end. This is an exciting time to be involved in sport and sports development in Scotland. I hope that I have shown where that fits into the big picture. This debate has shown that the Scottish Parliament sees a huge role for sport in building a confident and successful country. We have the vision, we have the people and we have the energy. Social equality and justice is our goal. Sport for all is a pivotal midfield player in the strategy to score that goal.

Parliamentary Bureau Motions

16:59

The Deputy Presiding Officer (Mr George Reid): The next item of business is consideration of Parliamentary Bureau motions. I ask Tavish Scott to move motion S1M-1322, on the designation of lead committees, and motion S1M-1323, which seeks approval of the Draft Train Operating Companies (Rateable Values) (Scotland) (No 2) Order 2000.

Motions moved,

That the Parliament agrees the following designations of Lead Committees—

The Justice and Home Affairs Committee to consider the draft Scotland Act 1998 (Transfer of Functions to the Scottish Ministers etc.) (No. 2) Order 2000.

The Transport and the Environment Committee to consider the draft Scotland Act 1998 (Cross-Border Public Authorities) (Adaptation of Functions etc.) (No.2) Order 2000.

That the Parliament agrees that the draft Train Operating Companies (Rateable Values) (Scotland) (No.2) Order 2000 be approved.—[*Tavish Scott.*]

Decision Time

17:00

The Deputy Presiding Officer (Mr George Reid): There are seven questions to be put as a result of today's business.

The first question is, that amendment S1M-1324.2, in the name of Nicola Sturgeon, which seeks to amend motion S1M-1324, in the name of Susan Deacon, on NHS governance and accountability, be agreed to. Are we agreed?

Members: No.

The Deputy Presiding Officer: There will be a division.

For

Aitken, Bill (Glasgow) (Con)
 Campbell, Colin (West of Scotland) (SNP)
 Canavan, Dennis (Falkirk West)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Davidson, Mr David (North-East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Elder, Dorothy-Grace (Glasgow) (SNP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Ewing, Mrs Margaret (Moray) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Fergusson, Alex (South of Scotland) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Gibson, Mr Kenneth (Glasgow) (SNP)
 Grahame, Christine (South of Scotland) (SNP)
 Harding, Mr Keith (Mid Scotland and Fife) (Con)
 Harper, Robin (Lothians) (Green)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Johnston, Nick (Mid Scotland and Fife) (Con)
 Johnstone, Alex (North-East Scotland) (Con)
 Lochhead, Richard (North-East Scotland) (SNP)
 MacAskill, Mr Kenny (Lothians) (SNP)
 MacDonald, Ms Margo (Lothians) (SNP)
 Marwick, Tricia (Mid Scotland and Fife) (SNP)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McGugan, Irene (North-East Scotland) (SNP)
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)
 McLetchie, David (Lothians) (Con)
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)
 Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)
 Mundell, David (South of Scotland) (Con)
 Paterson, Mr Gil (Central Scotland) (SNP)
 Robison, Shona (North-East Scotland) (SNP)
 Russell, Michael (South of Scotland) (SNP)
 Salmond, Mr Alex (Banff and Buchan) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Sheridan, Tommy (Glasgow) (SSP)
 Sturgeon, Nicola (Glasgow) (SNP)
 Tosh, Mr Murray (South of Scotland) (Con)
 Ullrich, Kay (West of Scotland) (SNP)
 Wallace, Ben (North-East Scotland) (Con)
 Welsh, Mr Andrew (Angus) (SNP)
 Wilson, Andrew (Central Scotland) (SNP)

AGAINST

Baillie, Jackie (Dumbarton) (Lab)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)

Brankin, Rhona (Midlothian) (Lab)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Galbraith, Mr Sam (Strathkelvin and Bearsden) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Gorrie, Donald (Central Scotland) (LD)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (Edinburgh Pentlands) (Lab)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (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)
 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)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (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)
 Morrison, Mr Alasdair (Western Isles) (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)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)
 Scott, Tavish (Shetland) (LD)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Mrs Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Thomson, Elaine (Aberdeen North) (Lab)
 Wallace, Mr Jim (Orkney) (LD)
 Watson, Mike (Glasgow Cathcart) (Lab)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

The Deputy Presiding Officer: The result of the division is: For 44, Against 52, Abstentions 0.

Amendment disagreed to.

