MEETING OF THE PARLIAMENT

Thursday 27 October 2005

Session 2

£5.00

Produced and published in Scotland on behalf of the Scottish Parliamentary Corporate Body by Astron.

CONTENTS

Thursday 27 October 2005

Debates

Oral Answers

Col.

Scottish Parliament

Thursday 27 October 2005

[THE PRESIDING OFFICER *opened the meeting at 09:15*]

Health

The Presiding Officer (Mr George Reid): Good morning. The first item of business is a debate on motion S2M-3468, in the name of Andy Kerr, on "Delivering for Health".

09:15

The Minister for Health and Community Care (Mr Andy Kerr): This debate is about setting out our plans for "Building a Health Service Fit for the Future". I believe that we have in place the three elements that we need to bring about a radical transformation in the health service. We have a clear understanding of the changing demands on the service; a clear vision of what type of national health service Scotland needs; and, with "Delivering for Health", we have a clear programme that will, step by step, turn that vision into reality and provide the means to hold the service to account.

Today we are debating our plan to shift radically the balance of health care to focus more on preventive and continuous care in local communities and to target our resources at those who are at the greatest risk of ill health.

Professor Kerr's group was asked to look at the long-term health needs of the population and consider a national framework for service change to guide our work to improve the service. The Kerr report highlighted three interrelated issues that NHS Scotland must face: an aging population, the growth in chronic disease and the rising trend in emergency hospital admissions.

The NHS was built when the focus was on the episodic treatment of acute conditions, such as infections or physical injuries, but health care needs have changed. Long-term conditions such as diabetes, high blood pressure, strokes and coronary heart disease are now the core business of the health service, but the service has not kept pace with that change in demand. We now need to concentrate on preventive, continuous care in the community.

Professor Kerr's report suggests that as a result of the aging population and the growth in chronic disease:

"We will no longer be able to afford a health care system which more often than not waits for a medical crisis before providing care. This reactive approach too often results in an unnecessary, damaging, expensive and prolonged hospital admission."

Let me be clear: we accept the Kerr report analysis and I expect NHS boards to use the report and our response to it as the framework for developing service change proposals.

Mary Scanlon (Highlands and Islands) (Con): I acknowledge and agree with what the minister says. I have not had an opportunity to read all the report; we received the minister's response only this morning. Will there be an emphasis on early diagnosis, referral and intervention so that conditions are not allowed to become chronic?

Mr Kerr: Indeed. That is the backbone of our approach to what we seek to do with our new transformed health service. We need to reflect that such work is already on-going in our communities, but we need to support it further.

We need to change the balance of care that is provided by NHS Scotland to meet changing needs. Our report "Delivering for Health" shows how we will do that and how we will support people to live longer, healthier lives. We have already acted to end smoking in public places; appointed 600 active schools co-ordinators to help our young people benefit from physical activity; promoted healthy eating habits with our ground-breaking hungry for success programme; and provided free fruit and drinking water in our schools. Just yesterday, I was pleased to visit Abbeyhill Primary School in Edinburgh to see its healthy eating programme in action.

We will now accelerate the pace of change in NHS Scotland. "Delivering for Health" sets out the four critical elements that are essential for that transformation. I want an NHS that is as local as possible but as specialised as necessary; that manages patients' long-term conditions; that targets its efforts at those who are most at risk, especially in our least well-off communities; and that manages hospital admissions and discharges.

Mr John Swinney (North Tayside) (SNP): I refer to the balance between local and specialised care in the health service. I accept the need for specialisation in certain circumstances, but what assurances will the minister give us that the culture of the NHS in Scotland will reflect the desire—I think that it is shared widely throughout the Parliament—for services to be delivered as locally as possible and for specialisation to be driven only by the clinical care that is required and not by a malaise in the health service whereby centralisation is considered to be a solution to particular problems?

Mr Kerr: I do not support that analysis. However, I agree that we need to be transparent and open about the decisions that we make about

what can be delivered locally and what can be delivered at a national centre or centre of excellence. That is exactly what the framework is designed to do. Professor Kerr's work indicated that the public understood and accepted that there were grounds for having national centres when frequency of operation and the expertise and skills of consultants are critical to outcomes. The framework allows for that. I will cover points about that during the debate.

How do we make the NHS as local as possible? To make the shift in the balance of care, we will expand the range of services that is available in the community. That will mean that more diagnosis, more day-case surgery, more rehabilitation and more advice and outreach services are available in the community.

I recently visited Ayr hospital, which provides an excellent nurse-led leg ulcer service. Not only has the service been brought closer to the patients, but healing times and recurrence rates have improved dramatically.

In the future, health and social services will be located together more often and the boundaries between them will become increasingly invisible to the recipient.

