

MEETING OF THE PARLIAMENT

Wednesday 6 February 2002
(*Afternoon*)

Session 1

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Scottish Parliament

Wednesday 6 February 2002

(Afternoon)

[THE PRESIDING OFFICER *opened the meeting at 14:30*]

Time for Reflection

The Presiding Officer (Sir David Steel): It is a great pleasure to welcome to his own home the moderator of the General Assembly of the Church of Scotland, the Right Rev John Miller, to lead our time for reflection today.

Right Rev John Miller (Moderator of the General Assembly of the Church of Scotland): I often think of Bill Allison. He was, for several years, what we call session clerk—the leader—at the church in Glasgow where I have been a minister for the past 30 years. He was born in the Gorbals, the oldest of a family of eight. As a young man during the war, Bill served in the Royal Navy. He was a stoker, shovelling coal into furnaces deep below deck. On occasion, we spoke about the war, and the time when, serving in the far east, he had been in Hiroshima only days after the bomb. In the 40 years of his working life, he was a bricklayer with the local authority, out in all weathers and never off ill. I have never met a finer man.

He listened to everyone, he absorbed their troubles and nodded and sympathised. He refused promotion, because he wanted to be with the men he had set out with. He carried slower workers without complaint and stood up against unreasonable gaffers. At the church, he carried responsibility easily and supported new ideas. He repaired roofs and drains. He raised his family and, when he retired, he looked after his wife, who had Alzheimer's disease. He died before she did, and he left no money at all. I have met no finer man.

How is such a character formed? Is it a gift? Can it be attained? Bill's secret was that he knew when to stop and think.

The Christian scriptures contain the story of Martha and Mary. Jesus goes to their house on a visit. Martha bustles about, getting food for everyone; Mary sits at Jesus' feet, listening to every word he says. Martha complains to Jesus, "Jesus, tell her." But Jesus says, "Mary's done right: there comes a time to stop and think."

People in public life always have pressing demands on their time—deadlines and obligations.

There is never a moment that can be set aside. But in the story of Martha and Mary, Jesus commends Mary for discerning that there is a time to stop. He understood what Martha was doing. Her hard work had its vital place, and life could not continue without it. But Mary had spotted something extra. She had had the discernment to stop, and to embrace the moment that would give her strength for the future.

People of Christian faith have seen that story as a reminder that the very moment to draw on the resources of faith—which keep us going—is when the hurricane of pressured activity is blowing at its strongest. In the midst of a hectic rush, Mary sat and listened to God. She would be back in action soon enough, all the better for the time that she had spent reflecting on what it is all about.

Parliamentary Bureau Motion

14:35

The Presiding Officer (Sir David Steel): I ask Euan Robson to move motion S1M-2706, which is the timetabling motion for this afternoon.

Motion moved,

That the Parliament agrees that, at Stage 3 of the Community Care and Health (Scotland) Bill, debate on each part of the proceedings shall be brought to a conclusion by the time limits indicated (each time limit being calculated from when Stage 3 begins and excluding any periods when the meeting is suspended)—

Group 1 and 2—no later than 1 hour

Group 3—no later than 1 hour and 55 minutes

Motion to pass the Bill—no later than 2 hours 25 minutes.—[*Euan Robson*].

The Presiding Officer: The question is, that motion S1M-2706, which is the timetabling motion for this afternoon, be agreed to. Are we agreed?

Motion agreed to.

Points of Order

14:36

Alex Neil (Central Scotland) (SNP): On a point of order, Presiding Officer. I refer to today's announcement by the Scottish Executive of the new appointees to the Scottish Agricultural Wages Board, to which Mrs Christine Davis CBE has been reappointed as chairperson. The Scottish Executive stated in its announcement that neither she nor any other board member holds any other post by public appointment. However, Mrs Christine Davis is, in fact, a member of the independent assessors' panel for public appointments. Do you think that you could use the powers of your office to get the Scottish Executive to tell us the truth for a change, Presiding Officer?

The Presiding Officer (Sir David Steel): No. I do not think that I should use the powers of my office to do anything of the kind. That was not really a point of order for me. It might be a point of argument with the Executive, but it is certainly not a point of order for this chamber.

Fiona Hyslop (Lothians) (SNP): On a point of order, Presiding Officer. You will note from today's business bulletin that a number of the amendments for the stage 3 debate that we are about to have were submitted after the deadline. We agreed at our debate on standing orders last week to accept manuscript amendments where they are justified. I ask you to reflect on standing order 9.10.6 and to consider producing guidance to members about what would constitute justifiable manuscript amendments.

There is agreement across the parties that we should facilitate the resolution of technical and legal issues where necessary, but we cannot allow last-minute amendments to be used at any time in the future for behind-the-scenes political fixes. If at all possible, will you give guidance to members that it might be helpful if amendments were lodged before the day of the deadline to allow amendments to be discussed fully and openly in the chamber?

The Presiding Officer: I am grateful to the member for giving me notice of the point of order; it is an important one. Members will recall that we changed the standing orders only last week. I read the Procedures Committee's report on the subject, which made it clear that it did not expect the manuscript amendment process to be used as a matter of routine. It is an exceptional process and should be used when last-minute technical changes have to be made to a bill. I have the task of deciding whether those amendments are in order.

It is unfortunate that, on the first outing, within

two days of making those changes to standing orders, these manuscript amendments were lodged. I say in passing that I hope that that does not become a habit, because that would go against the spirit of what members agreed.

I have to say also that I selected the amendments because I believe that they match the tone of the Health and Community Care Committee's deliberations on the bill. They also ensure that an amendment that the Parliament wants to agree to is legislatively correct. That is why they were selected.

I share the member's anxiety, however, that that should not become a habit and I record that from the chair.

Community Care and Health (Scotland) Bill: Stage 3

14:38

The Presiding Officer (Sir David Steel): We come to stage 3 proceedings on the Community Care and Health (Scotland) Bill.

I will make my usual announcement about the procedures that are to be followed. We will deal first with amendments to the bill and then move on to the debate on the motion to pass the bill. For the first part, members should have copies of the bill—that is bill 34A—as amended at stage 2. They should also have the marshalled list, which contains all the amendments that have been selected and the groupings, which I have agreed.

As we have just discussed during Fiona Hyslop's point of order, members will be aware that there is a revised marshalled list, which has been made available today. If members do not have the revised documents, which are distinguished by having the word "revised" printed on them, copies are available at the back of the chamber.

I think that members are familiar with the procedure by now and I do not need to read through it. Each amendment will be disposed of in turn. When we reach a series of Executive amendments that have already been debated and that are consecutive in the marshalled list, I will invite the minister to move them en bloc, unless any member objects.

I will now hand over the chair to Mr Tosh.

Section 5—Local authority arrangements for residential accommodation outwith Scotland

The Deputy Presiding Officer (Mr Murray Tosh): Amendment 1 is grouped with amendments 2 to 17. I invite the minister to move amendment 1 and speak to the other amendments in the group. Members who wish to speak in this part of the debate should press their request-to-speak buttons now.

The Deputy Minister for Health and Community Care (Hugh Henry): Amendments 1 to 17 are minor technical amendments to ensure consistency of drafting, style and clarity in the bill.

I move amendment 1.

Amendment 1 agreed to.

Section 8—Amendment of 1968 Act: assessment of ability to provide care

The Deputy Presiding Officer: The next amendment for debate is amendment 18, in the name of Shona Robison, which is in a group on its own.

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

Amendment 18 is intended to put the same onus on national health service bodies as on local authorities; first, to identify carers in their area and secondly, to provide information to carers and, in particular, information about their right to an assessment of needs.

The Health and Community Care Committee heard many carer organisations outline that the NHS has a long way to go before it supports carers effectively. That is what carers have said. A recent survey of carer organisations across Scotland, which was carried out by Carers Scotland and the Coalition of Carers in Scotland, found that carers regard the NHS as remote, inaccessible and sometimes intimidating. The survey found that the NHS can resist carer involvement, that carer consultation is done badly and that carers feel undervalued. A study of hospital discharge found that 72 per cent of carers had poor experiences of hospital discharge and that only 61 per cent of carers were consulted when hospital discharge of the person being cared for was planned.

Hospital discharge practice is not referred to in legislation, but only in guidance. Quite frankly, that is not sufficient. The strong message coming from carers is that guidance has had its day and that they now want statutory duties to ensure action. The Scottish Executive's carers legislation working group strongly recommended the introduction of such duties.

The evidence shows that unless statutory bodies proactively inform carers of their rights, carers do not take up assessments. One year after the passing of the Carers (Recognition and Services) Act 1995, 82 per cent of carers had not asked for an assessment.

NHS services are integral to providing support to Scotland's 620,000 carers, but so far they have largely failed to do that. The NHS is often the main point of contact for carers. It makes sense to use that point of contact to support and inform carers of their rights. That will happen only if NHS bodies have a duty to do it.

I move amendment 18.

Mary Scanlon (Highlands and Islands) (Con):

When I first saw Shona Robison's amendment 18, I was minded not to support it—not because I do not agree with the principles outlined in the amendment, but because I thought that amendment 19, in the name of Janis Hughes, was more comprehensive. However, I have just discovered the minister's amendments to Janis Hughes' amendment—I am sorry if that sounds complicated.

Will the minister clarify whether, under his amendments, consideration will be given to the

evidence that Carers Scotland has produced of NHS bodies' overlooking and ignoring carers? Will he assure us that account will be taken of the guidance to the Carers (Recognition and Services) Act 1995, which has yet to be amended?

The carers organisations tell us that far more carers are in contact with the NHS than with social services. It would be tragic if carers working with local authorities were given support, advice and information that other carers did not get. I apologise for speaking about amendments 19 and 19A, but those amendments will influence how we vote on amendment 18. Amendment 19A states that the Scottish Ministers may require any health board to prepare and submit to them a carer information strategy for:

(a) informing carers who appear to the Board to be persons who may have rights under section 12AA of the 1968 Act or section 24 of the 1995 Act that they may have such rights; and

(b) ensuring that information about such rights is available free of charge to carers."

I ask the minister to identify which persons with rights under section 12AA of the 1968 Social Work (Scotland) Act are to be supported. Are we talking about only a section of people, or are we saying that the carers of all those who leave NHS care will receive the same advice?

14:45

The Deputy Presiding Officer: Does the minister wish to respond now, or does she wish to wait until she sums up the debate on amendment 18? It is not necessary for her to speak more than once, but she can choose to do so.

The Deputy Minister for Health and Community Care (Mrs Mary Mulligan): I will wait until I sum up the debate, Presiding Officer.

Nicola Sturgeon (Glasgow) (SNP): I support amendment 18. As Shona Robison said, amendment 18, if agreed to, would place an onus on NHS bodies to provide information to carers about their right to local authority assessments for care services. That is a similar duty to that which is already imposed on local authorities.

NHS services play a crucial role in ensuring that carers get the support that they need, in the right form and at the right time. However, the Health and Community Care Committee heard powerful evidence that the NHS has a poor record of engaging constructively with carers. Having said that, I recognise the many examples of good practice that exist in Scotland, but the NHS has no systematic approach to ensuring that it engages properly and beneficially with carers.

Shona Robison said that strong evidence exists to show that, unless statutory bodies proactively inform carers of their right to secure assessments,

carers will not take up that right or obtain assessments. The Executive's argument at stage 2—I dare say that it will be repeated today—is that the matter would be better dealt with in guidance, rather than in primary legislation. That point is superficially attractive.

When the committee considered the bill at stage 1, I was struck by the evidence of carers organisations of their past experience of guidance issued under similar legislation. In their widespread experience, local authorities and health service bodies—which are addressed in amendment 18—do not uniformly follow such guidance. The carers organisations referred specifically to the Carers (Recognition and Services) Act 1995, under which guidance was issued. However, their evidence was that NHS bodies have not followed or implemented that guidance and that therefore carers are not benefiting from the provisions of the 1995 act.

I appeal to the Executive not to repeat the mistakes of the past. The bill, which is a good piece of legislation, gives us an opportunity to put NHS bodies under the same obligation as local authorities. In so doing, we will ensure that carers will be able to gain access to the services that they need. The evidence heard by the committee suggested that the best way in which to achieve that aim would be to incorporate that obligation in the bill, rather than to put it in guidance. I urge the Executive to support amendment 18.

Dennis Canavan (Falkirk West): I also express my support for amendment 18, which seems to be a reasonable amendment. Earlier today, together with other MSPs, I held discussions with carers. The people whom we met are on the front line, caring for others, including relatives. From my discussions with them, I believe that they would like to support an amendment to the bill along the lines of amendment 18, which would place a statutory duty on the national health service to inform the carer about his or her rights.

Sometimes, the health service, rather than local authority social work services, is the first to come into contact with a carer and the cared-for person. In such circumstances, it would be reasonable for the NHS body—I presume that it would be either the local health board or the NHS trust—to take the necessary steps to ensure that the carer is aware of his or her rights. For example, a general practitioner or community health visitor may visit the home.

At present there seems to be a lack of co-ordination, because some people—including GPs and community health visitors—might feel that it is not their job to inform carers of their rights, but that of social work services or whoever. To clear up any such confusion, it would be better to include in the bill a statutory responsibility for the national

health service body to be proactive in that respect.

When the minister sums up, she might want to refer to amendment 19, which Janis Hughes lodged. The Executive seeks to amend—indeed, to dilute—amendment 19. I hope that Mary Mulligan will explain to us in detail how the Executive intends to deal with the problem in a way that will ensure that community health visitors, general practitioners and other health service personnel who visit people in their homes, and are perhaps aware of their needs initially, inform the carers of their rights.

Mr John McAllion (Dundee East) (Lab): I would be grateful if, when she sums up, the minister would explain a few points to the Parliament. First, amendment 18 suggests that the NHS would have a duty to provide information to the carer. If that duty applies to local authorities, will the minister explain why the same duty could not apply to the NHS? There must be reason for that and I would like to hear what it is.

Secondly, if the Executive's objection to amendment 18 is that it imposes a duty on the NHS to provide information to carers, will the minister explain why the Executive objects to the imposition of such a duty on the NHS, when it does not object to the imposition of such a duty on the local authorities?

Finally, if the Executive recommends amendment 19 as an alternative to amendment 18, will the minister explain briefly the difference between the amended version of amendment 19 that has been lodged by the Executive—amendments 19A to 19G—and amendment 19? Is the difference that if amendment 19A is agreed to the “carer identification strategy” mentioned in amendment 19 will disappear? Will the minister comment on that?

Mrs Mulligan: I recognise why Shona Robison lodged amendment 18; I am sure that all members recognise that. We all share her view that the NHS has a vital role to play in identifying and supporting Scotland's carers. I think that we would also all agree that although the NHS is addressing the carers agenda, its performance on that is not as consistently good as we would like it to be.

NHS staff in many different settings—in GP practices, in the community or in a hospital—are uniquely placed to identify that someone is acting as a carer for another person. It will often become clear when treating a cared-for person that they depend on a carer for support. On other occasions, a carer will be the patient.