The Deputy Presiding Officer: The second question is, that motion S1M-1324, in the name of Susan Deacon, on NHS governance and accountability, be agreed to.

Motion agreed to.

That the Parliament notes that improving governance and accountability arrangements is a core element of the work underway on NHS modernisation and calls on the Scottish Executive to ensure that meaningful and practical proposals for change are set out in the forthcoming Scottish Health Plan.

The Deputy Presiding Officer: The third question is, that amendment S1M-1325.1, in the name of Irene McGugan, which seeks to amend motion S1M-1325, in the name of Sam Galbraith, on sport, be agreed to.

Amendment agreed to.

The Deputy Presiding Officer: It is still competent for me to take the fourth question, on the Conservative amendment to this rather expanded motion. The question is, that amendment S1M-1325.2, in the name of Brian Monteith, which seeks to amend motion S1M-1325, in the name of Sam Galbraith, on sport, be agreed to. Are we all agreed?

Members: No.

The Deputy Presiding Officer: There will be a division.

FOR

Aitken, Bill (Glasgow) (Con)
 Campbell, Colin (West of Scotland) (SNP)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Davidson, Mr David (North-East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Elder, Dorothy-Grace (Glasgow) (SNP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Ewing, Mrs Margaret (Moray) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Fergusson, Alex (South of Scotland) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Gibson, Mr Kenneth (Glasgow) (SNP)
 Grahame, Christine (South of Scotland) (SNP)
 Harding, Mr Keith (Mid Scotland and Fife) (Con)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Johnston, Nick (Mid Scotland and Fife) (Con)
 Johnstone, Alex (North-East Scotland) (Con)
 Lochhead, Richard (North-East Scotland) (SNP)
 MacAskill, Mr Kenny (Lothians) (SNP)
 MacDonald, Ms Margo (Lothians) (SNP)
 Marwick, Tricia (Mid Scotland and Fife) (SNP)
 Matheson, Michael (Central Scotland) (SNP)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McGugan, Irene (North-East Scotland) (SNP)
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)
 McLetchie, David (Lothians) (Con)
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)
 Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)
 Mundell, David (South of Scotland) (Con)
 Murray, Dr Elaine (Dumfries) (Lab)
 Paterson, Mr Gil (Central Scotland) (SNP)
 Quinan, Mr Lloyd (West of Scotland) (SNP)
 Robison, Shona (North-East Scotland) (SNP)
 Russell, Michael (South of Scotland) (SNP)
 Salmond, Mr Alex (Banff and Buchan) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Sturgeon, Nicola (Glasgow) (SNP)
 Tosh, Mr Murray (South of Scotland) (Con)
 Ullrich, Kay (West of Scotland) (SNP)
 Wallace, Ben (North-East Scotland) (Con)
 Welsh, Mr Andrew (Angus) (SNP)
 Wilson, Andrew (Central Scotland) (SNP)

AGAINST

Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)

Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Canavan, Dennis (Falkirk West)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Galbraith, Mr Sam (Strathkelvin and Bearsden) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Gorrie, Donald (Central Scotland) (LD)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (Edinburgh Pentlands) (Lab)
 Harper, Robin (Lothians) (Green)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (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)
 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)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (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)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Munro, Mr John (Ross, Skye and Inverness West) (LD)
 Oldfather, Irene (Cunninghame South) (Lab)
 Peacock, Peter (Highlands and Islands) (Lab)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)
 Scott, Tavish (Shetland) (LD)
 Sheridan, Tommy (Glasgow) (SSP)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Mrs Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Thomson, Elaine (Aberdeen North) (Lab)
 Wallace, Mr Jim (Orkney) (LD)
 Watson, Mike (Glasgow Cathcart) (Lab)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

The Deputy Presiding Officer: The result of the division is: For 44, Against 55, Abstentions 0.

Amendment disagreed to.

The Deputy Presiding Officer: The fifth question is, that motion S1M-1325, in the name of Sam Galbraith, on sport, as amended, be agreed to.

Motion, as amended, agreed to.