Our priority will be to spend our capital resources to expand the networks of community health centres. I paid an enjoyable and interesting visit with Mr Swinney to the Whitehills health and community care centre in Forfar, where we saw a great example of local co-operation. The joint venture between Tayside NHS Board, Angus Council and the voluntary sector brings together a range of services that would not otherwise have been provided, such as out-patient clinics, diagnostic and therapy services, community dentistry and local mental health and home care teams.

We want the centre of our local health delivery to be the local health teams, which will fully involve allied health professionals and other specialists to extend the range of services that is available in the community. We are driving the local health agenda to ensure that the local health teams meet our standards in relation to heart disease, asthma, diabetes and other areas. That relates to Mary Scanlon's point.

Our new general practitioner contract is a powerful tool for changing the way in which services are delivered. We will examine the opportunities to extend the range of services that is available locally.

Another good example is that in NHS Forth Valley dermatology clinics are run by GPs with special interests and specialist nurses, which allows patients to be treated in the community and cuts waiting times for those who need to see a consultant in hospital.

We know that better care for long-term conditions in the community leads to better outcomes. We plan to ensure that local health pharmacies and other local support services are tailored more closely to individuals' needs. I have seen an example whereby health professionals can monitor remotely an individual's asthma through the use of a mobile phone connection. Such approaches enable individuals to take greater control over their well-being and care and provide more help for their family and carers.

For others, there will be a more intensive and supportive relationship with their local health care team—what we will call community based intensive care. A good example of that exists in NHS Ayrshire and Arran, where support is provided to the elderly who are most at risk of hospitalisation. Those older people are given all the support that they might need, such as home care, domestic adaptations, podiatry services and input from a rapid response team. That means that more people can continue to live at home with all that that means for their quality of life.

Mr Stewart Maxwell (West of Scotland) (SNP): The example of NHS Ayrshire and Arran helping to keep older people out of hospital is interesting, because that is a worthwhile cause. Will the minister confirm whether that project in Ayrshire and Arran also involves the provision of supplementary vitamins and calcium, which is extremely important in ensuring that people with osteoporosis do not suffer fractures and breaks?

Mr Kerr: Those are the very preventive measures that we want our local health care to include. I cannot answer the specific point, but such provision fits with the principle of avoiding admissions to our general hospitals that are inappropriate or unnecessary for the individual and their family.

I turn to the unacceptable and widening gap in health outcomes and life expectancy in Scotland between our most affluent and least well-off communities. For men the gap in life expectancy has grown to almost nine years and for women it is almost five years. I am determined to tackle that issue head on by building on the work that is already under way throughout the Executive to tackle many of the determinants of that inequality. That work includes the warm deal programme, the central heating programme, the full employment areas initiative in Glasgow and the healthy working lives initiative, which focuses on the most disadvantaged groups.

I want the NHS to do more to break the link between deprivation and ill health. That point was well made by Duncan McNeil recently in the

Health Committee. It is time to shift the balance of our work to give priority to primary care services in the least well-off areas and to target our efforts on those who are most at risk. Therefore, we will provide primary care teams with dedicated resources to identify at-risk populations. We will go to where they are, rather than wait for them to come to us. We will proactively offer them health checks, screening services and other health improvement support. We aim to seek out those who are not accessing our health services to work with them to improve their health.

Mr David Davidson (North East Scotland) (Con): Will the minister give way?

Mr Kerr: I need to make progress: I apologise.

By intervening directly in that way, we will reduce the number of emergency hospital admissions that come about precisely because chronic health conditions go undetected or unmanaged. As a result, we will not only improve the health and the quality of life of those who are affected but contribute to improvements in the acute sector, because we will have freed it up to concentrate on its core business of acute health needs. In turn, that will free up additional capacity to tackle issues such as waiting times.

"Delivering for Health" shows how we will build on progress in reducing the longest waiting times through a number of key actions. First, we will ensure that best practice becomes normal practice. Simple measures will be applied to improve hospital admissions and discharges. Regional planning groups will start to separate the planned and emergency care of patients, which will increase productivity, reduce cancellations and waiting times and give the patient a better experience of the health care system. We will achieve the faster access to diagnostic facilities and services that is important to families and their communities by expanding that provision. We will provide better and more appropriate care through community casualty units that are linked to major emergency centres by telemedicine and ambulance services.

The effectiveness of our health care professionals—based on our work in partnership with them—the quality of service that is offered to patients and the overall efficiency of the service will be enhanced considerably if we make the best use of the technology that is commonplace in the 21st century. The Kerr report identified those issues for us.

It is essential that we have a common information technology system built around an electronic health record. That will provide a single patient record for use by all parts of the NHS, which will mean fewer cancelled appointments, fewer delays and more effective personalised services.

We will buy a new national information and communications technology system in 2007 and see its full use throughout the NHS by 2010. Further, the e-health budget will increase almost threefold over the next three years, to more than £100 million in 2007-08.