It is clear that the NHS is already moving to improve its response to carers through a wide range of initiatives. The initiatives include the involvement of GP practices in programmes to identify carers and to offer information to them; the

development of professional quality standards for GPs; the overarching development of clinical standards, which affect every aspect of care for patients; and the development of single shared assessment processes.

However, the Executive recognises that there is a strong view in the Parliament that a statutory obligation on the NHS would reinforce current good practice. In the face of that widespread view, we are ready to help to make that happen in a sensible and meaningful way. We recognise and endorse the objectives that underlie amendment 18 and the spirit of what it seeks to achieve. Carers who come into contact with the NHS will not always be the same carers that a local authority knows about. It is important that staff in the NHS make the most of their contact with cared-for people and their carers to help as many carers as possible to get support.

Mary Scanlon: Amendment 18 would provide the NHS body with a duty to provide information to the carer. Amendment 19—which I originally supported—would require a health board to

“provide a copy of its carer identification strategy to any person who requests it.”

However, many people may be unaware that such a strategy exists. They may be too traumatised or too emotional to ask for it. Perhaps only the most assertive and best informed will get the information that they need while others may be left out. Is not the minister concerned about that?

Mrs Mulligan: I will deal with the points that Mary Scanlon made in her earlier contribution, but I want first to concentrate on amendment 18. Let me say why we cannot support amendment 18; later, I will deal with how the various Executive amendments to amendment 19 will address the very points that Mary Scanlon has made. If Mary Scanlon bears with me, I shall come to those points.

Amendment 18 has serious legal flaws. For that reason, I urge members not to agree to it. If amendment 18 was agreed to, it would introduce a function for health bodies into the middle of section 12 of the Social Work (Scotland) Act 1968, which concerns social work services. The result would be muddle, which would be confusing for users and might create legal anomalies.

Amendment 18 does not give the context in which health bodies would perform their duty to inform carers of their right to an assessment. Section 8(2) of the bill places a similar duty on local authorities, which is directly linked to the local authorities' duty to provide community care services for the cared-for person. In amendment 18, neither the cared-for person nor the carer has any link with the NHS body and its existing functions. Although the amendment's intentions

are clear, it would not produce a legally meaningful result.

Amendment 18 also overlaps significantly with the duties that section 8(2) would place on local authorities. That would create a situation in which both a local authority and an NHS body would be obliged to inform the same carer of his or her rights. Amendment 18 provides no scope to avoid or ameliorate such duplication. Duplicating such functions and responsibilities is at odds with our joint-working agenda and is more likely to lead to confusion and wasted resources than to improved support and information for carers.

Mary Scanlon: I thank the minister for giving way. Carers Scotland has advised that far more carers are in contact with the NHS than with social services. Quite often, carers do not get in touch with social services until things have reached a fairly desperate stage. Does the minister accept that?

Mrs Mulligan: I accept that there are carers who are not involved with social work services. That is why we seek to amend amendment 19, so as to ensure that we place a statutory duty on health boards to recognise that fact.

None of what I have said means that a statutory duty of the kind that amendment 18 seeks could not be placed on the NHS. However, such a duty would need to be introduced in a way that made legal sense. We believe that amendment 19—as amended by Executive amendments 19A to 19G—is better placed to achieve the ends that we all seek. An amended amendment 19 would place a duty on the NHS that would be in the correct legislative context of the NHS's relationship with patients and carers.

Dennis Canavan: Amendment 19 states:

“The Scottish Ministers may require any Health Board to prepare and submit to them a strategy”

It does not state that ministers must require health boards to prepare and submit strategies.

In addition, Janis Hughes's amendment 19 lists the things that the strategy must contain, including information for carers about their rights. The Executive's amendments to amendment 19 would blow a hole right through it, making it almost worthless.

15:00

Mrs Mulligan: I am still sure that amendment 19 will provide the solution that we all seek. It will provide support for carers, who have previously been known only to the NHS but will now be made known to the local authorities for the purposes of support and assessment.

Amendment 19, subject to the Executive's

amendments to it, places a duty on the NHS in the correct legislative context of the NHS's relationship with patients and the people who care for them. It also offers a wider and more flexible approach to achieving the objective of amendment 18.

For the reasons that I have set out, and in order to make law that is logical, meaningful and clear in purpose, I urge the Parliament to reject amendment 18.

Shona Robison: Some pertinent points have been made. The minister will have to go some way towards reassuring members that the Executive's amendments to Janis Hughes's amendment 19 are not a watering down of that amendment to make it meaningless.

I feel that the identification of carers is a critical element of the process and that a situation in which carers have to request information is less than satisfactory, so I will press amendment 18.

The Deputy Presiding Officer: The question is, that amendment 18 be agreed to. Are we agreed?

Members: No.

The Deputy Presiding Officer: There will be a division.

FOR

Adam, Brian (North-East Scotland) (SNP)
 Aitken, Bill (Glasgow) (Con)
 Campbell, Colin (West of Scotland) (SNP)
 Canavan, Dennis (Falkirk West)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Elder, Dorothy-Grace (Glasgow) (SNP)
 Ewing, Dr Winnie (Highlands and Islands) (SNP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Fergusson, Alex (South of Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Hyslop, Fiona (Lothians) (SNP)
 Johnstone, Alex (North-East Scotland) (Con)
 Lochhead, Richard (North-East Scotland) (SNP)
 MacAskill, Mr Kenny (Lothians) (SNP)
 MacDonald, Ms Margo (Lothians) (SNP)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)
 McLeod, Fiona (West of Scotland) (SNP)
 Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)
 Mundell, David (South of Scotland) (Con)
 Neil, Alex (Central Scotland) (SNP)
 Paterson, Mr Gil (Central Scotland) (SNP)
 Quinan, Mr Lloyd (West of Scotland) (SNP)
 Reid, Mr George (Mid Scotland and Fife) (SNP)
 Robison, Shona (North-East Scotland) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Sheridan, Tommy (Glasgow) (SSP)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinney, Mr John (North Tayside) (SNP)
 Wallace, Ben (North-East Scotland) (Con)
 Welsh, Mr Andrew (Angus) (SNP)

White, Ms Sandra (Glasgow) (SNP)
 Young, John (West of Scotland) (Con)

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)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Fitzpatrick, Brian (Strathkelvin and Bearsden) (Lab)
 Gillon, Karen (Clydesdale) (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)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Jenkins, Ian (Tweeddale, Ettrick and Lauderdale) (LD)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Lyon, George (Argyll and Bute) (LD)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 MacKay, Angus (Edinburgh South) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 McAllion, Mr John (Dundee East) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McLeish, Henry (Central Fife) (Lab)
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)
 Scott, Tavish (Shetland) (LD)
 Simpson, Dr Richard (Ochil) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Iain (North-East Fife) (LD)
 Smith, Mrs Margaret (Edinburgh West) (LD)
 Thomson, Elaine (Aberdeen North) (Lab)
 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 39, Against 64, Abstentions 0.

Amendment 18 disagreed to.

Section 8A—Amendment of 1995 Act: matters to be taken into account in assessment of needs of child affected by disability

Amendment 2 moved—[Hugh Henry]—and agreed to.

After section 9

The Deputy Presiding Officer: Amendment 19, in the name of Janis Hughes, is grouped with amendments 19A, 19B, 19C, 19D, 19E, 19F and 19G.

Janis Hughes (Glasgow Rutherglen) (Lab): Amendment 19 seeks to address an omission in the bill with regard to the identification of carers. After hearing powerful evidence at stage 1, the Health and Community Care Committee was persuaded that identification and recognition of carers was lacking in the bill. In the stage 1 debate, I spoke about the evidence from, amongst others, Carers Scotland and in particular from my constituent Isobel Allan. After discussion, the bill was amended to take account of local authorities identifying carers and providing them with information and assistance. However, no such onus was placed on health boards. I lodged an amendment at stage 2 to address that and the Executive agreed to consider the matter prior to stage 3. In the meantime, I was not comforted by words from the Executive and decided that I had to lodge an amendment at stage 3.

The Executive has recognised the role that general practitioners in particular can play in identifying carers and offering them information. I am further convinced of that by several key initiatives across the country, such as the practice accreditation scheme. However, although good practice will always be out there, we must ensure that all carers are offered the same provisions, regardless of where they live and what local schemes are in place. That is why I am keen to see enshrined in legislation a duty on all health board services to identify carers. The GP or practice staff are often the only contact with the carer, so they are in a prime position to identify the carer's needs.

Recently, I have become aware of the valuable work that is being done in that respect by the Princess Royal Trust for Carers, which works with a range of GP practices across Scotland. So far, the trust has identified more than 6,000 hidden carers who might otherwise not have been identified. Another example of the work of the Princess Royal Trust for Carers is its collaboration with the Royal Pharmaceutical Society in pilot

schemes to place information in prescription bags to help identify and inform carers. That demonstrates that there is willingness—on the part of carers organisations and the Executive, too—to seek out those who care and to provide them with the assistance that they desperately need and deserve.

I have made my views clear and I know that the rest of the Health and Community Care Committee share my views as set out in amendment 19. The important point for the carers organisations that made representations to us is the need for health boards to have parity with local authorities. We have recognised that local authorities have a duty to recognise and identify carers and to provide them with information, and we think that it is necessary to put the same onus on health services.

I recognise that the Executive's manuscript amendments, although they are not exactly what we had planned, will be a step forward. However, what I have heard so far from the minister today does not convince me that we will actually be providing the carers in our communities with the service that they deserve. I want to hear much more from the minister before we come to a conclusion. I hope that the minister will address the points that I have raised.

On behalf of carers across Scotland, I move amendment 19.

Mrs Mulligan: I am grateful to Janis Hughes for explaining so clearly her reason for lodging amendment 19. During the course of the bill, we have discussed at length how carers can be supported better, and in particular, the role that the NHS can play. I have already made it clear that the Executive is committed to working with the NHS to ensure that carers are recognised and supported.

I have also made clear our belief that staff throughout the NHS are working hard, in a wide range of ways, to improve the ways in which they help carers. I mentioned some of those ways in our discussions on amendment 18. Examples are the involvement of GP practices in initiatives to identify and offer information to carers; the developing professional standards for GPs; the overarching development of clinical standards that affect every aspect of health care services; and the development of new, single, shared-assessment processes.

It is clear that the NHS is committed to playing its part in looking out for carers. Across the health service, carers and their needs are on the agenda and we are already engaging with the NHS to raise them further up that agenda. However, it is also clear that there is a strong view that legislation is needed to underpin and complement

what the NHS is already doing. The Executive recognises that concern and is willing to help achieve that underpinning. Amendment 19 is intended to deliver that objective. However, we believe that the amendment has a number of flaws that need to be remedied before it can become law.

We have therefore lodged amendments 19A to 19G, which are designed to ensure that amendment 19 translates into clear and workable law that will make a practical difference to the carers.

Presiding Officer, I should like to apologise to the Parliament for lodging amendments 19A to 19G so late in the day. We recognise the extent of the support for a statutory duty of some kind on the NHS, but we believe that amendment 19, as lodged, has serious technical and policy flaws. Rather than rejecting the amendment on those grounds, we believe it is better to lodge amendments to make amendment 19 workable and acceptable. I hope that the Parliament will accept amendments 19A to 19G in the constructive spirit in which they are offered.

I emphasise that it is not the Executive's intention to use the recent changes to standing orders to lodge manuscript amendments at stage 3 regularly. I hope that manuscript amendments will be the exception rather than the rule, but in this case, they are justified. Indeed, I suspect that the changes to standing orders were intended for such a scenario.

Amendments 19A to 19G are intended to amend amendment 19 to achieve a number of things. Our amendments make clear which carers a health board is expected to inform—that is, those carers who appear to the health board to qualify for assessment. That will make amendment 19 consistent with other references to carers in the bill, and with other legislation. Importantly, it will also ensure that health boards target their efforts to those carers who are likely to have the greatest need for support.

The Executive amendments also substitute the word “information” for “identification”. The objective of amendment 19 is that health boards should give information to carers with whom they have contact. The substitution gives practical effect to that key objective. It should be clear that we wish health boards to have a duty towards carers with whom they are in contact, and that we are not asking health boards to seek out or find carers with whom they are otherwise not in contact.

Amendments 19A to 19G will enable ministers to specify to health boards the extent of their strategies. That will enable ministers to allow boards to minimise duplication of effort with local

authorities and other agencies that are involved in supporting carers. Without that change, there is a risk that health boards could end up duplicating work that has already been done by local authorities and others. I am sure that members will agree that that would be a waste of precious NHS resources, which we have to prevent.

We believe that all our amendments 19A to 19G are necessary to allow amendment 19 to become good law that works and makes sense in practice. I have explained the purpose of the amendments and the improvements that they will make, and I ask members to vote for them. However, I make it clear that the Executive will not be able to support amendment 19 if amendments 19A to 19G are not accepted. Without the changes, amendment 19 will not be sufficiently clear and will not translate into good law and practice that helps carers. I hope that what I have said makes it clear why the Executive would not support amendment 19.

15:15

I finish by reminding members of how much is happening throughout the NHS to better support Scotland's carers. I have made it clear that staff across the full range of NHS services are working hard, with real results, to improve the ways in which the health service supports carers. That work—with GPs and other health professionals, through clinical standards, and in a range of other ways—is firmly embedded in the way that the NHS works, and will carry on delivering results for carers. We will ensure that carers continue to be directly and closely involved in all that work. Carers are already on the NHS's agenda.

Mary Scanlon: Will the minister give way?

Mrs Mulligan: I am just finishing.

I am convinced that the health service is changing in ways that will bring the real and lasting results for carers that we all want to see. I urge the Parliament to support amendments 19A to 19G, and to support amendment 19, as amended by those amendments.

I move amendment 19A.

Shona Robison: Given that amendment 18 was not successful, I am happy to support amendment 19 in the name of Janis Hughes, although I would rather that it was not watered down by Executive amendments. However, what is important this afternoon is that we include something in the bill that will be of benefit to carers.

I was minded to support the Executive's amendments 19A to 19G, but as Janis Hughes said, the minister's contribution was not as persuasive as it could have been and left a lot of unanswered questions. We need a number of assurances. In particular, health boards have to be

monitored in their implementation of any information strategies for carers. An assurance should be given that if those strategies are not seen to deliver what is required for carers, and change does not happen, further steps will be taken to address the matter with health boards. I hope that we will be given that assurance this afternoon.

Mary Scanlon: I am grateful to the minister for apologising for the lateness of the Executive amendments. I hope that she appreciates that the seeking of clarification is based upon the lateness of the amendments.

I support the ability to give GPs more information to give to carers. I also support Janis Hughes's point about the valuable work of the Princess Royal Trust for Carers, which found 6,000 hidden carers. I do not think that that work even covered all of Scotland; it was limited to certain areas. That proves that the Parliament is right to be concerned. By finding 6,000 hidden carers, the trust has proved that there are many carers who do not know who to contact, and who are not getting the support, advice and assistance that they need.