Resolved,

That the Parliament recognises the contribution that sport makes to a modern inclusive society, to health and full and

enjoyable life and as a positive and attractive alternative, for young people especially, to anti-social activities and criminal behaviour; notes the outcome of the first review of Sport 21; restates its support for *Sport 21: Nothing Left to Chance* as the strategic basis for developing sport in Scotland; welcomes the outcome of the 2000 spending review for sport in Scotland; congratulates Team GB and the Scots in it on their performances in the Olympic and Paralympic Games, and commends and supports the Scottish Executive's bid to secure the 2009 Ryder Cup for Scotland, the home of golf, accepting that the overall purposes of a sport policy should be to involve as many as possible, to encourage diversity, to sustain not only mainstream but also minority sports, including traditional Scottish sports, and to ensure a high level of international standard sporting excellence in Scotland.

The Deputy Presiding Officer: The sixth question is, that motion S1M-1322, in the name of Tom McCabe, on the designation of lead committees, be agreed to.

Motion agreed to.

That the Parliament agrees the following designations of Lead Committees—

The Justice and Home Affairs Committee to consider the draft Scotland Act 1998 (Transfer of Functions to the Scottish Ministers etc.) (No.2) Order 2000.

The Transport and the Environment Committee to consider the draft Scotland Act 1998 (Cross-Border Public Authorities) (Adaptation of Functions etc.) (No.2) Order 2000.

The Deputy Presiding Officer: The seventh question is, that motion S1M-1323, in the name of Tom McCabe, which seeks approval of the draft Train Operating Companies (Rateable Values) (Scotland) (No 2) Order 2000, be agreed to.

Motion agreed to.

That the Parliament agrees that the draft Train Operating Companies (Rateable Values) (Scotland) (No.2) Order 2000 be approved.

Alcohol Misuse

The Deputy Presiding Officer (Mr George Reid): The final item of business today is a members' business debate on motion S1M-1210, in the name of Donald Gorrie, on misuse of alcohol.

Motion debated,

That the Parliament agrees that everything possible should be done to ensure that alcohol abuse and the issues of health and violence arising from it receive greater attention, and urges the Executive to promote civilised social drinking and to reduce excessive and under age drinking through any means available, including administrative action, publicity, education and legislation.

17:04

Donald Gorrie (Central Scotland) (LD): My friends have been a bit concerned recently, because I have been telling them that I am now into alcohol. I then have to explain that I am into it as a political issue, not as a matter of excessive personal consumption. I know that it is of interest to other members, and I welcome their support for my highlighting the issue.

The objective of this motion is to put alcohol on the public agenda at a high level, where it should be. Compared with drugs, alcohol is a much greater problem in Scotland. Compared with drugs, alcohol gets much less public attention. That is not to say that we should downgrade the problem of drugs; we should take alcohol really seriously.

Most people find it difficult to take alcohol misuse as seriously as they should, because most of us go in for social drinking. Drinking is very much established as part of the Scottish way of life. We must accept, however, the evils that are caused by under-age or excessive drinking, both of which give rise to violence, including domestic violence, ill health, loss of jobs, family break-up and so on. They are all significant consequences, and we must tackle the issue.

The amount of perseverance on my part necessary to get this issue on the agenda is symptomatic—I know that Christine Grahame had a motion on this subject that was never selected for debate. Many other members' business motions could be considered to be of less significance, and there is a lack of urgency about the high heid yins' attitude to alcohol.

We will not solve the problems in half an hour, but I can suggest some measures that would help. Either the Executive—or, if it has the resources, the Parliament—should set up a new, Clayson-type commission. That inquiry was so long ago that our press officer could not even spell his

name right, as he had never heard of him. In the 1970s, the Clayson commission did really good work and helped reform the Scottish licensing laws. We need a new look at the problem now; there are many aspects to it and life has moved on over the past 30 years. We need a new Clayson-type commission.

Some weeks ago, I wrote to the Minister for Justice to ask him what he is doing about alcohol as a public issue and notifying him that I wanted to lodge a member's bill. He responded that the justice department is considering the subject, but has not yet concluded what it is doing on inquiries, committees or whatever. I hope that the Deputy Minister for Health and Community Care, despite having responsibility for a different department, can tell us. We need the Executive to get a grip on the subject.

I believe in the need for a member's bill. Following considerable research, I gave Jim Wallace a preliminary shopping list of 16 issues that could be included in a bill. I have spoken to people with opinions on all aspects of the licensing of alcohol and I have found a great deal of agreement. I would be happy to co-operate with other people who I know have great interest in the subject and who come at it from different angles. They will be able to voice other useful ideas. We can draw up a member's bill that commands a great deal of consensual support in the Parliament and among all the organisations that have to deal with matters of licensing and alcohol. It would make some important changes while longer-term consideration was being undertaken by the Clayson-type commission.