I commend the work that the minister is doing with the Clinical Standards Board for Scotland and the Scottish Consumer Council to produce the new mark 2 patients charter. However, I seek clarification. We started this afternoon with Shona Robison's amendment 18, which sought to place a duty on the NHS to provide information to carers. Janis Hughes has asked for a strategy to identify carers in health board areas. I do not want health boards to duplicate a register that is held by local government; I can appreciate that argument.

Janis Hughes's other point concerned

"ensuring that advice and information about those rights is available free of charge to any ... carers and to carers living elsewhere ... in the Health Board's area."

I am all right with that, apart from my reservation about duplication with local government. Will the minister confirm that the Executive's proposals, as set out in amendments 19A to 19G, will apply to all carers whose cared-for person has been in recent contact with the NHS? Will the proposals apply to everyone who has passed through the doors of the NHS who does not have contact with local government? Will the minister confirm that everyone will receive that level of advice, support and information?

Amendment 19A refers to

"carers who appear to the Board to be persons who may have rights under section 12AA of the 1968 Act".

I am unfamiliar with that act. Will the minister confirm that the amendment covers everyone who passes through the NHS, or say whether it is exclusive?

Mrs Margaret Smith (Edinburgh West) (LD):

Janis Hughes's amendment 19 and Shona Robison's amendment 18 incorporate something of the spirit of the Health and Community Care Committee's discussions about carers and of the need for further recognition of the central role that carers play in the provision of care. Many carers have told many members that they have had a poor experience when policy has been left to guidance. It is important that the bill contains a provision on strategies.

Like many of us, many carers access services through the NHS's primary care services, rather than through social work departments. Many carers would not consider themselves carers. They see themselves as mums, dads, sons, daughters, family members or friends. They would not label themselves carers. They may prefer not to have anything to do with social work and to try to struggle on with the situation, but it is likely that they will have access to and contact with the health service, usually through their general practitioners. The health service, as well as local authorities, must enter into the duty to inform, engage with and form a meaningful partnership of care with carers.

A key point that Isobel Allan of Carers Scotland made was about the need for access to information. She said:

"carers do not get out all that much."—[*Official Report, Health and Community Care Committee*, 24 October 2001; c 2068.]

One consequence of not getting out much is not having access to information. One place that carers might get out to is their GP's surgery. GPs must have a duty to give access to information and to play their part in the wider strategy. Their part must involve more than handing a carer a leaflet and shooing them out of the door. I would like to hear more about how the minister expects the giving of information to be developed into a strategy and a partnership with social work departments and others.

I note that health boards will be required to consult on the strategy. That will be important in ensuring that patients, carers and partner organisations can make proposals for developing such a strategy most effectively. I do not think that any member wants duplication to occur, but having carers slipping through the net, as they do at present, is worse than duplication.

It might be worth while monitoring implementation of an information strategy as part of a health board's performance assessment. I would like to hear from the minister about that.

Amendment 19 acknowledges the work of carers in partnership. As the minister and Janis Hughes did, I acknowledge the continuing non-statutory work that is performed in the health

service, the work involving the Royal College of General Practitioners, the Clinical Standards Board for Scotland and GP practices throughout Scotland and the good work that the Princess Royal Trust for Carers has done on carer identification and information.

Such work can go only so far. The bill must contain a provision on strategies, which is why I was happy to support Janis Hughes's amendment 19. If I receive answers to my questions, I believe that I will be happy to support amendment 19 as amended. It will represent a step forward. We may end up having to go further in other ways that involve the initiatives that are being developed throughout the NHS. We must do all that we can to ensure that carers do not slip through the net between social work and the health service.

Mr McAllion: The fact that amendments 19A to 19G were lodged at the last minute makes it difficult for any member to grasp the full significance of what the Parliament has been asked to agree to. That is a serious matter. Given that the Scottish Parliament does not have a revising chamber, there will be no opportunity after today's stage 3 debate for members to understand fully what we are being asked to voice support for. If this is a precedent, it is a bad precedent for the Executive to be setting for the Parliament.

I support fully amendment 19 in its original form. When the minister introduced her amendments to amendment 19, she said that she thought that the amendment had a number of technical and/or policy flaws. I understood the minister's objection to amendment 18, which was technical. Amendment 18 was flawed, as it would have given two different authorities the same duty to inform people.

I am not clear about the minister's objection to amendment 19. Is it the result of a similar technicality or is it about policy? As I understand it, the Executive's objection to amendment 19 is that it requires the production of a carer identification strategy. Most of the Executive's amendments to amendment 19 remove the references to a carer identification strategy and replace them with references to a carer information strategy. The difference is important. It is one thing to be required to provide information to carers that an authority knows about, but a completely different thing to be asked to produce a strategy to identify carers that an authority does not know about. Is the minister arguing that that is not the role of the NHS? Is she arguing that the NHS should not be required to identify carers whom it does not know about? Is that not appropriate for the NHS to do?

If that is the minister's argument, what is her response to the references that have been made to the on-going Princess Royal Trust for Carers focus on carers initiative? The initiative involves

the trusts and GP practices in the national health service working to identify carers. If it is good for that initiative to go ahead in some areas of the NHS, why is it not good enough for it to go ahead in other NHS areas?

Debates such as this should take place at the earlier stages of a bill, rather than at stage 3 when the Parliament is asked to support something that MSPs—most of whom have not followed the progress of the bill in any detail—do not understand fully. I do not understand the minister's argument and I am a member of the Health and Community Care Committee. The minister's summing up is absolutely critical to persuading the Parliament that the Executive's amendments to amendment 19 are necessary at all.

Nicola Sturgeon (Glasgow) (SNP): I associate myself whole-heartedly with John McAllion's opening and closing remarks. The late lodging of the Executive's amendments to amendment 19 has placed every member of the Parliament in an extremely difficult position. The amendments are substantial and we are being asked to support them without adequate opportunity for scrutiny or debate. The Executive has set an extremely bad precedent; the late lodging of its amendments to amendment 19 is an example of how not to pass legislation.

I do not want to rehearse all the arguments that other members have made this afternoon. Suffice to say that I support Janis Hughes's amendment 19 on the exactly the same basis that I supported amendment 18. I am concerned that, on face value, the Executive's amendments appear to water down the impact of Janis Hughes's amendment 19.

The Executive's amendments remove the references to a carer identification strategy, but how can information be provided to people if their existence is not known about? That is a potential weakness of the amendments. The minister will have an opportunity, in summing up, to try again to reassure us that that would not be the practical effect of the Executive's amendments.

As Shona Robison said, the SNP is interested, in the spirit of compromise, in securing in the bill a provision that will offer a step forward for carers. For that reason, we are minded to support the Executive's amendments. If we did not support them, we would be putting in jeopardy the passing of amendment 19, and that would be to the detriment of carers.

The minister has a job to do to answer some of the many points that have been made and the questions of concern that have been raised throughout the chamber. We need to know that, in practice, the amendments will not constitute a watering down of the intention of Janis Hughes's

amendment 19. As Shona Robison said, we need to know that efforts will be made to monitor the effectiveness of the implementation of amendment 19. That would ensure that the provisions of the amendment have the desired effect. If the minister can answer those points, the SNP will give its support to the Executive amendments to amendment 19.

The will of the Health and Community Care Committee was formed after hearing a wealth of evidence from carers organisations about the importance of having a provision such as a carer identification strategy in the bill. It is crucial that the committee's will be heard. I urge the minister to address all the points of substance that have been raised and to persuade us that supporting the Executive's amendments is the right thing to do.

15:30

Donald Gorrie (Central Scotland) (LD): I support some of the points that have been made, particularly those made by John McAllion. As I am in no way an expert on health, I want the minister to explain to me in English that I can understand why I should vote for her amendments. At the moment, I do not see why I should do so at all.

I understand that amendment 19 is about the identification of carers. I have visited one of the offices of the Princess Royal Trust for Carers—doubtless other members have done the same—and it is quite clear that one of the main problems is that many people in the community do not know that they are carers and that, as such, they can receive help.

It is important to identify carers, but the Executive is obviously against doing so and I would like it to explain why. Amendment 19F refers to a "carer information strategy" and "revised carer information". Does the carer information strategy include the identification of carers? If so, why is the Executive so concerned to remove reference to the identification of carers from the bill? If, on the other hand, the carer information strategy does not include the identification of carers, what on earth is it all about?

Dennis Canavan: Not for the first time, I listened with great respect to my good friend John McAllion's comments. I sincerely hope that the Executive will listen more attentively to what he had to say than did the chief whip at Westminster, who tried to dismiss him—and indeed Malcolm Chisholm—as being simply oppositionist.

I also listened with great respect to Janis Hughes. The Parliament should listen with the same respect to what she has to say on the subject. I believe that, in a previous incarnation,

she was a member of the honourable profession of nursing. That was before the electorate of Rutherglen relegated her to a less honourable profession. That said, we are grateful for her comments. The Parliament is enriched by members such as Janis Hughes, who has given years of service to the NHS and can now tell us about that experience in parliamentary debates.

Amendment 19 is worthy of support and I have no quarrel with the Executive's proposal to change carer identification to carer information in the title of the proposed new section. If a strategy is to be effective, it must not only identify carers and their needs, but ensure that carers receive information about their rights. However, I am concerned that the overall effect of the Executive amendments to amendment 19 would be tantamount almost to wrecking the amendment.

Mary Scanlon: Does the member share my concern that carers need to be identified before they can be informed? The Executive proposes a move from a carer identification strategy to a carer information strategy, but we need to know who carers are before we can give them information.

Dennis Canavan: We should have both: we should have identification and then information. What is the point of identifying carers unless there is a subsequent effort to give them information about their rights, the assistance that is available to them and so on? That said, I have no serious quibble about simply changing the title from carer identification strategy to carer information strategy.

I am gravely concerned about the effect of the rest of the Executive amendments to amendment 19, which would be to blow a huge hole in amendment 19. That is especially true of amendment 19A. Amendment 19 stipulates what the contents of the strategy should be and states that any health board should submit a strategy for:

"(a) identifying carers living in the Health Board's area;

informing such carers about their rights ... and

ensuring that advice and information about those rights is available free of charge to any such carers and to carers living elsewhere who care for persons living in the Health Board's area."

If the Executive had its way, it would sweep all of that out of amendment 19. We would have a strategy—which would be called an information strategy rather than an identification strategy—but there would be no definition in the bill of what the strategy would contain. It is incumbent on the minister to tell us in summing up exactly what the Executive proposes should be contained in the strategy and why the Executive is so reluctant to ensure that the contents of the strategy are written into the bill. The Parliament should not leave things solely to the discretion of a health board or

the Scottish Executive. If the strategy is to be meaningful and delivered effectively, its contents should be written into statute.

I ask members to support amendment 19 and to reject the Executive amendments.

Margaret Jamieson (Kilmarnock and Loudoun) (Lab): I whole-heartedly support amendment 19. I base my support on the evidence taken by the Health and Community Care Committee. I also recognise that a lot of innovative work is going on in community care.

I must take exception to something that Dennis Canavan said with regard to nurses. Although I was not a nurse, I know that community care is not just about health care professionals. A lot of voluntary organisations work in partnership with primary care teams and GPs. I congratulate the Princess Royal Trust for Carers centre in Kilmarnock, which has been involved in significant innovative work through its focus on carers initiative for GPs. The trust and GPs have together identified 800 hidden carers in East Ayrshire, which also takes in my colleague Cathy Jamieson's constituency. In another area, the trust has worked closely with what many people think of when they talk about the health service—the hospitals. The hospital discharge pack that the Princess Royal Trust for Carers has provided has helped to identify a further 500 carers.

I understand from Malcolm Chisholm that the GP accreditation scheme will include aspects of working in partnership with other agencies as well as the way in which GPs identify and deliver information to carers, irrespective of age. The minister may want to confirm that in summing up. I know that individuals, including constituents, will have told ministers that they have come across general practitioners who are not interested in that aspect of community care. That concerns the committee.

When we took evidence, the committee decided that we should pursue the matter further. It is only right and proper that the Executive should address amendment 19. The Executive says that there is a partnership approach and that there is a duty on local authorities. I accept that, but I think that we need to tell those working in the broader health care world that they also need to play their part. If we find that the legislation that we are passing today is not sufficient in that respect, we reserve the right to come back and make it an absolute duty.

Dorothy-Grace Elder (Glasgow) (SNP): I support everything that Janis Hughes and Margaret Jamieson, who are fellow members of the Health and Community Care Committee, have said. It is sad that amendment 18 was disagreed to, because it sought protection for carers.

Amendment 19 also seeks protection—I back that fully. I remind the minister that, of the more than 600,000 carers in Scotland, about 80,000 are well over pension age. There are also many child carers, but we do not know how many. It is therefore all the more important that we protect carers—as well as the cared for—as much as we can. That was the Health and Community Care Committee's unanimous intention. I appeal to the minister not to water down the proposals any further.

The Deputy Presiding Officer: I would like everybody to be clear about where we go from here. I am about to call the minister to wind up on amendment 19A, after which I will put the question on amendment 19A and the other amendments to the amendment. Following that, Janis Hughes will have the opportunity to sum up on amendment 19, whether or not it is amended. I invite Janis Hughes to respond to what has been said about amendments 19A to 19G.

Janis Hughes: I thank Dennis Canavan for his kind remarks, although I have not practised as a nurse for some years. I hope that he never has to avail himself of my resuscitation skills because I might be a bit rusty. [*Laughter.*]

On a serious note, I share the concerns of members about the manuscript amendments. It is not an appropriate way to conduct legislation. Had we had more time to discuss the issues we may have been in a different position. However, we must move forward with what we have got. I hope that the Executive will take on board my concerns for future legislation.

I hope that when the minister sums up, we will hear further comments, particularly on the points raised by Margaret Smith and others. It is important for us to recognise the work and needs of carers. In the spirit of moving forward and ensuring that something is enshrined in legislation, it is my inclination to accept the manuscript amendments. However, I should say that I am going down that road because of other things that we have heard today and that I have heard over the past couple of weeks, while I have been considering the matter.

Initiatives at the Princess Royal Trust for Carers—which was mentioned by Margaret Jamieson—and other initiatives by GPs, local health care co-operatives and health care professionals throughout the country show that there is willingness to be involved in helping to inform and identify carers. On that basis, I am prepared to accept the Executive's amendments, but I emphasise my hope that we will not be put in a similar position again.

Mrs Mulligan: I will try to respond to the points that I managed to note down. I start with Shona

Robison's first contribution, on how we will monitor any strategy that is developed. I assure the member that there is no question of our not wishing to do that. I have tried to say to members today that we are all looking for the same outcome. If the intention is to provide support for carers, there is no way that we can sit back and allow a strategy not to deliver it.

Shona Robison: Will the minister respond to Margaret Smith's suggestion that monitoring implementation of the information strategy should become part of the performance assessment framework for the NHS?

Mrs Mulligan: There will be a number of strands to the framework, but that suggestion would require a new piece of legislation.

Mary Scanlon referred to hidden carers. She will accept that that area needs to be handled sensitively. It is not necessarily the case that the NHS will do that alone—it can work in collaboration with organisations such as the Princess Royal Trust for Carers, which has the flexibility to adapt to local situations. Mary Scanlon mentioned how successful that organisation has been at adapting; we wish to build on that success in the future.

I assure members that our amendments use the definition of carers that is used in the bill, which is that carers are those who give regular and substantial caring.

Margaret Smith asked whether information will be available through GPs and how that will happen. Provision of information will be brought about as part of the strategy that the health board must produce under the bill. I expect that to happen in collaboration with other parties, including carers and carers organisations. In that way, we will be able to ensure that the information is delivered in the most appropriate way.

15:45

Mary Scanlon: I support and commend the work of the Princess Royal Trust for Carers. I would like to think that everyone in Scotland has the opportunity to be registered or acknowledged as a carer. Does the minister agree that the guidance to the Carers (Recognition and Services) Act 1995 was supposed to provide NHS engagement with carers? Is she aware that research by Audit Scotland in 2001 showed that only 15 per cent of carers of older people had been asked if they needed support? Is the minister concerned that although there is a lot of good practice and guidance, it is not being adhered to or implemented?

Mrs Mulligan: There is good guidance and there is evidence to prove that it is beginning to be

taken up in the community. There will be an increase in the number of people who are recognised as carers. The bill will support that through the duty on local authorities and the duty that we are seeking to place on the NHS.

Robert Brown (Glasgow) (LD): In the light of the proposed changes, will ministers exercise the power that the proposed new section introduces by requiring health boards to produce strategies? Will the form of the strategy include key issues related to the identification of carers? A number of members who have not been involved in the debate, including me, are not clear about the Executive's view on the matter.

Mrs Mulligan: As I said, I expect individual health boards to work out the strategies, so I do not want to be prescriptive. I have said on a number of occasions that our ultimate aim is to support carers. That aim will have to be built into the strategy.

John McAllion raised concerns about the removal of the term "identification". One difficulty with identification is that it has a number of legal interpretations. We do not want to leave the matter open to legal interpretation. As I said to Mary Scanlon, another point is that identification is best done outside the NHS by those who are more flexible, focused and aware of local situations. That is why we want the strategy to involve organisations such as the Princess Royal Trust for Carers in identifying carers. We do not want to put a duty on the NHS to identify carers other than the carers who are presented to the NHS under the bill. In the past, carers who were in contact with the NHS found that there was nothing to support them. Carers who are in contact with the NHS should be given the information and support that they require. That would make a huge difference to their experience of the NHS.

Mary Scanlon: Will the minister give way?

Mrs Mulligan: I must move on. I might take an intervention at the end of my speech.

That brings me back to the point that Donald Gorrie and Dennis Canavan raised about identifying carers. I stress that this is about identifying carers with whom the NHS is in contact. We are not asking NHS bodies to go out and seek carers. We are saying that when they meet carers—be it in a GPs surgery, the community or a hospital—they should offer them the support and information that they need. That will make the strategy more relevant to each carer.

Dennis Canavan: Will the minister give the chamber an assurance that, under the Executive's proposals, the health board information strategy will include informing carers about their rights under section 12AA of the Social Work (Scotland) Act 1968 and section 24 of the Children (Scotland)

Act 1995 and ensuring that advice and information about those rights is available free of charge to all carers in the health board area? If the answer to that is yes, why on earth is the Executive reluctant to include its own policy in the bill?

Mrs Mulligan: As I have said on a number of occasions, we are asking each health board to develop its own strategy. I cannot imagine a situation in which we would not expect the strategy to include that kind of information.

Margaret Jamieson asked whether the GP accreditation scheme will include how GPs address the needs of carers. It most certainly will; that scheme is already being built up.

Nicola Sturgeon: I feel the need to offer assistance. An argument can be made for the Executive's amendments, in order that we pass good law this afternoon, but I do not think the minister is making that argument at all well. I point out to her that the things that Dennis Canavan asked her to confirm as being included in the bill are included in amendment 19A. Why can she not give straight answers to straight questions? Perhaps that would produce more clarity.

Mrs Mulligan: If Nicola Sturgeon listens, she will hear that I am trying to answer the questions that have been asked.

I acknowledge members' concerns about the lateness of the amendments. I apologise for that.

Mary Scanlon: Will the minister give way?

Mrs Mulligan: No, I am finishing.

I urge the chamber to support amendments 19A to 19G. They are important to turn the good intentions that underlie amendment 19 into clear and workable law. I assure Dennis Canavan and others that there is no intention to water down amendment 19. Amendments 19A to 19G clarify the responsibility that would be placed on health boards. They establish a reasonable burden that will yield results and ensure that resources and information are targeted at those who can benefit from them—the carers.

Subject to amendments 19A to 19G being made, I am happy to support amendment 19 and ask members to join me in supporting it. However, without those amendments, amendment 19 remains well intentioned but is unclear and ineffective. If it remains unamended, I ask members to resist it.

The Deputy Presiding Officer: The question is, that amendment 19A be agreed to. Are we agreed?

Members: No.

The Deputy Presiding Officer: There will be a division.

For

Adam, Brian (North-East Scotland) (SNP)
 Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Campbell, Colin (West of Scotland) (SNP)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Elder, Dorothy-Grace (Glasgow) (SNP)
 Ewing, Dr Winnie (Highlands and Islands) (SNP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Ewing, Mrs Margaret (Moray) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Fitzpatrick, Brian (Strathkelvin and Bearsden) (Lab)
 Gibson, Mr Kenneth (Glasgow) (SNP)
 Gillon, Karen (Clydesdale) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (Edinburgh Pentlands) (Lab)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Jenkins, Ian (Tweeddale, Ettrick and Lauderdale) (LD)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Lochhead, Richard (North-East Scotland) (SNP)
 Lyon, George (Argyll and Bute) (LD)
 MacAskill, Mr Kenny (Lothians) (SNP)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 MacDonald, Ms Margo (Lothians) (SNP)
 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)
 McAllion, Mr John (Dundee East) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McLeish, Henry (Central Fife) (Lab)
 McLeod, Fiona (West of Scotland) (SNP)
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Neil, Alex (Central Scotland) (SNP)
 Paterson, Mr Gil (Central Scotland) (SNP)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Quinan, Mr Lloyd (West of Scotland) (SNP)

Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Reid, Mr George (Mid Scotland and Fife) (SNP)
 Robison, Shona (North-East Scotland) (SNP)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)
 Scott, Tavish (Shetland) (LD)
 Simpson, Dr Richard (Ochil) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Iain (North-East Fife) (LD)
 Smith, Mrs Margaret (Edinburgh West) (LD)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Sturgeon, Nicola (Glasgow) (SNP)
 Thomson, Elaine (Aberdeen North) (Lab)
 Watson, Mike (Glasgow Cathcart) (Lab)
 Welsh, Mr Andrew (Angus) (SNP)
 White, Ms Sandra (Glasgow) (SNP)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

AGAINST

Aitken, Bill (Glasgow) (Con)
 Canavan, Dennis (Falkirk West)
 Davidson, Mr David (North-East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Fergusson, Alex (South of Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Gorrie, Donald (Central Scotland) (LD)
 Harding, Mr Keith (Mid Scotland and Fife) (Con)
 Johnstone, Alex (North-East Scotland) (Con)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)
 Mundell, David (South of Scotland) (Con)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Sheridan, Tommy (Glasgow) (SSP)
 Wallace, Ben (North-East Scotland) (Con)
 Young, John (West of Scotland) (Con)

ABSTENTIONS

Brown, Robert (Glasgow) (LD)

The Deputy Presiding Officer: The result of the division is: For 88, Against 19, Abstentions 1.

Manuscript amendment 19A agreed to.

Manuscript amendments 19B, 19C, 19D, 19E, 19F and 19G moved—[Mrs Mary Mulligan]—and agreed to.

The Deputy Presiding Officer: I call on Janis Hughes to wind up on amendment 19 and to indicate whether she wishes to press or withdraw the amendment, as amended.

Janis Hughes: As I have already stated, I accept the amendments to amendment 19. I wish to press amendment 19, as amended.

Amendment 19, as amended, agreed to.

Section 10—Payments by NHS bodies towards certain local authority expenditure

Amendment 3 moved—[Hugh Henry]—and agreed to.

Section 12—Delegation etc between local authorities and NHS bodies

Amendments 4 to 6 moved—[Hugh Henry]—and agreed to.

Section 13—Transfer of staff

Amendment 7 moved—[Hugh Henry]—and agreed to.

Section 14—Scottish Ministers' power to require delegation etc between local authorities and NHS bodies

Amendments 8 to 15 moved—[Hugh Henry]—and agreed to.

Section 20—Regulations

Amendments 16 and 17 moved—[Hugh Henry]—and agreed to.

Community Care and Health (Scotland) Bill

The Deputy Presiding Officer (Mr Murray Tosh): The next item of business is a debate on motion S1M-2678, in the name of Malcolm Chisholm, which seeks agreement that the Community Care and Health (Scotland) Bill be passed.

15:58

The Minister for Health and Community Care (Malcolm Chisholm): I am pleased to be opening a stage 3 debate for the first time. We may celebrate the new parliamentary procedures that have been working so well throughout the bill's stages as well, more importantly, as celebrating the very substantial advances that are embodied in this piece of proposed legislation. Political comment usually focuses on disagreements, so it may be that the joint purpose and common ground that we have witnessed at the various stages of the bill will not get the recognition that they deserve.

I thank the Health and Community Care Committee for all its work on the bill over the past three months. I also thank the Local Government Committee, the Equal Opportunities Committee and the Subordinate Legislation Committee for their work, comment and reports. All have contributed to a parliamentary process that has been effective in improving and refining the bill. Many of the changes that were suggested by the Health and Community Care Committee at stage 1 were taken on board at stage 2. We have a better bill as a result.

That process has continued today. I assure Janis Hughes, who has worked so tirelessly for carers throughout the bill's progress and before, that we shall drive forward action on information for carers and the identification of carers. The work of the Princess Royal Trust for Carers has been mentioned, as has general practitioner practice accreditation in relation to the identification of carers and the carers focus of the Clinical Standards Board for Scotland. Mary Mulligan, Hugh Henry and I undertake to monitor all that work and to ensure that the concerns of the Parliament about the identification of carers and information for carers are translated into action.

Turning to the contents of the bill, it will be a significant achievement of our Parliament in helping to improve community care services throughout Scotland. It will enable us to deliver real benefits for thousands of people who need those services. It will enable us to deliver fairer charging; more support and recognition for carers; greater choice and independence for people who

need care; higher-quality care services through greater joint working; and free personal and nursing care.

Through the bill, we will ensure that nursing care is free for all who need it, regardless of the context—free at home, free in hospital and, for the first time, free in nursing homes. In the same way we will ensure that personal care is free for all Scotland's older people—the dementia sufferer and the stroke victim, those at home as well as those in care homes.

Today the Subordinate Legislation Committee reported on the powers to make orders and regulations in relation to that part of the bill. I am pleased that the committee welcomed the changes noted above and I am grateful for its careful consideration of the matter and for making its report available so quickly to enable Parliament to have the benefit of its members' views. However, I disagree with their comment that the power to qualify the requirement for free care can be used to

"undermine the purposes of the Bill."

A power to qualify is not a power to remove the requirement for free care.

The Health and Community Care Committee accepted in its stage 1 report the Executive's view that some flexibility is required. That is because we will need to be able to update the provisions in response to future changes in the way that care is delivered. We also need to allow for clarification where necessary to ensure that free care is applied consistently throughout Scotland. We have been clear and consistent about the need for those powers and how we intend to use them to provide free care. I remind the Parliament that we have amended the bill to ensure that such regulations are made by affirmative procedure so that they can become law only if the Parliament votes for them.

Debate on the bill has often focused on free nursing and personal care. Those provisions are a major step forward in improving fairness in care charging throughout Scotland, but they should not overshadow the other important changes that the bill will introduce. The bill will extend choice for people in need of care. The measures to extend direct payments will put real power into the hands of those needing care at home to choose the best care package to suit their needs. Instead of people being provided with services chosen by local authorities, direct payments give them the power to buy in their own services.

The bill will ensure that direct payments are available throughout Scotland and will make them available to all care client groups. In practice, that could mean that whereas a person's care needs are met currently by half a dozen different care

staff, in the future that person could choose to employ one or two personal assistants to meet their needs in the way that suits them best.

The bill will also extend choice for people who need to go into care homes. Deferred payment of care home fees will mean that people will no longer have to sell their homes to fund their care during their lifetime. Leaving home to live in a care home will always be a stressful time, but deferred payments will mean that people are spared the additional worry of selling their homes. Of course the overall number of people involved will be greatly reduced by free personal and nursing care in any case.

Part 2 of the bill will allow new closer ways of joint working between NHS Scotland and local authorities, enabling them to develop more effective seamless services to suit local circumstances. It will give them real flexibility in how they manage and resource services jointly. We want local partners to come together to provide the best services for users, carers and patients. The bill lets them do just that.

Part 3 of the bill provides measures to improve health services. It will extend the medical list system so that it applies to all general practitioners, rather than just those who run practices. That is an important improvement in the coverage of our existing quality and discipline procedures. It will mean that patients can be confident that every GP will be subject to similar disciplinary procedures and standards.

Significant though it is, the bill cannot and should not be seen in isolation. Effective change does not come about just because of some words on a piece of paper. That is why we are already engaging with local partners and why the bill links to many other crucial initiatives.

First, there is the work of the carers legislation working group. I pay tribute to everybody who was involved with that group. Secondly, there is the work of the implementation steering group in preparing for the implementation of free personal and nursing care. Thirdly, there is the work of Direct Payments Scotland in laying the foundations for the expansion of direct payments. Fourthly, there is the work of the integrated human resources working group, under the chairmanship of Peter Bates, on the staffing issues that arise from our joint working agenda. Hugh Henry and I were pleased to meet Peter Bates on Friday.

I take this opportunity to thank the members of those working groups and to pay tribute to all who have been involved in the bill's development over many months. Some of those were mentioned earlier. I also thank Susan Deacon, who developed many of the policies that underpin the bill and who introduced it to Parliament. I thank

Henry McLeish, who was particularly identified with the central policy of the bill, as well as all the officials who were associated with developing the policies of the bill and with its detailed drafting.

The bill is also better because of the various consultations that took place on its different provisions. The extent to which we carry out consultation is a new and very positive feature of this Parliament. I thank the hundreds of individuals and organisations that took the time to contribute their views and insights at public meetings, in focus groups and through written consultation.

Finally, I must mention some of those who have been instrumental in laying the foundations for the measures that the bill will put on to the statute book. I am grateful to my fellow members of the care development group, as well as to the carers legislation working group and to the joint future group before that.