We also need an all-party group on alcohol issues. There are a whole lot of cross-party groups; most of us spend a lot of time failing to get to meetings because of all the clashes. It might be better to enlarge the remit of the drugs group that my colleague Keith Raffan—who, unfortunately, has been ill for some time—has been working in. We should, perhaps, be considering all addictions together.

We need a continuing parliamentary body to press the issue, which easily escapes people's attention. They do not want to think about it because they feel uneasy about it, as they drink a bit themselves.

Some examples of issues that could be dealt with very quickly are: better policing of pubs, which could possibly be paid for by a variable licence fee; a police power to suspend a licence immediately, rather than the long drawn out procedure we have at present; licensing door stewards or bouncers; a system of qualifications and training for licensees, to make that a career path with national, recognised qualifications; a national system of proof of age cards for young

people; and a duty on councils and health boards to provide a range of treatment centres. Treatment should start much younger—there is a failure to treat adolescents with serious drinking problems. Other examples are model byelaws for pubs and local forums where publicans and licensing people could talk in an informal way.

Those are issues that we could pursue quickly through the Parliament, but the overall issue is getting it on the agenda. I welcome this opportunity to do so and the interest of other members in the issue.

The Deputy Presiding Officer: As Donald Gorrie said, Christine Grahame has had a motion down on this subject since 6 June. I will therefore allow her up to four minutes. Other members should keep their speeches short.

17:11

Christine Grahame (South of Scotland) (SNP): That is very obliging of you, Presiding Officer. I thank Donald Gorrie for mentioning my motion. I am glad that we may get somewhere on the issue.

I first raised this subject on 20 January in the debate on drug abuse. The then Deputy Minister for Justice had not even mentioned it. In that debate, I quoted the following statistics:

"There are 200,000 people in Scotland who misuse alcohol. In the past 25 years, the recorded increase in deaths for which alcohol is recorded as cause of death is 552 per cent for males and 760 per cent for females."

Those figures are gross understatements because they refer to deaths directly attributable to alcohol. There are alcohol-related illnesses that are not in that category. Another staggering statistic is that

"One third of general hospital beds contain patients who have an alcohol problem."—[*Official Report*, 20 January 2000; Vol 4, c364.]

In his reply to that debate, the then Deputy Minister for Community Care told me:

"I want to deal early in my speech with the issue of alcohol abuse, which was raised by many members . . . one message that the Executive must take away is that of considering an early debate on alcohol abuse, to give the subject the time that Christine Grahame's statistics show that it warrants.—[*Official Report*, 20 January 2000; Vol 4, c384-85.]

The statistics are not mine; they are from an alcohol abuse organisation. We are nearly through the year and we have not had that debate.

I have questions for the Deputy Minister for Health and Community Care. Drug-related problems have just been given £100 million over the next three years, yet I was told in a parliamentary answer that there is only £2.5 million over the next three years for alcohol

misuse. That is an enormous difference. In 1999, 1,013 deaths were directly traceable to alcohol and 340 deaths were directly traceable to other drugs. We have got things askew. Those 1,013 deaths does not include deaths that are related to alcohol through other diseases, fire, accidents, violent attacks, murders and so on. I will not go into the criminal impact of alcohol; someone else may, perhaps, address.

I challenge the minister to introduce measures to assist in educating children on the issue, because there is now evidence that it is not so much cannabis as alcohol that is the gateway drug to other drugs. A further issue is that of children living with a parent with alcohol problems. It is estimated that 85,000 Scottish children are likely to be living with a problem drinker. Consider what that must mean in those children's lives.

When I asked—yet again—for a debate, I was told by Iain Gray in an answer on 30 August that it would be scheduled. I spoke to him recently, informally, and he said that the Executive was setting up a programme this month. I hope we can have the debate before we begin another year.