The completion of the bill's progress through Parliament is far from the end of the process. We will continue to face challenges. We will continue to work with key agencies to ensure that progress is made in other ways on areas for action where legislation is not needed. I repeat what I said concerning the identification of carers. I have already mentioned some of the implementation work that is under way. We now need to turn our attention to regulations and guidance, to provide some of the detail that is needed beneath the provisions of the bill. We will continue to work in partnership with stakeholders on implementation and the development of regulations. I welcome the Parliament's input to the process.

The bill is a major step forward in improving care for the thousands of people in Scotland who need it and for their carers. I am pleased that there is such widespread support for the bill and am proud to see it nearing the end of its time in Parliament after months—indeed years—of planning. Although much remains to be done, the bill represents a major milestone in improving care.

I move,

That the Parliament agrees that the Community Care and Health (Scotland) Bill be passed.

16:09

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

On behalf of the SNP, I am pleased to support the Community Care and Health (Scotland) Bill at its third and final stage.

I want to place on record my thanks to all the witnesses who gave evidence to the Health and Community Care Committee. I also thank the committee clerks, who have worked very hard to ensure the smooth progress of the bill through the Parliament.

The bill will make some important and welcome changes to the way in which community care services are delivered. It promotes choice for users and carers in a number of ways. It extends access to direct payments for community care services. It will empower individuals who need care and enable them to access the services that they want and that are suited to their needs.

The bill enables local authorities to make loans to people so that they can pay for their care. Those arrangements have the potential to remove the need for anyone to sell their home, even if only to fund the accommodation costs of their care. I hope that the bill will also improve joint working on the delivery of community care services, particularly between local authorities and the national health service. However, many witnesses cast doubt on whether cultural and institutional differences can be overcome—the jury is out on that point.

The bill contains good news for carers. It will provide carers with the right to request an assessment of their needs, regardless of whether the cared-for person is being assessed. The Executive has accepted that local authorities should be under a duty to inform carers of their rights, which is welcome news. This afternoon, we agreed to amendments to place a similar duty on the NHS and I am pleased that, by requiring health boards to prepare carer information strategies, some progress has been made along that road. It remains to be seen whether those strategies are effective. If they are not, we will certainly be back to make further progress.

Most important, the bill marks the end of the Parliament's hard-fought battle, which it won, to force the Executive to implement the Sutherland commission's key recommendation of making personal care free for all who need it. The bill paves the way for free personal care by providing ministers with the powers to introduce it. I am pleased that, despite the protestations of the Minister for Health and Community Care, the Executive accepted the need to include in the bill a definition of personal care, which will make it far harder for future ministers to attempt to dismantle that principle.

The funding package for the introduction of free personal care is still £20 million short—it is unfortunate, to say the least, that that shortfall led to a delay in the implementation of the policy. I will end on a more positive note. Despite the existence of a dwindling band of detractors of the policy, I hope that, by passing the bill, the Parliament will ensure that the end of the battle for free personal care is beginning.

16:12

Mary Scanlon (Highlands and Islands) (Con):

On behalf of the Scottish Conservatives, I support the bill. I thank all those who contributed to and supported the passage of the bill, including the witnesses and our loyal and hard-working clerks. I agree with the minister that work remains to be done. After spending two years and eight months as a member of the Health and Community Care Committee—I am one of the first members of the committee—I had not appreciated that that work would include the manuscript amendments that arrived at the last minute. However, we are at the beginning, not the end, of the process.

The bill is undoubtedly the most contentious to pass through the Parliament. Many considerations and principles underlie it, including financial considerations, which tended to get the most press. The bill should also be viewed from the perspective of equality of access to health care. If an elderly person is dying from cancer, a stroke or heart disease, all their health care costs are met, but old, frail people with Alzheimer's disease or Parkinson's disease are given limited support. The bill will ensure that elderly people will not be discriminated against on the grounds of their illness.

For me, visiting places such as the Western Isles was an incredible experience. Four members of the existing committee—Margaret Jamieson, Margaret Smith, Dorothy-Grace Elder and I—went on those visits. I suspect that the people that we met were shocked by the similarity of members' lines of questioning and that they felt some admiration and respect for us, as we were big enough to put health, and health of the elderly in particular, before politics.

The one or two points that I will make relate to our continuing work. Age Concern Scotland raised the issue of notional capital, although the committee probably did not spend as much time on that issue as it should have done. There is no doubt that that issue causes enormous distress, confusion and argument, as well as lengthy legal battles. Given the fact that the bill strives for equity, surely we need to set out guidance for families on that issue.

I make no specific proposal, but I draw members' attention to the fact that inheritance tax is not due on assets that are disposed of seven years prior to death. However, councils—at their discretion—can take into account a family home that was disposed of 20 years before care was accessed by claiming that the home was disposed of in order to deprive that person of capital. I am not saying that the period of 20 years is right or wrong, or that the period should be seven years. I am asking simply for clarity and, in particular, consistency in councils across Scotland.

I will quote from the Age Concern document:

"We do not wish to support the practice of giving away property with the sole intention of avoiding care fees, but we want to see an end to the draconian practice of including as notional capital the value of assets given away over a decade ago."

I am not saying that the period should be seven, 10 or 20 years. I am asking simply for clarity and consistency across health boards in Scotland.

Much of the free personal care will be delivered in the elderly person's own home. The recent Accounts Commission report talked about

"national policy focusing on care at home rather than institutional settings",

but the facts and the figures prove that the opposite is true. I raised that point in the Health and Community Care Committee and I make no apologies for raising it again. There will be tremendous demand for care at home on 1 July.

I will use the figures from the Accounts Commission's report. Between 1997 and 2000, the number of people that health visitors saw fell by 49,800. Between 1998 and 2000, the number of people who receive home care fell by 9,000. Between 1999 and 2000, the number of people that district nurses saw fell by 13,300. The numbers of people who attend day centres and who live in residential homes were also down. I hope that the provision of care to assist people in their own homes will be in place on 1 July, given the decline in those figures in recent years.

Although I am disappointed that we will still not have a single body for budget holding and planning and commissioning community care services, as was recommended by the Health and Community Care Committee, I accept that aligned and pooled budgets are undoubtedly a move in the right direction.

I note that where joint working does not deliver the outcomes that are expected—in other words, in cases of failure, in which the expected outcomes are not delivered—ministers can intervene to adopt key principles, such as single management and single budget. I am still not clear how the effectiveness of joint working will be measured. There needs to be some clarity about that. Quite honestly, 3,000 blocked beds represent proof that joint working is not as effective as it should be. There should be clarity about the outcomes that are expected from joint working—the outcomes on which joint working will be judged—and at what point the Executive will intervene.

There is also a concern about unmet need, which has emerged often in the Health and Community Care Committee. I spoke with my colleagues John Farquhar Munro and Rhoda Grant at a meeting with Highland Council and

Highland NHS Board this week. Very little seems to be known about the unmet need for care in the community. Although we are clear about waiting times, waiting lists and all the procedures that are undertaken in the NHS, we are not clear about the unmet assessed need in the community. It is not always acknowledged that the care plans that people are given should reflect the provision of care—not a wish list.

The Deputy Presiding Officer: I will break in to assure the members who are waiting their turn that I am confident that everybody will be called.

Mary Scanlon: I am on my final point. Perhaps you mean that I should take another 20 minutes, Presiding Officer.

I welcome the introduction of direct payments, which will bring freedom, choice and, I hope, competition in care services. The provision of direct payments will mean that the carer and the cared-for person will be in charge of their package of care. It will mean that they are not simply passive recipients of what someone else thinks is best. I welcome that exciting development, which will fundamentally change care services in Scotland.

As other members will have found, many people believe that, after 1 July, those in residential care homes will not have to pay anything. It is incumbent on us to be totally clear about what free personal care means. People think that it means that they will not need to pay for accommodation, food and laundry charges—what we term hotel costs. We must be clear that, although personal and nursing care will be free, people will still need to pay substantial sums for their hotel costs.

I am delighted to support the bill on behalf of the Scottish Conservatives.

The Deputy Presiding Officer: I should perhaps make it clear that, as we anticipate that we might require a motion without notice to bring forward decision time, I am reasonably relaxed about the timing of speeches during this part of the debate.

16:21

Mrs Margaret Smith (Edinburgh West) (LD): I am delighted to take part in today's debate and support the Community Care and Health (Scotland) Bill, which will provide a real improvement in community care services as well as the delivery of free personal and nursing care.

I thank my colleagues on the Health and Community Care Committee for the work that they have done not only on the bill but on the whole community care issue, which we began considering at the beginning of the Parliament's life. I thank our clerks and all the witnesses who

gave evidence during the bill's passage.

Age Concern has said that the bill is a milestone for devolution. I echo that view, but the bill is also a milestone for community care services in Scotland. In 1997, the Labour Government set up the Sutherland commission and the road since then has been a long one. It feels as if the route has been equally long and tortuous since the Health and Community Care Committee unanimously recommended that the Parliament should implement in full the Sutherland report, which recommended that free personal and nursing care be provided for Scotland's elderly.

That policy has been consistently supported by the Liberal Democrats both in Scotland and across the UK, so we have no hesitation in supporting the bill today. Today is a good day for the Executive. The bill is a good bill, but today is also a victory for the parliamentary committee process and—as the policy has attracted widespread support across the chamber—for the Parliament as a whole.

I want to acknowledge the work of certain key individuals: Sir Stewart Sutherland, whom I met yesterday and who was delighted that the bill will be passed; Malcolm Chisholm, who not only steered the bill through Parliament but chaired the care development group that produced a delivery framework; and Henry McLeish, whose former role as First Minister should not be underestimated in the delivery of the policy. He was staunch in his support for those of us who have argued consistently for the policy.

The bill is also a victory for all those outside the Parliament who have campaigned long and hard: Age Concern Scotland, Help the Aged, Carers Scotland, the Princess Royal Trust for Carers, pensioners groups, local authorities and social work and health professionals. I should also mention the ordinary men and women of our country who knew that the existing system was unfair and campaigned against it.

Backed up by £250 million over the coming two years, the bill will deliver free personal care and much more. It will deliver better joined-up working between local authorities, health boards and other partners in care. That will be done through a flexible approach that is backed by the possible enforcement of outcome agreements. The bill recognises the crucial role that Scotland's carers play as key partners in the provision of care. It gives individuals greater choice in the provision and delivery of services through direct payments. The bill also paves the way for an end to the postcode lottery of services and the great variations in charging that exist across Scotland. It introduces a deferred payments scheme, which means that Scots will not have to sell their homes to pay for the hotel costs of their care home bill.

Despite difficulties, the stage 2 and stage 3 processes have enhanced the bill. Significant amendments have been made by the minister. The Health and Community Care Committee was especially keen to see a definition of personal care in the bill. It is now there, and it builds not only on the definition of personal care in the Regulation of Care (Scotland) Act 2001 but on the list of care services in the care development group report. The committee was also keen that there should be enhanced recognition for Scotland's 620,000 carers and for their role as partners in care. We welcome the fact that carers—including, crucially, young carers—will have a right to an independent assessment of their needs.

The Executive introduced amendments that required local authorities to consider the views of the person in need and their carer, before deciding on the services to be provided. Amendments also placed a legal obligation on councils to inform carers of their right to an assessment. Today, Janis Hughes's amendment 19 has extended to the NHS the obligation to inform carers.

Some of Mary Scanlon's points give us cause for concern. An awful lot of work has still to be done. Work has to be done by the implementation working group—which is chaired by Alexis Jay, who, in the past few weeks, has thrown a small spanner in the works, but rightly so—and work has to be done by the human resources working group, which is chaired by Peter Bates.

Today, in passing this bill, this Parliament has done its duty by the people of Scotland. We have sent a clear message that this Executive, this Parliament and, indeed, this country intend to cherish our older people—through community care services, through the regulation of care homes and the setting of care standards, and through the provision of free central heating and of concessionary public transport. Those people have been there for us in the past; now it is our turn to be there for them. Today, the Scottish Parliament has not let them down.

16:27

Henry McLeish (Central Fife) (Lab): I would like to say a few words at the conclusion of the debate on this bill. I would like to congratulate the Executive—Malcolm Chisholm and the new ministers—and Susan Deacon, the former Minister for Health and Community Care. I would also like to congratulate the Parliament, which has had the vision and courage to take the bill to this stage and which will now move on to its implementation.

The statement that this care bill makes is crucial. It widens, deepens and strengthens this Parliament's commitment, and this Executive's commitment, to those in our communities who

need help and who may be vulnerable. It is important to put that commitment into perspective. A recent Executive report suggests that, by 2031, nearly 1,200,000 people in our country will be over 65. Not all those people will require the kind of care that we are talking about. However, this bill sends a very powerful message to every organisation that deals with older people, and to every older person, that they have a Parliament and an Executive that they can be proud of.

It is easy to discuss in an abstract way issues that affect our society and our community. However, this Parliament and this Executive will put legislation on the statute book. They have also invested substantial amounts of public funds. It seems to me that that combination of legislative commitment and financial investment is the surest sign yet that we have a new politics in Scotland. That new politics is working. It is good to see from every quarter of the Parliament today support for this vital piece of legislation.

This is an important day for Scotland and an important day for older people. Every parliamentarian here should take some credit and have some pride. Politics can be a tough business, but the satisfaction is that devolution is making a difference to ordinary people the length and breadth of our country. It is a privilege to have been part of that process—a process that is now nearly complete. However, as colleagues have said, the hard work is about to start.

Let me finish on a challenging note. This legislation is about to be enacted and that is tremendously encouraging but, for the 1,200,000 people who will be over 65 by 2031, the journey is just beginning. Their needs are high upon the political agenda in Scotland—as high as I have ever known them to be. The contribution that has been made by Westminster—pensions, heating and other opportunities—linked with the marvellous work of the Executive and the Parliament shows real partnership for real progress. It will affect those in our society whom we have always championed, but who have been a bit frustrated because we have never been able to go as far as we have gone today.

All in all, it is good news from the Scottish Parliament. I hope that all the officials and everyone charged with implementing the bill will get on with the job and ensure that the hard work that has been done by the committee, the Parliament and the Executive will be turned into early results in every community in Scotland and for every older person who needs our help.

16:31

Nicola Sturgeon (Glasgow) (SNP): I, too, welcome the passage of the bill, which is an

important piece of legislation. It represents a considerable improvement in the quality of life of carers and those in our society who require care.

The bill contains many provisions and we have debated them at every stage. The regulation of charging for home care services, the promotion of choice for users of care and the promotion of joint working between health bodies and local authorities are just a few of the important provisions that will be passed today. Inevitably, one provision stands out above the rest: the implementation of free personal care. As Henry McLeish rightly said, the implementation of free personal care is a victory for the Scottish Parliament. The victory is hard won, but it should stand the Parliament in good stead for the future. The concession by the Scottish Executive at stage 2 to provide a clear definition of free personal care in the bill is an important step. It will help to embed firmly the policy of free personal care in the legislative programme.

In our satisfaction that free personal care is now on the statute book—and we should take a great deal of satisfaction from that—we must remember that the Parliament still has an important job to do. It is our job to be vigilant. All members are committed to free personal care. However, there are enemies of free personal care out there and the Scottish Parliament has a duty to ensure that the policy that was hard won by us is not undermined by others. We know that there are forces in London that want to see the policy fail. Their decision to remove £23 million in attendance allowance has already resulted in a delay to the implementation of the policy. We know that there are others—particularly on the Labour side of the argument—who might want to undermine the policy in future. Our duty in the Scottish Parliament is to ensure that that does not happen. Unity of purpose is what has made free personal care a reality today. Unity of purpose on the part of the Parliament is what should ensure that no one in Scotland gets away with undermining the policy and our victory.

Today is a day for mentioning and congratulating those who have brought the policy to fruition. I have already mentioned the Parliament. Great credit must go to the pensioners and their representative organisations across Scotland—without their pressure, free personal care would not have become a reality. Many people have deservedly been mentioned during today's debate for the part that they have played in bringing about free personal care. I pay particular tribute to Kay Ullrich, my predecessor as SNP health spokesperson and an original member of the Health and Community Care Committee. She did much, particularly in the early days of the Parliament, to advance the policy and to ensure that we reached the point that we are at today.

Today is a time for rejoicing in free personal care. On behalf of a party that has consistently argued for that policy, I finish by again welcoming the passage of the bill.

The Deputy Presiding Officer: I have been relaxed about the time until now. A couple of additional members have pressed their request-to-speak buttons and we are back on course—ordinarily, we allow three minutes per speech and I ask members to adhere to that.

16:35

Janis Hughes (Glasgow Rutherglen) (Lab): I begin my contribution as a member of the Health and Community Care Committee by thanking the clerks and everyone involved with the bill. The clerks to the Health and Community Care Committee seem to have to deal with more legislation than all the other clerks combined, although perhaps that is just how it appears.

The bill is the culmination of many months of hard work by many people and I welcome its imminent—I hope—passing. The headlines in the past few months have focused on the provisions concerning personal care, about which we have heard today from many members. That aspect of the bill is obviously great news for Scotland's elderly people and is a further example of the Executive's commitment to caring for our older citizens.

I say to Nicola Sturgeon that there is no indication of any attempt from Labour members to undermine the policy through the three-month delay. We in the Labour party accept the experts' argument that another three months are necessary to enable us to put the policy into place in the way that we would wish. I give the commitment that there is no undermining of the policy. We will welcome 1 July, when the commitment on personal care will finally fall into place.

The bill is about much more than personal care, however. In particular, I am thinking of—and I make no excuse for mentioning this again—the position of carers in our communities. There are 620,000 carers in Scotland. Carers Scotland estimates that that figure will rise to almost 1 million by 2037. Obviously, it is important to provide support services for those carers. I am pleased about the work that has been done to ensure that the bill recognises carers. The Executive is to be commended for introducing legislation aimed at helping those who do so much to help others in society. I particularly welcomed the stage 2 amendment that explicitly included carers aged under 16. Members may recall a members' business debate in Parliament last year that focused on the issues surrounding young

carers. I am delighted that the bill now recognises the important role that young carers play.

Today, we heard mention of the Princess Royal Trust for Carers. That organisation's work has shown that we can identify the carers in our society. I hope that today we will pass legislation that will help us to do that through local authorities and health services. The fact that the Princess Royal Trust for Carers' initiatives have recognised 6,000 carers who would not otherwise have been recognised shows that carers can indeed be identified. We all know that too many carers are slipping through the net and are not getting the support that they need, so I am glad that the bill has been amended to change that.

Another important aspect of the bill is joint working. Carrying on from the Regulation of Care (Scotland) Act 2001, the bill seeks to improve joint working across health and social care boundaries and to promote partnership between agencies that provide health and social care. I welcome that initiative.

In conclusion, I welcome the passing of such an important bill. I look forward to seeing it put into action to improve the lives of those who need it most.

16:38

Ben Wallace (North-East Scotland) (Con): The bill is indeed a good-news story for the Parliament. The Scottish Conservatives believe that free personal care represents not only socially just funding for the elderly—

Mr Mike Rumbles (West Aberdeenshire and Kincardine) (LD): Does Mr Wallace still believe that?

Ben Wallace: Oh yes. Mr Rumbles should not believe everything that he reads in *The Scotsman*.

The Deputy Presiding Officer: I would not linger, Mr Wallace. Mrs Scanlon took up much of your time.

Ben Wallace: I hope that, as a result of the bill, we will see an end to the historical debates between—

Margaret Jamieson (Kilmarnock and Loudoun) (Lab): Will the member take an intervention?

Ben Wallace: Yes.

Margaret Jamieson: Ben Wallace has welcomed free personal care. Will he clarify whether that is the view of the Scottish Tories or the view of the UK Tories?

Ben Wallace: I would be delighted to clarify that. If Margaret Jamieson had read *The Herald*, she would have seen that Iain Duncan Smith is

thinking of adopting the policy in the south of England. We do not hear what the Labour party is doing in England.

Last month, I attended a meeting of the Faculty and Institute of Actuaries, which was an exciting occasion. I was there with members of the Labour party. The actuaries did not let Nicola Sturgeon in—she was not as interesting as they were, so they kept her out. At the meeting, representatives of the Labour party at Westminster were still fundamentally opposed to free personal care. There is opposition in our party, but at least I am honest about that; the Liberal Democrats have voted against free personal care on two occasions. There is division with our party in the south, where some Conservatives do not want free personal care; up here, there are people who do. That is devolution and we are pleased that we have it today.

Lord Sutherland said at the meeting that he feared that free personal care would be fudged in the long term. He feared that the circle was not complete. Until it is complete—which will involve addressing joint boards, platforms of delivery and ring-fenced funding—there is a fear that those in all unionist parties who are opposed to free personal care will work against it. I would like free personal care to be adopted in the rest of the United Kingdom, because it is good news.

I finish by asking the minister a question about eligibility. As we have progressed with the bill, I have been contacted by a number of constituents who fear that they will lose attendance allowance, when in fact they are still eligible for it because they are not paying for any care. I ask the minister to ensure that people are informed of the changes that will come about when free personal care is introduced so that they know whether they will lose attendance allowance.

Thanks should be given to the Health and Community Care Committee and to the parties that campaigned for a long time for free personal care.

Rhona Brankin (Midlothian) (Lab): Will the member give way?

The Deputy Presiding Officer: No, the member is finishing.

Ben Wallace: I also thank Henry McLeish for standing up against considerable opposition in his party to achieve the provision of free personal care. I say to him that establishing free personal care in this Parliament is not a bad legacy. I would be proud if I had done that. Thanks go to the Parliament and the Health and Community Care Committee. The bill is a good-news achievement for today.

16:42

Mr John McAllion (Dundee East) (Lab): I, too, welcome the bill and in particular the critical role that my good comrade Henry McLeish played in delivering it. I thought that his speech was the high point of the debate this afternoon. It is a shame that he had to wait until he was out of high office before he got a compliment from me. I think that that is a reflection on me, rather than on his time in high office. The bill is good and its enactment will make Scotland a better place in which to live. All members of Parliament, rather than any group in it, should be pleased that they have played a role in passing the bill.

I will direct my remarks at one aspect of the bill—free personal care for the elderly, which, as everyone knows, has been the subject of some controversy and indeed was the first policy area to put a strain on the relationship between this Parliament and the Westminster Parliament. There are those, particularly at Westminster, who make much of the cost of free personal care—£125 million a year—and of the fact that all elderly people, rich and poor alike, will be able to benefit. Their argument is that the £125 million could be put to much better use by being targeted on more deserving groups, such as the poor elderly who cannot get a place in a nursing home because their local authority does not have the funding to pay for that place.

That argument is not without substance—I think that any parliament should always make its priority those who are in the greatest need. However, it is often the case that the people who argue that resources should be targeted on the poor are those who resolutely refuse to raise taxes to target funding and investment on the poor. I am wary of those who argue that, because someone can well afford to pay for personal care, they should be made to pay for personal care. I once heard that approach described as “hyena socialism”—the rich are made to pay only when they are wounded, infirm, elderly or in need of some kind of care, whereas when they are fit, young and fully enjoying their wealth, they get away scot free.

I am in favour of making the fit-and-well rich pay, too, not by charging them for services that they do not receive, but by taxing them. That is what is required to square the circle. It is matter not just of regret, but of shame that the highest rate of income tax in this country remains the same as it was under Baroness Thatcher. That continues to reflect badly on us.

At the Health and Community Care Committee's meeting this morning, the chief medical officer for Scotland described a founding principle of the NHS—that it should be free at the point of use and funded from general taxation. We should consider free personal and nursing care for the elderly in

that light. If the choice is between a universal welfare state with concomitant higher taxes and a targeted, means-tested welfare state with concomitant lower taxes, I am for the universal welfare state and the higher taxes. I hope that the Parliament is, too.

16:45

Dennis Canavan (Falkirk West): I warmly welcome the bill and particularly the proposals for free personal and nursing care for elderly people, which are in accordance with the recommendations of the Sutherland report. I urge the Scottish Executive to stand by its commitment. There have been too many delays. I hope that no further delay will occur and that the Executive will stand by its commitment to implement the recommendations fully by 1 July.

I also hope that the Scottish Executive will continue to press the Westminster Government for payment of the £23 million a year that the Benefits Agency will save on attendance allowance. I was dissatisfied with the First Minister's reply when I raised that matter at First Minister's question time on 17 January. He quoted a statement of funding policy that as Minister for Finance he had negotiated with the Westminster Government. That agreement was meant to deal with a decision of this Parliament that would mean more expenditure by Westminster, but we are dealing with a decision of this Parliament that will mean less expenditure by Westminster. Westminster will save money because of this Parliament's progressive policy of providing free personal and nursing care for elderly people. Sutherland recommended that, but Westminster rejected it.

One reason why I supported the establishment of a Scottish Parliament throughout my political life is that I believed, as I still do, that a Scottish Parliament could deliver a fairer deal for the people of Scotland than Westminster ever could. The bill is a good example of that. I hope that, in time, people—not only in this country, but in other countries—will see the Parliament as a standard-bearer and setter of higher standards of care for some of the most vulnerable and deserving members of society.

16:47

Bill Butler (Glasgow Anniesland) (Lab): I am grateful for the opportunity to put on record my whole-hearted support for this progressive bill. It is obvious from the speeches of members of all parties that there is general agreement on the positive effects that will flow from the bill. The bill will improve the lives of many of our fellow citizens and so deserves the chamber's unanimous support, which I am sure it will receive.

The bill will provide the necessary legislative framework to improve care services and to provide free nursing and personal care from 1 July 2002. It is the statutory embodiment of the 39 recommendations of the care development group. The Executive accepted all 39 recommendations, with the comprehensive support of all members.

The bill will allow all the essential points in the care development group's report to be put into practice. It will implement free personal care and allow for a continuing emphasis on shifting the balance of care towards enabling people to remain in their own homes, if they choose to. Moreover, the introduction of free personal care will be accompanied by substantial additional investment in the provision of care for older people. It is fair to congratulate the Executive on providing those resources.

Part 2 of the bill concerns joint working, which is essential. It will enable ministers to require NHS bodies and local authorities to enter into joint arrangements for service provision and resourcing. Such an integrated approach is reasonable and essential and is much to be welcomed.

Today, we can all be justly proud of the new institution that is the Scottish Parliament. The bill demonstrates what can be done when the needs of the people whom we seek to represent are not obscured by unnecessary and ultimately irrelevant party-political considerations. Today, the Scottish Parliament will make news for the right reason. It will have made a positive difference to the circumstances of many of our constituents—that, after all, is why we are here. The bill is a good piece of work and I commend it to the chamber.

16:50

Donald Gorrie (Central Scotland) (LD): Like other members, I welcome the bill and pay tribute to the ministers, members of the Health and Community Care Committee, MSPs and people outside the Parliament—including those in pressure groups—for what they have achieved.

I ask the minister to give an assurance that young carers will be the subject of particular attention. The Health and Community Care Committee is to be commended for amendment 19. The amendment, which was lodged by Janis Hughes, will help to address the needs of carers who are children.

Some time ago, we had a good members' business debate about young carers, in which members who had visited and had discussions with young carers highlighted two problems. First, young carers slip through the net in greater numbers than do adult carers. As a result, many young carers are not identified. Many of them do

not see themselves as carers—they have not heard of the term. All they know is that they have a sick mum, for example, whom they look after. Health, education and social work departments and possibly the police need to make much more effort to identify young carers. I hope that the authorities will work in a joined-up fashion to hunt out young carers.

Secondly, many young carers say that they get a raw deal at school, where their problems are often not recognised. If a young carer arrives at school late, perhaps because they have been looking after a family member, they are regarded as a kind of troublesome truant. We need to make a special effort to ensure that schools are up to speed on the issue. We also need to ensure that schools assist in identifying young carers and that they co-operate and are involved in helping them.

I hope that the Executive will assure us that it will get the various agencies involved to take the issue seriously. If the bill helps young carers, it will improve life in Scotland.

16:52

The Deputy Minister for Health and Community Care (Hugh Henry): I thank everyone who has been involved with the bill over the past four and a half months. That includes a great many people. Within the Parliament, I thank all four committees that were involved with the bill at stage 1. I thank in particular the Health and Community Care Committee, which did so much work on the bill at each stage, providing excellent questions and stimulating debate and detailed scrutiny of the draft legislation. I thank the clerks to the committee and the other parliamentary officers who helped with the bill. I thank the members of the bill team who worked long and hard to make it a success. At times I marvel at how they, and committee staff, manage to meet almost impossible deadlines. I also thank the large number of members of the public, voluntary groups and other organisations who have made an important input by participating in the consultations on the bill's provisions and in the parliamentary process.

However, it is clear from the letters that I am receiving that not everyone fully understands who will benefit and what the effects of the bill will be. Many people already receive free personal care; the bill extends that entitlement. We are preparing an information campaign to ensure that older people, their families and carers are informed of what the policy will deliver. As members have indicated, the bill has received widespread support. It is a major step forward in improving care in Scotland.

Shona Robison and Janis Hughes mentioned

carers. My colleague Mary Mulligan has already apologised for the late lodging of certain amendments. In the spirit of consensus, I should point out that the blame for that lies fully with Janis Hughes. Her dogged determination to protect carers' interests and to ensure that carers are not fobbed off led to detailed negotiations and discussions and subsequently to the late amendments, which are purely and simply meant to protect the position of carers in Scotland. I pay tribute to Janis for her work.

Mary Scanlon raised a number of detailed points and questions that unfortunately cannot be answered in this stage 3 debate—I think that she was making up for all the weeks when she did not have a voice. Nevertheless, some of her concerns will be addressed in the coming months and I am sure that members of the Health and Community Care Committee will raise them again as they continue to scrutinise the development of free personal care provision.

Several members mentioned joint working. The issue was well discussed at stage 2 in the committee. Joint working is absolutely necessary. Although I hope that such working will develop on the basis of co-operation, we have ensured that, where joint working is not effective, we can implement further measures.