17:15

Maureen Macmillan (Highlands and Islands) (Lab): I would like to thank Donald Gorrie for securing this debate and raising a very important issue. I have spoken about this subject many times—usually in the context of drug policy. Alcohol misuse is the ignored problem. As people have said, alcohol is acceptable in today's society. A bottle of spirits costs the same as a compact disk or a couple of tickets for the cinema. Most people see alcohol as harmless and enjoyable; as helping to relieve problems; as aiding relaxation. The media concentrate on its positive effects. Television adverts for drink highlight the cosy pub, the convivial company, the young and the beautiful. They ignore the brawls, the vomit in the gutter and the liver failure.

The problem is partly historic. We do not have a culture of socially responsible drinking. The contrast with other European countries is apparent. Alcohol is treated more responsibly there, with parents playing a key role in bringing up children with a sensible attitude to drinking. There is nothing sadder than hearing grown adults boasting about how many pints they sank the night before—unless it is hearing young teenagers boasting about the same thing.

In parts of the Highlands and Islands, the drink culture is pervasive. Between August and October this year, there have been 58 admissions to the six-bed detoxification wing at the New Craigs hospital. Such a figure gives a snapshot of the problem in the Highlands. However, we need to

ensure that we have accurate and comprehensive information so that we know the true extent of the problem.

When I was a teacher trying to discuss alcohol with children, they often described how drunk their parents got at the weekend. The parents went out drinking; the children did too. Some parents do not take seriously the damage that alcohol can do to themselves or their children.

Drinking in our culture is too wrapped up with ideas of machismo. Peer-pressure leads young people—girls and boys—to disregard their health and start on what has been described as binge drinking. The traditional image has been of young males going out on a Saturday night. That image is beginning to change: more and more evidence suggests that young women are beginning to binge drink. Young people's perception of maturity comes in part from how much they drink—that desperately has to change.

Our policies on this and other issues must all inter-relate. We need to recognise that drinking affects other areas of policy. For example, there is a link between drinking and under-age sex, teenage pregnancy, health issues and homelessness issues. In this debate, I want to concentrate on young people. With young people, we at least have the chance to change the culture and promote a more sensible attitude. As with drugs, a just-say-no approach is no longer appropriate, but it is essential that we get across to young people the dangers and the negative effects of drinking. We can do that through education programmes but, more important, we can do it through parents setting a good example in the home.

17:17

Mr Keith Harding (Mid Scotland and Fife) (Con): I congratulate Donald Gorrie on raising the important issue of alcohol misuse which, as we know, affects many families and has an impact on the lives of communities throughout Scotland. Many people find their public places blighted by the vandalism and abuse of gangs of anti-social youths who are involved in illicit drinking.

Last year, like Donald Gorrie, I lodged a motion that called on the Executive to review the Licensing (Scotland) Act 1976 so that licensing contracts and practice might be brought into line with modern attitudes and social outlook. In response to parliamentary questions, the Executive said that it intended to review the act but, regrettably, not during this session.

Donald Gorrie's motion covers many issues. In the short time available, I would like to address the problem of under-age drinking. I suspect that Donald is seeking additional legislative powers

and direct Government action. My strong suspicion is that a legal crackdown on drinking would have no more beneficial effects than did prohibition in America. What we require instead is nothing less than a wholesale change in the culture of drinking in Scotland, to bring it closer to the European model.

Since the 1976 act was introduced, society and social patterns have changed considerably. I ask members whether there is not a case for reducing the age at which a young person can legally drink in a public house. In Greece, the legal age at which drink can be purchased and consumed is 13; in Spain, it is 14.

Those countries do not have under-age drinking problems. I acknowledge that that is mostly due to differences in culture, but theirs is a culture that we should aspire to in Scotland. In those countries, there is a social stigma to getting drunk, and drinking is seen as a social activity. I have spoken to many youngsters in this country, under and over 18 years of age, and they go out not just to socialise but specifically to get drunk.

I would like research to be undertaken to assess the benefits or otherwise of reducing the legal age for drinking. In America, the age limit is 21 and they have even greater problems than we do. Drinking in pubs, properly enforced, is socially inclusive and controlled. Drinking illicitly in public parks causes vandalism, nuisance and violence. It excludes our youth from the more responsible attitude to drink that is found in wider society.

For younger people, there is always the temptation to taste forbidden fruit. If alcohol were legally obtainable at an earlier age and an educational programme were delivered in schools by health promotion teams, we might begin to address this serious issue. If we can encourage sensible drinking in a legal and controlled environment, we might be able to cut the cost of disruption to our communities and reduce the need for enforcement, which stretches our police resources further every day. I ask the Parliament and the Executive to investigate and consider such reforms.