Ben Wallace mentioned the fact that he had met the Faculty and Institute of Actuaries. It has been suggested that actuaries are people who think that accountancy is too exciting; in that case, meeting Ben Wallace must have been an orgasmic experience for them. I also listened with interest to John McAllion's definition of hyena socialism, which would probably take some of our debates on to a more voracious level.

In response to members' questions, I can say that there will be no further delays. We are fully committed to meeting the bill's objectives; the money is in place and we look forward to working towards the bill's implementation. I regret Nicola Sturgeon's slightly negative contribution. She turned the Parliament's moment of pride over such a major achievement into another opportunity to criticise and to have a whine about Westminster.

Although the bill represents a substantial piece of work, a great deal more still has to be done after today's debate. I stress the importance of the on-going implementation work and the regulations that will follow in the bill's wake. I am sure that the Health and Community Care Committee is looking forward to giving both its careful scrutiny.

As Henry McLeish and other members have pointed out, we should recognise the achievement that the bill represents and the improvements in care that we will be able to deliver as a result of it. The bill is part of the biggest package of support to

older people that the country has ever seen. With the introduction of free personal care and other aspects of care delivery, alongside measures such as concessionary travel across Scotland and central heating programmes, the Parliament is simply repaying the sacrifice that our parents' generation made in the creation of a welfare state. Although, as John McAllion suggests, people of our generation might be selfish in how they prepare for their old age, I am proud that we have done something to repay our huge debt to our parents' generation.

I thank everyone for their support and their efforts over the past couple of months, and I ask the chamber to join me in voting for the bill to be passed.

Parliamentary Bureau Motion

17:00

The Deputy Presiding Officer (Mr Murray Tosh): The next item of business is consideration of Parliamentary Bureau motion S1M-2705, on the designation of lead committees.

Motion moved,

That the Parliament agrees the following designation of Lead Committees—

The Justice 1 Committee to consider the draft Advice and Assistance (Financial Conditions) (Scotland) Regulations 2002;

The Justice 1 Committee to consider the draft Civil Legal Aid (Financial Conditions) (Scotland) Regulations 2002;

The Justice 1 Committee to consider the Police Act 1997 (Criminal Records) (Registration) (Scotland) Regulations 2002 (SSI 2002/23); and

The Justice 1 Committee to consider the Scottish Legal Services Ombudsman (Compensation) (Prescribed Amount) Order 2002 (SSI 2002/32).—[*Euan Robson.*]

The Deputy Presiding Officer: The question on the motion will be put at decision time.

Presiding Officer's Ruling

17:00

The Deputy Presiding Officer (Mr Murray Tosh): Before we come to decision time, there is an issue to be addressed on the point of order that was raised this afternoon by Fiona Hyslop, in which she asked the Presiding Officer whether he would issue guidance on the selection of manuscript amendments. Guidance from the Presiding Officer on the criteria for selecting manuscript amendments has been prepared and will be added to the guidance on public bills as soon as it has been agreed by the Procedures Committee next week.

Decision Time

17:01

The Deputy Presiding Officer (Mr Murray Tosh): There are two questions to be put as a result of today's business. The first question is, that motion S1M-2678, in the name of Malcolm Chisholm, on the Community Care and Health (Scotland) Bill, be agreed to.

Motion agreed to.

That the Parliament agrees that the Community Care and Health (Scotland) Bill be passed.

The Deputy Presiding Officer: The second question is, that motion S1M-2705, in the name of Patricia Ferguson, on the designation of lead committees, be agreed to.

Motion agreed to.

That the Parliament agrees the following designation of Lead Committees—

The Justice 1 Committee to consider the draft Advice and Assistance (Financial Conditions) (Scotland) Regulations 2002;

The Justice 1 Committee to consider the draft Civil Legal Aid (Financial Conditions) (Scotland) Regulations 2002;

The Justice 1 Committee to consider the Police Act 1997 (Criminal Records) (Registration) (Scotland) Regulations 2002 (SSI 2002/23); and

The Justice 1 Committee to consider the Scottish Legal Services Ombudsman (Compensation) (Prescribed Amount) Order 2002 (SSI 2002/32).

HM Prison Peterhead (Beacon Site Status)

The Deputy Presiding Officer (Mr George Reid): The final item of business is Stewart Stevenson's motion S1M-2363, on HM Prison Peterhead and beacon site status.

Motion debated,

That the Parliament congratulates HM Prison Peterhead on becoming the first prison in Scotland to be awarded Beacon Site Status as part of the Modernising Government initiative and looks forward to the prison fulfilling its role under the scheme whereby it will share the secrets of its success with groups of visitors from across the United Kingdom and Scottish governments.

17:03

Stewart Stevenson (Banff and Buchan) (SNP): It is customary to congratulate members on securing time for members' debates. I invite those who are speaking today to desist in favour of those who are the subject of the debate. It is the staff at Peterhead prison who should be the focus of any plaudits that are on offer. Before I get to the meat of the debate I thank members of all seven political persuasions in the Parliament who put their signatures to the motion.

The treatment, as distinct from incarceration, of sex offenders is a comparatively new idea in the Prison Service. Such prisoners are universally despised for their crimes, not just outside in the community and by their victims and the victims' families, but by others who are held in our prisons. I intend to address the special qualities of the staff—who are all volunteers for the job of reforming serious sex offenders—and to describe their success in doing so. As the constituency member for Banff and Buchan, I do that with pride and in the hope that I might share in the reflected glory of others' achievements. It is more important, though, that I seek to show that Peterhead prison is genuinely a model of achievement of which the public services must be proud and of which private companies should be jealous. We can all learn from the prison's success. We must all understand the factors that created that success and we must nurture, develop and transplant the lessons for the good of all services for which we, as legislators, share responsibility.

The beacon award that was won by Peterhead prison and its staff is a rare and precious beast. Westminster's modernising Government initiative is the parent of that award scheme. Its objective is to identify excellence in public service and to create exemplars—beacons—that open the door to others. By doing that, the lessons of success are made available and standards are driven up in public services.

To date, only 39 beacons have been established in the United Kingdom, five of which are in Scotland. That excellence is a rare and precious thing. Peterhead will be opening its doors for the first time under the scheme in May, when 12 people will attend a course there. They will see the best in action, sharing their experiences and spreading excellence. "Raising standards by sharing excellence" is the motto of the beacon site scheme.

What are Peterhead's achievements and how did the staff make them happen? Peterhead used to be the hard man's prison—lock 'em up and forget 'em—and the staff were guards more than they were anything else. The opportunity for change arose when Lord James Douglas-Hamilton—in co-operation with the local MP, Alex Salmond—established Peterhead as the sex offenders unit for Scotland. That set in train a series of long-term changes for staff, for prisoners and for the local community, which are unprecedented in private companies and in the public sector, as I know from my business experience and from my more limited experience of the public sector.

After visiting Peterhead prison, the Cosgrove committee said:

"we saw evidence of committed work with convicted sex offenders ... that staff at all levels were showing commitment to tackling various difficult issues, not least in delivering programmes".

I know from my visits to the prison that everyone from the governor to the cleaners understands their roles in the treatment and reprogramming of the sex offenders in the prison. For the first time, an environment has been created in which sex offenders feel sufficiently safe genuinely to confront the effects of their crimes. When they were held in other non-specialist prisons, or in units within such prisons, sex offenders feared for their own lives and did not consider those whose lives they had damaged.

The role of the community within which the prison operates cannot be ignored as a factor in the prison's success. Initial suspicion has given way to whole-hearted support. People in the community see people they know leaving for work at the prison and wearing their uniforms with pride. They have observed the operation of the prison over many years. Community trust cannot be earned quickly. The proposed location in Glasgow of a unit for recovering psychiatric patients has caused difficulties, but those difficulties could be as nothing compared with moving 300 sex offenders into a new community.

Some have mooted the idea that if Peterhead is not the answer, dispersal is. I say, "No." A return of prisoners to units all over Scotland is a guaranteed recipe for destroying the culture in

Peterhead that has delivered success. Peterhead's total focus and total culture is absolutely necessary to underpinning the prison's achievements. The other day, I asked a Peterhead prison officer what makes him get up in the morning. His answer was simple and straightforward. He said, "If I can stop one child being harmed by one of our prisoners, I achieve what few others have the opportunity to do."

What have Peterhead staff actually achieved? The prison governor told the Justice 1 Committee on 13 November 2001:

"Since the programme commenced in 1993, it has had a total of 244 participants. One hundred and sixty-two of those prisoners have been liberated, 69 are still in custody, 173 prisoners completed the programme and 71 failed to finish it. Six have been reconvicted of a sexual offence and four have been recalled because of a breach of licence conditions."—[*Official Report, Justice 1 Committee*, 13 November 2001; c 2752.]

That compares with previous recidivism estimates, which showed that in excess of 60 per cent of those who are released reoffend within two years. The Peterhead programme has already rehabilitated 90 more sex offenders, who would probably have reoffended if not for the prison's efforts. The key benefit is that at least 90 families have been saved and 90 victims are unharmed; society has been protected by the prison system in a previously unattainable way.

Based on the Scottish Prison Service's target cost per prisoner of £32,000 per year, the system at Peterhead could also save the SPS about £12 million, which is what it would cost to lock up those who reoffend. Who cares? We all should because, by coincidence, the money that is required for redevelopment of the prison accommodation at Peterhead is about £12 million. Peterhead's cost per prisoner is well below the average SPS prisoner cost and it is reducing further in the face of rising costs for the SPS as a whole. Peterhead delivers quality management of outcomes for the community, the prisoners and our budgets.

Does such success in a public sector provider embarrass anyone? It should not. On Sunday, in a rather controversial speech in Cardiff, the Prime Minister said:

"We believe in strong public services".

He continued:

"Public services are what make us a community of people".

In his speech to Parliament as First Ministerial candidate, Jack McConnell said that Scotland needs

"public services that attract the efforts and work of the most talented".—[*Official Report*, 22 November 2001; c 4514.]

The beacon award to Peterhead comes on top

of a string of other awards to the prison and its staff and international recognition from Professor Bill Marshall, who said:

"I consider the operation of Peterhead Prison, in so far as it affects the implementation of an effective sexual offender treatment program, to be exemplary and forward thinking. I strongly recommend that it be retained as Scotland's model sexual offender institution".

The First Minister said that he wants rehabilitation of offenders to prevent reoffending to be a key objective of his Administration. As a member of the Opposition, I am prepared to help him to do that if he is prepared to help Peterhead in fulfilling its role.

I ask the Deputy Minister for Justice three things. First, I ask him for his support for the motion, which should be easy. Secondly, I ask him to come rapidly to the conclusion that Peterhead is doing exceptionally well and that two years of study have turned up no reason for further delay in reinvestment. Thirdly, I ask for the uncertainty to end and for Peterhead's achievements to be rewarded. It is time to build on outstanding public sector success.

17:12

Pauline McNeill (Glasgow Kelvin) (Lab):

Stewart Stevenson asked us not to congratulate him on securing the motion, so I will not. I will say simply that I know that like his predecessor, Alex Salmond, he has a passion for Peterhead prison. I thought that it was only right that I should contribute to the debate. I apologise because I must leave shortly—I have another meeting to attend and I hope that Stewart does not take that the wrong way.

Despite Peterhead prison's Victorian conditions—it was built in 1888—it is a successful prison in the SPS estate. Stewart Stevenson is correct to give credit to the officers and staff, who have contributed to the high-profile work of the prison. Like many other prisons in the prisons estate, it is in desperate need of modernisation. The conditions are inhumane and unacceptable and they require urgent attention. That applies particularly to the continuing practice of slopping out. Peterhead cannot be considered independently of the rest of the estate, which is why members of both the Parliament's justice committees have pursued the matter for two years. They are anxious to hear the outcome of the prison estates review, which was ordered by Jim Wallace well over a year ago.

I realise that efficiency savings are redirected to good Executive projects, but I would like the minister to give a commitment that existing resources will stay within the estate so that the modernisation process can be completed.

Stewart Stevenson is right to be concerned about plans to relocate the STOP programme for sex offenders. The prison has a proud record of achievement in preventing reoffending. Given that fact, ministers should be cautious about upsetting that record and they must be sure about any relocation. However, there are practical difficulties in concentrating so many sex offenders at Peterhead. For example, many of the offenders are from the central belt, which can be a problem for their families. Consideration must be given to those difficulties in the prison estates review.

The Scottish Parliament takes a genuine interest in the treatment of prisoners, the fabric and physical condition of our prisons and the working conditions of prison officers. I believe that devolution has delivered for the Prison Service, because without it there would have been no scrutiny, no debate about Peterhead and no modernisation. There would have been no discussion of the needs of the prison staff and no proper appraisal of what kind of rehabilitation programmes there should be for prisoners within the Prison Service. It is one of the more successful examples of devolution having delivered.

I look forward to the real debate on the entire prison estate, so that we can consider not only Peterhead, but the estate as a whole.

17:15

Mr David Davidson (North-East Scotland) (Con): We are a year on from the previous debate on the subject and still no decision has been made by the Executive or the SPS. What has happened in the past year, apart from the fact that the prison has won beacon site status? The staff have won admiration for their professionalism and dedication despite the uncertainty of their future, with the sword of Damocles hanging over them. That has been confirmed by the findings of the Cosgrove committee. The prison has been given international recognition for the STOP programme, which has been conducted—I cite letters from inmates that show this—with the support of the prisoners. That is an excellent comment on the culture in the prison. Why break up a successful team? Why risk the distribution of inmates around other prisons in which there is no resource and few skills to cope with such prisoners' particular problems. There is a high risk of unrest in other units. Why disrupt families and staff—a vital part of the community in Peterhead—and why risk the effect on local schools and, not least, the local economy?

The local economy has already been damaged by the loss of traditional industries and jobs. It has been hit by the running down of RAF Buchan, decreasing margins in fish processing and loss of jobs. Future effects of the decommissioning of

fishing vessels have not yet hit the shore. The prison has a role in developing future specialist rehabilitation systems that are of world stature. It can educate other people all over the world in the successful application of the model of delivery that has been developed there over the years. I appeal to the minister, on behalf of the staff and their families, to sustain this centre of excellence—that is what Peterhead prison is, despite its fabric—and to restore their confidence in the future. The minister should remove the threat to continuation of the establishment and invest in a positive future for a world-class centre.

I ask the minister to work with his colleagues in the Cabinet to prevent a further attack on the beleaguered economy of Peterhead. If we recognise the prison as the world-class centre of excellence that it is, why throw it away? We in Scotland should invest in what we see as a major success. We should develop the specialist unit further.

17:18

Mr Gil Paterson (Central Scotland) (SNP): We have had many members' debates that have been extremely important to the whole of Scotland and I consider this debate to be one of them. I make no apologies for congratulating Stewart Stevenson on securing the debate. I hope that the Executive will ensure that Peterhead prison has a long-term future so that its good work—which has been recognised by the central Government beacon scheme—can continue. Under the beacon scheme, Peterhead aims to be the centre of excellence in working with sex offenders, with a key objective of protecting the public and preventing crime. It would be a crying shame if the work that has been done at Peterhead in the past 10 years were lost because of a cost-cutting exercise.

Prison sentences are not about only punishment; they are about rehabilitation. That must be remembered in relation to all prisoners, but the work that is done at Peterhead is especially valuable to Scotland. The programme for sexual offenders at Peterhead is no easy option for those who choose to undertake it—they must admit to their crimes and face up to the damage that they have done to their victims. It can be a powerful and emotionally demanding experience for all those involved.

The programme is supported by a culture that extends throughout the prison; all staff receive training in working with sex offenders. That is more than merely a package that can be transported to another prison. The awarding of beacon site status to Peterhead prison proves that the work that is done there is essential.

However, Peterhead prison does not have the resources to offer the programme to all sex offenders. That is criminal. It means that those who have been sentenced to fewer than four years in prison receive no specific treatment relating to their offences. That is something that, I believe, the Executive has a duty to address. The best way that it can do that is through guaranteeing the long-term future of Peterhead prison and ensuring that, as well as continuing with the excellent work that is already done there, the prison can offer programmes to all offenders who are willing to take part.

17:21

Donald Gorrie (Central Scotland) (LD): As a fairly recent recruit to the Justice 1 Committee, I have not yet visited Peterhead prison, although I have visited three prisons in central Scotland. I look forward to visiting Peterhead soon.

It is clear from the information before us that Peterhead provides quite an exceptional service, and it has been recognised with the beacon award for part of its activities.

I hope that when the prison estates review is finally produced, the Executive will recognise that people are more important than lumps of concrete. It is a false economy to opt for the cheapest option in terms of bricks and mortar or concrete while ignoring the human element. We should build on our success. Where there is a good school, prison or hospital, we should encourage its work and foster it, and allow other people to learn from it. To close or break up a facility such as the sex offenders unit at Peterhead seems very short-sighted.

There may be financial problems associated with repairing, restoring, improving or rebuilding Peterhead prison near to its current site, but those issues have to be pursued. Any movement away from the current site or break-up of the unit will undoubtedly cause the service that is offered to deteriorate. Stewart Stevenson gave useful figures that show that if a good team that is delivering is kept together, money is quickly saved.

I hope that the Executive will take those factors into account when producing its prisons review. This is also an issue of spreading our governmental activities around Scotland. It would send the wrong message if we were to close down something at Peterhead and re-establish it in central Scotland—much as I would like more of my constituents to get jobs. Because of all those arguments, I think that we should continue to support Peterhead. I hope that the Government will be able to do so.

17:23

Lord James Douglas-Hamilton (Lothians)

(Con): I am glad to have the opportunity to say a few words in support of Stewart Stevenson tonight. Donald Gorrie's point that a deterioration in service should be avoided is echoed by the foremost prisons expert in the world, Professor Bill Marshall from Canada. He has been visiting Peterhead over a considerable period. In a report, he said:

"Making Peterhead Prison an exclusively sexual offender institution shows that the Scottish Prison Service is one of the more innovative prison services in the world."

Professor Marshall said of the suggestion that the programme might be considered for closure:

"If this is done it will take a high quality governor and a devoted and fully supportive staff several years to achieve the standards operating at present in Peterhead Prison. This would be a retrograde step and would have to be supported by some very sound reasoning that is presently not at all apparent to me."

He gave Peterhead a ringing endorsement. He said:

"The very first thing I would ... recommend is that Peterhead Prison remain the centre for the treatment of Scotland's long-term sexual offenders. The exemplary staff, the excellent treatment-supportive environment, the forward thinking administration, and the evident community support for Peterhead Prison's program, make any proposal to relocate these offenders remarkably like fixing something that is not broken."

He confirmed that

"Sexual offender treatment programs in prisons are very difficult to implement at all, let alone effectively. Peterhead Prison has achieved this and more. Their program should be seen as one of the examples of excellence implemented by the Scottish Prison Service and SPS should be duly proud of the achievements of Peterhead Prison."

The recognition of the excellence of the work of the prison officers is widespread. Peterhead has achieved the Investors in People award and was the first institution to be reaccredited for the same award. The STOP team also received the Butler Trust award, the presentation of which was attended by the Princess Royal. It has attained central Government beacon scheme status, the TNT modernising government partnership award 2001, the Scotland's Health at Work gold award and the Quality Scotland Foundation award for business excellence. The recognition of the excellence of its work comes not only from only a cross-section of MSPs, but from wholly objective independent organisations.

I wind up by saying that Peterhead has been a success of the Scottish Prison Service. There has been high quality of service and a reduction in the number of victims of assault as a result of the services given. The facts speak for themselves and that is important for the protection of the public.

The closure of the unit would be a leap into the dark, which would give rise to a loss of skilled staff and to uncertainty, if not a marked deterioration in the level of service. I hope that the minister will not turn his back on success for the sake of saving funds. If he does, I fear that the decision will come back to haunt him.

17:27

Richard Lochhead (North-East Scotland) (SNP): I congratulate Stewart Stevenson on his first members' business debate and thank everyone else for their speeches on this important subject.

I represent Peterhead as part of the parliamentary region of North-East Scotland. I lived there for a number of years during the 1990s, so I know the value of the prison to the local community. Such an institution is an unfortunate necessity in our society, but the people of Peterhead are proud of the work that the local prison carries out, because it is a centre of excellence. The fact that we are having a second members' business debate on this subject testifies to the importance of the prison and its role in our society. However, two years after the first debate on this subject, there remains a cloud of uncertainty over the future of the prison—one of the reasons why I have returned to the subject. This debate is about trying to persuade the Government to remove that cloud of uncertainty.

As David Davidson said, the prison has an important economic role in the Buchan area. As has been said, RAF Buchan is losing jobs. Cleveland has closed in the town and Crosse and Blackwell closed a few years ago. The town of Peterhead is just about to feel the impact of fishing boat decommissioning.

We have heard time and again from the Government about the importance of dispersing civil service jobs throughout the country. It is important that we protect those public sector jobs that are in our more rural areas, such as Peterhead. However, we are not just talking about the economic value of the prison; we are talking about the fact that it has been awarded beacon status. Scotland has only five locations with such status. Responsibility for the other four in Scotland are reserved to Westminster, so Peterhead prison is the only location with beacon status that is a responsibility of this Parliament. We surely have a duty to protect that location and promote it. We should not be undermining the good work that the staff there are carrying out. The Executive needs to boost their morale by giving the prison a vote of confidence. It would be an act of social vandalism if we were to jeopardise the good work that has been carried out at Peterhead.

All contributors have referred to the STOP programme. It is an innovative programme. It is a process of challenge and confrontation that is presented to the inmates. It calls on the endless reserves of the staff at the prison. They should be rewarded for their patience and persistence by receiving a vote of confidence from the minister.

I refer to an article about the prison from *The Press and Journal* from approximately a year ago. Bill Rattray, the former governor of the prison said:

"We need to understand the motivation behind abusers' behaviour, the methods they use, everything. We are doing this by working with sex offenders. We are doing this to protect our children, to prevent crime and to make communities safer."

That sums up the importance of the prison.

More important, the article contains some quotes from the current chief inspector of prisons in Scotland, Clive Fairweather. He says:

"Of all the prisons in Scotland, Peterhead is the one which does more than any other to attempt to change people's behaviour through daily delivery of its programme ...

When I first looked at the programme it had been running for a few years ... I soon realised it was a comprehensive and painful confrontation process in which offenders gradually begin to understand the impact their crimes have had.

Above all, I have been very impressed by the way staff at Peterhead deliver this programme, day in, day out, to people the rest of society prefers to loathe."

Those quotes summarise the importance of ensuring that Peterhead has a future, so that it can help society. I urge the minister to back Stewart Stevenson's motion, to back the town of Peterhead and to back the hard work that the prison staff are doing, so that the prison can continue to make a very important contribution to our society.

17:30

Nora Radcliffe (Gordon) (LD): I am delighted to support Stewart Stevenson's motion

"That the Parliament congratulates HM Prison Peterhead on becoming the first prison in Scotland to be awarded Beacon Site Status".

To paraphrase what Stewart said, it is good to be debating success in the public sector.

For as long as I can remember—I hasten to add that my memory does not extend back to 1888—Peterhead prison has been an important part of the north-east landscape. That is not just the case physically, as the prison is embedded in the life and work of the community. There has always been community pride in this significant national institution, which is based in our area and is discharging well all the responsibilities that have been placed on it.

Over the years, those responsibilities have changed considerably, mirroring developments and improvements in the way in which prisons are run and prisoners are dealt with. We are congratulating Peterhead prison not on a designation, but on the excellent work that it does. It has built up an holistic, co-ordinated and supportive way of working that involves every member of the team.

It is not possible to arrive at that situation easily or overnight. It takes commitment to an ideal, good leadership and sustained effort to put together what is happening at Peterhead prison. Other contributors to the debate have made well the case for the prison's retention. We should also commend the beacon mechanism, which helps other people to understand what lies behind and contributes to excellence.

I will end with a local expression that may be inaccurate in these days of central heating and may not be politically correct in environmental terms, but that is meant whole-heartedly: Peterhead prison, lang may yer lums reek.

17:33

The Deputy Minister for Justice (Dr Richard Simpson): I, too, will break Stewart Stevenson's rule and congratulate him on securing his first members' business debate. As Nora Radcliffe said, the debate is a celebration of the success of Peterhead.

I was slightly surprised that members did not say rather more about the prison estate. Only Pauline McNeill referred to that in detail. Peterhead prison was built in 1888 of shuttered concrete that is long past its sell-by date. There is no in-cell power and all prisoners have to slop out. The Parliament has made its views on the latter issue very clear.

Despite those physical surroundings, the staff of Peterhead prison have achieved something of considerable merit, which, as Lord James Douglas-Hamilton said, has been recognised in many different ways. We have spent some money on the prison—on a new laundry, a new health centre, a new car park and other facilities. However, expensive maintenance is becoming a major difficulty. Whatever else happens, Peterhead prison as we know it, which was built originally to provide labour for the breakwater, will have to go. Restoring the prison is not practical.

There is no doubt that the Executive has some tough decisions to make. Because of that, we have delayed putting out the estates review to consultation. One of the tough decisions that we must make concerns the future of Peterhead prison.

Let me set out some of the facts about the

prison. At the moment, there are 292 prisoners in Peterhead. We expect to have between 500 and 600 sex offenders. At the moment, 85 per cent of prisoners come from outwith the north. About 4 per cent of prisoners come from Highlands and 11 per cent come from the north-east, but the overwhelming majority of prisoners come from elsewhere in Scotland.

Stewart Stevenson: I recognise the validity of the figure quoted by the minister that 85 per cent of prisoners come from outside the area. However, is he aware that the great majority of sex offenders have offended against members of their families and that only 18 per cent of the offenders in Peterhead have expressed any concern about remoteness from their families? Indeed, that remoteness is to the advantage of their rehabilitation.

Dr Simpson: Stewart Stevenson's point is well made—I was about to make the same point. Many of those offenders are disconnected from their families and from their original social circumstances. In many instances, such disconnection may be appropriate, but there are a number of prisoners who wish to have family visits. We asked their families what problems they faced and why they did not visit, and found that a quarter of the families who wanted to visit did not do so because of the distance involved. The prisoners will be returned to the community and many will return to the central belt. Throughcare and care beyond prison are important and connection to those services will be important for those prisoners.

We are finding it difficult to recruit staff in Peterhead. The recruitment of specialists is one issue, but the recruitment of operational staff is also proving to be difficult.

Richard Lochhead: Will the minister give way?

Dr Simpson: No, not at the moment—I want to develop this point a little further.

Peterhead is short of about 20 staff. A recent recruitment campaign achieved only two operational—not specialist—staff. David Davidson and Richard Lochhead spoke about the economic effects of any change in the situation. However, unemployment is 2.1 per cent in the city of Aberdeen and 1.7 per cent in Aberdeenshire. Although I acknowledge that there are important economic arguments about fish processing and other industries in the area, unemployment is substantially lower in the north-east than elsewhere.

Richard Lochhead: The minister says that it is difficult to recruit new prison officers locally. Does he accept that a reason for that difficulty may be the cloud of uncertainty that hangs over the prison's future?

Dr Simpson: Members are obviously listening closely to my speech—they are constantly anticipating my next remark. The delay in the estates review is regrettable, as it has created an overhang not just for staff in Peterhead but for staff in many other areas. I recently visited Barlinnie, where the staff's main concern was about when the Executive was going to reach a decision on the estates review. I hope that the review documents will be put out for consultation in the near future, but we must get them right.

I will move on to address the programmes in Peterhead, which are delivered by prison officers who are supported by social workers and psychologists. Some 31 offenders went through the STOP programme for sexual offenders last year, whereas 86 offenders went through all sorts of programmes. More offenders went through cognitive skills and anger management programmes, which are available throughout the Prison Service. Six offenders went through the new programme in Barlinnie—the STOP programme is being developed in prisons other than Peterhead. I say in response to Lord James's speech that the Executive believes that Professor Marshall's comment that the Prison Service should build on and develop the programme that is already in existence is important.

Some eight sites now provide the STOP programme, and we expect that work to develop further. Forty-two people provide the service in the central belt, of whom 16 are officers, while nine officers provide the service in Peterhead.

Stewart Stevenson: Will the minister give way?

Dr Simpson: I do not have time to give way. I may come back to Stewart Stevenson later.

Ian Gunn, who is the new governor of Peterhead prison, made it clear in his report to me that arguments continue around monoculture—in other words, having a homogeneous prison. For many sex offenders, the argument for a monoculture is clear: they feel secure and able to open up—I think that Stewart Stevenson made that point. Whatever we do, in whatever alternative provision we make and wherever we make that provision, it will be important that we create that security. The Cosgrove report will have an important impact.

Members mentioned Professor Bill Marshall and Clive Fairweather—everyone is agreed that the programmes that are offered in Peterhead are of substantial importance.

I totally accept that we will need to manage the change very sensitively. I think that it was Donald Gorrie who said that the issue is more about people than about fabric. We must examine carefully the management of any change that we undertake.

Stewart Stevenson: Will the minister take an intervention?

The Deputy Presiding Officer: No, the minister is in his final minute.

Dr Simpson: Alec Spencer, who is the Prison Service's director of rehabilitation and care, was the governor who introduced the sex offenders programme in Peterhead. At a meeting recently, I asked him how much damage transposing the programme elsewhere would create. His view is that it is possible to make that change, if it is managed sensitively. We will see. I accept what all members have said about that.

In conclusion, there is no doubt about the message that goes out from the whole of the Parliament. The fact that Peterhead prison has been awarded beacon status as part of a UK Government scheme, along with the fact that it reached the finals of the TNT modernising government partnership scheme the previous year, sends a clear message from the UK Government and the Executive—the staff at Peterhead are doing an enormously valuable job in difficult circumstances.

The value of what has been achieved must be protected. I pledge to try to ensure that the value of what has been created will be carried on within the Prison Service in whatever form we develop.

Meeting closed at 17:41.

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