17:20

Mr Jamie Stone (Caithness, Sutherland and Easter Ross) (LD): I congratulate Donald Gorrie on securing this debate. The problem with alcohol abuse is that we all treat it far too lightly. We are all to blame. It is no accident that the Liberal Democrat group nicknamed Donald's motion the killjoy motion. However, it hints at a very serious subject. We have all seen the misery caused by drunkenness in a family or in the work place. It is a peculiar private hell and I am sure that we have all seen friends, neighbours or relations go through it.

I, too, would like to concentrate on the issue of young people drinking. I have listened with interest to Keith Harding's comments. I have 16-year-old twins. Like anyone who has teenage children, I wonder, when they say they are off to a dance in the town or the village, whether they will behave themselves, what will happen that night and whether there will be a telephone call in the wee small hours from a policeman or someone worse. It happens.

Young people go to dances and, despite the best intentions of all involved, many of them get hold of drink and that leads to the most unhappy and miserable episodes. Such episodes eat into the heart of a happy family life. We have seen it and know that it happens. Even if they do not get the drink at the dances, an 18-year-old will go across the road to the off-licence, buy the vodka and alcopops and hand it out to the kids.

Donald Gorrie hinted at the idea of proof-of-age cards. That is one way forward. He also hinted at tightening up the licensing boards and other authorities. Those of us who have been councillors have sat on licensing boards. We know that members sit like a row of tatties, the clerk says: "Is that agreed?" and members nod in agreement. All of us were licensing the sale of something poisonous—a life destroyer. That is something we should think about.

To return to the issue of identity cards, we cannot blame bouncers for getting young people's ages wrong. Even the best-trained bouncer in the world will have trouble telling whether a person is 18, 16 or 19. One just does not know. One could take the draconian route by taking to court all people who serve drink to young people—even by mistake. At the end of the day there needs to be a safety net. The time has come to tackle the issue.

Maureen Macmillan talked about education and parents setting an example. I have seen families where the parents have set the very finest of examples and yet the young teenager has gone out, gone wrong and become caught in the death trap of drinking. We need concrete, costed proposals along the lines indicated by Donald Gorrie.

I congratulate Malcolm Chisholm on his elevation and ask him to consider the proposals in the weeks and months ahead if he is unable to give them support today.

17:23

Mr Frank McAveety (Glasgow Shettleston) (Lab): I, too, want to thank Donald Gorrie for his willingness to debate the issue. Members have spoken very thoughtfully on the subject. Most have touched on the fundamental point about the cultural context in which the consumption of

alcohol takes place. That is the issue that needs to be challenged.

When I look back on my childhood, I realise that things I considered fun at a certain time might not be worthwhile when experienced at a personal level. In preparation for today's debate, I reflected on a time when I played school football. Two of my friends and I had the regular experience of our fathers visiting us on Saturday morning after a Friday night binge. Everyone else thought it was a laugh that our fathers were entertaining the crowd at the side of the pitch as we played football, but the three of us felt hurt and injured. Part of my commitment to the issue of alcohol is shaped by my childhood experience.

Members have touched on the fact that we celebrate those who misuse alcohol, from football players to football supporters to rock stars. Irrespective of the fact that the culture of popular music is fairly dangerous anyway, it is worrying that rock stars are celebrated for their misuse of alcohol as much as for their creative impulses. The fact that we do not address that in a positive way strikes me as something that will cause us long-term difficulty.

Change can come, though. If we look back 25 years, major public service employers had a significant problem with the drink culture in some of their workplaces, but through a commitment to employee training, development and support they turned that culture round, be it in the railway service or the postal service, because they committed themselves to challenging that behaviour. I hope that the minister can address that issue.

My constituency has some of the worst alcohol-related statistics in Scotland on foetal alcohol syndrome, loss of work and illness. I hope that the Deputy Minister for Health and Community Care can examine the relationship between alcohol misuse and mental health problems, which a doctor in my constituency has addressed at Parkhead hospital. I hope that we can begin today a process that will make a difference for the future. I welcome the contribution that Donald Gorrie and others have made to that.

17:25

Bill Aitken (Glasgow) (Con): Donald Gorrie is to be congratulated on bringing this matter before the Parliament. He initiated his remarks by referring to the Clayson report. Others have referred to a change in culture. The time of the Clayson report was the last time we changed our drinking culture in Scotland—and it was tremendously successful because the Licensing (Scotland) Act 1976 began to treat people as adults.

I can remember, although not in such personal and poignant terms as Frank McAveety, the effects that drink had on a wide section of the Glasgow community during my childhood years in the 1950s and 1960s. It was commonplace to see people staggering in the street and lying drunk in the gutter. That became much less common after the Licensing (Scotland) Act 1976 was implemented, because it changed the culture. It changed pubs from being drinking dens to places where people went with their wife, girlfriend or boyfriend—if that was their bent—to socialise, rather than simply get drunk.

I wonder whether the way forward is to attempt to change the culture once again, to treat people like adults and to see how the licensed trade responds—because it responded positively in 1976. I was the convener of licensing in the days when the Conservatives held Glasgow District Council. We took a fairly liberal and, I would like to think, enlightened attitude to licensing. We found that the licensed trade provided much better and more comfortable facilities, which encouraged people to drink and treat alcohol as we would want them to treat it. Perhaps that is the way forward. Perhaps it is one of the major issues that the minister will address in the weeks ahead.

17:27

Ms Margo MacDonald (Lothians) (SNP): I had hoped to talk about substance abuse rather than simply alcohol abuse, but time is short so I will pitch in my grenade at the end of the debate. I am glad that Bill Aitken touched on the attitude of the licensed trade. I was once part of that trade and I know a little bit about it. Responsible licensees are an important part of responsible drinking.

However, in this city, alcohol plays a large part in the economy. To realise that, we have only to look at the breweries and the number of people who are employed in the advertising and marketing industries. Therefore, when we are talking about the promotion of all things that are good in Scotland, we should not forget that we are hoping to attract visitors here on the basis of having much better whisky than, for example, the Irish have.

We must address the huge hypocrisy that lies at the centre of our society if we are to do what Donald Gorrie asks—and we should do it. We have shown by the campaign against smoking that culture and attitudes can be changed, but we must not forget that the marketing, sponsorship and advertising surrounding the cigarette industry was also considerably affected. We have to do that if we are serious about this issue. I commend the motion.

17:29

The Deputy Minister for Health and Community Care (Malcolm Chisholm): The motion today touches upon a serious health and social issue, and I congratulate Donald Gorrie on bringing it before the Parliament. Like him, I view alcohol as a serious issue, and share his commitment to tackling the problem and moving it further up the political agenda.

The debate is particularly timely, as the Executive is currently working towards a new alcohol misuse strategy. I assure Christine Grahame that there will be a debate before Christmas to allow us time to explore these issues more fully.

Concern has rightly been expressed about the worrying trends in alcohol misuse, particularly, but not exclusively, among young people. Alcohol misuse takes many shapes and forms, and may affect the individual, families, the workplace and the wider community. However, a complex social policy is involved. Governments need to take care over what they can and should do, and over what is and is not effective. The problem of alcohol misuse is many faceted, as responses to it require to be. I am sure that all members agree that there are no quick or simple solutions.

Alcohol is also different from some other substances as it can be included in a healthy lifestyle if taken in moderation, at the right time and in the right place. Drinking provides much enjoyment, and many Scots use alcohol responsibly. Moreover, we must recognise that the production and distribution of alcohol makes a significant contribution to the Scottish economy and provides employment for many thousands of Scots.

Excessive drinking carries a heavy toll in illness, accidents, anti-social behaviour and criminal acts of violence. However, it was perhaps wrong of Donald Gorrie to say that it causes domestic violence, which involves much wider issues. The cost of excessive drinking in personal, social and economic terms is great, and is too often hidden or unheeded. Alcohol misuse is linked to crime, road deaths, lower achievement, family breakdown, poor employment prospects, poor physical health and, as Frank McAveety reminded us, poor mental health.

Donald Gorrie and others referred to two worrying trends. The first is the trend in under-age drinking. It is sad that 14 seems to be a milestone. Most teenagers have begun to drink by the age of 15. The second is the trend that statistics show in excessive drinking. The Executive has set targets for a reduction in harmful drinking levels because of that, but the cultural issues to which Frank McAveety referred are clearly critical to that. The

Executive is taking action on a range of fronts.

It would help if the Deputy Presiding Officer told me how much time I have left.

The Deputy Presiding Officer: You have another four or five minutes, if you wish to use them.

Malcolm Chisholm: There is a relationship between alcohol misuse and wider drugs misuse. We are still considering the question whether we should develop a joint strategy. Nevertheless, we should recognise the value of addressing drugs and alcohol misuse jointly at local level in some parts of the country. Several drug action teams now include alcohol in their remits, and services may cover both.

The £2.5 million that Christine Grahame referred to, which was earmarked following the public health white paper, is being used for strategic development. However, much more money than that is being used. There are services in each health board area to help with alcohol problems, while health education programmes are in place and there has been action on the criminal justice side to address public disorder issues. Nevertheless, we recognise the need to review the situation and plug the many gaps that exist. That can be taken into account in the new strategy.

We are keen to ensure that everyone with an interest is taken into account in the development of the strategy. Action is for lots of groups: individuals; parents; all those who work with young people; industry; the retail trade; the licensed trade; employers; the national health service; local authorities; voluntary organisations; the police; and, not least, the Executive. We look to the Parliament to inform the strategic thinking, which is another reason for having an early debate.

As members will know, the Scottish Advisory Committee on Alcohol Misuse was set up following the white paper. There are representatives on it from all the key sectors. Much groundwork is going on to provide the necessary building blocks for the new strategy.

For example, in co-operation with local alcohol misuse co-ordinating committees, the advisory committee is undertaking a review of services. Work is being done by the committee on prevention and health promotion, on co-ordination and on the collection of information.

In recognition of the importance that I attach to tackling alcohol misuse and to give those efforts added impetus, I have decided to take over as chair of the Scottish Advisory Committee on Alcohol Misuse.

As I said, a fuller debate will give us time to explore issues in more depth, but it is clear that there is strong support from Donald Gorrie, Keith

Harding and others for an overhaul of current licensing laws. There have also been demands for firm and effective action to tackle under-age drinking and, in that context, proof-of-age cards have much support. Christine Grahame, Maureen Macmillan and Jamie Stone emphasised both the importance of alcohol education and the need for it to be more robust. If time allows, I will say a little about each of those areas.

Liquor licensing and the Licensing (Scotland) Act 1976 is a complex area on which people have widely differing views. People argue for different strategies only to arrive at the same conclusions. A great deal of work must be done on that area, but we accept the need to consider a review of licensing within the context of developing our national alcohol misuse strategy.

Donald Gorrie referred to the role of the licensed trade and there are many ways in which the trade could help. It could discourage the use of special promotional offers. It could encourage risk minimisation by lowering prices for low alcohol and soft drinks. It could encourage a policy of "no proof, no sale" when a young person's age is in doubt. It could ensure that the trade and its staff are adequately trained on alcohol misuse issues.

On under-age drinking, a number of measures are in place to address young people's drinking. For example, many local authorities have introduced byelaws to curb drinking by young people in public places. Powers are also available to confiscate alcohol from under-18s in public places

Those measures, which are backed by criminal sanctions, have a positive effect, but we do not intend to make criminals of people, whether young or old, who drink in public places. However, we wish to reduce or eliminate the nuisance element and the petty crime that are associated with drinking in public.

The Executive is funding a pilot scheme of proof-of-age cards, which is being developed in co-operation with the Convention of Scottish Local Authorities. I wish to announce that the Executive has just agreed to fund a pilot scheme, to be run along the same lines, in Angus, in order to test that one-card approach in a rural area.

It is clear that alcohol education is critical, as many members noted. A range of factors, such as life circumstances, socio-economic factors, peer pressure and fashion, must be considered.

Where children and young people are concerned, we must complement enforcement measures with messages about sensible drinking and sensible choices, and health education in schools is clearly essential. As I said, the Scottish advisory committee is considering how to improve our prevention efforts.

As I have run out of time, I conclude by reiterating that the Executive is alive to the need to act. We are aware of the size of the challenge and the complexity of the social and cultural issues that are involved.

We must take the public with us in developing our strategy. I am pleased with the considerable interest that was expressed in Parliament during the debate and I look forward to working with members to develop this most important strategy.

Meeting closed at 17:38.

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