Carolyn Leckie (Central Scotland) (SSP): What action will the minister take to avoid some of the disasters that the Westminster Government has encountered when procuring IT services in relation to passports, the Child Support Agency and so on?

Mr Kerr: I do not subscribe entirely to the member's comments, but I can tell her that, in Scotland, we will generically build our IT system based on the good work that we are already doing and the existing GP referral system. We want to ensure that there is interoperability, allowing the health service to communicate effectively in a way that will enable pharmacies, GPs, specialist centres, community treatment centres and our acute sector to co-ordinate their activity. In that way, and by involving the professionals in the procurement process, we will avoid the dangers that the member talks about. The system will deliver significant change in the health service.

Scotland needs to be at the forefront of developing approaches to support and strengthen health care in remote and rural areas. I have commissioned work to assess how staff are retained and clinicians' skills are maintained in rural Scotland; to ensure appropriate training for practitioners in remote and rural areas; and to develop proposals for a virtual school for rural health care. Our vision for the NHS—as local as possible and embedded in communities—will mean that a greater variety of services will be provided in those remote rural areas.

Mike Rumbles (West Aberdeenshire and Kincardine) (LD): Will the minister give way?

Mr Kerr: I am sorry; I am in my last minute.

I have set out the strategic changes that we will make to our health service. "Delivering for Health" details the action plan for the NHS to build on the clear consensus for change that was established by Professor Kerr's report. That plan allocates actions to specific bodies, so that there will be clear lines of accountability. We will report progress, so that the people of Scotland can see evidence of what has been achieved. The reforms will change the way in which the health care system works in Scotland. They will ensure that people who are old, frail and liable to frequent hospital admission will get local co-ordinated care; that people with a long-term condition will be given help and support to play an increasing role in managing that condition themselves; and that people who stay in a less well-off part of Scotland

will have access to community health care centres that have dedicated resources that are designed to prevent them from getting ill.

NHS Scotland needs to change and "Delivering for Health" shows how we will turn our vision into reality. In so doing, we will dramatically transform the NHS in Scotland and improve the lives of all Scots—building a better Scotland; building a healthier Scotland.

I move,

That the Parliament commends the action plan for NHS Scotland, "Delivering for Health", and its acceptance of Professor David Kerr's report, *Building a Health Service Fit for the Future,* as the basis of NHS boards' future service change proposals; welcomes the report's emphasis on shifting the balance of care to provide more safe and sustainable local services, including intensive case management in the community for the most vulnerable; applauds the commitment to tackle health inequalities by developing anticipatory care in our most deprived communities and applying the approach to benefit people wherever they live; supports the steps to consolidate improvements in waiting times and to put highly specialist services on a sustainable basis, and commends the Scottish Executive's policy of pursuing greater quality and productivity.

09:30

Shona Robison (Dundee East) (SNP): I welcome this debate, disappointingly short though it is. I know that there are members across the chamber who will be disappointed that they will not get the opportunity to speak and I hope that the Executive will reflect on that.

The Scottish National Party welcomes the broad thrust of the Kerr report and the Executive's response to it. I will come back to that point later, but it is important to recognise that, as the Minister for Health and Community Care states in the foreword to "Delivering for Health",

"This is a plan for the long-term."

That means that there are other measures that have to be taken to address some of the immediate problems in the health service, not least the unacceptably long waiting times. The minister paints a rather rosy picture of that in the plan document, but I remind him that there are challenges in that regard, particularly in relation to colorectal cancer waiting times—with less than half of the targets being met—and the 112 per cent rise since 1999 in those who are waiting more than six months for hip replacements. We believe that action must be taken in relation to the challenges that are presented by waiting time issues.

Before I deal with the action plan, I will detail some of the SNP's proposals, which are detailed in our amendment. We want to give the patient more power. Each patient should be given a statutory right to an individual waiting time guarantee, based on their particular health needs. If it were deemed appropriate, that individual guarantee could be much shorter than the national waiting time guarantee. That would reinstate the clinical priorities to ensure that the waiting time better reflected the patient's clinical need. For many people with pressing needs, the national targets are too long to wait. Our proposal would put the patient at the heart of the process and ensure that the NHS delivered better for their needs.

The Deputy Minister for Health and Community Care (Lewis Macdonald): Does Ms Robison accept that that already happens and that clinical need is the first consideration of clinicians, which means that the majority of patients do not have to wait at all when they are in urgent clinical need?

Shona Robison: Far too often, everyone is striving to achieve the national waiting time target rather than considering the target that is best suited for that patient. We want to put the patient's need first and foremost, which is why we believe that having a right to an individual waiting time guarantee—as happens successfully in many other countries—would be the best way forward.

We believe in a public NHS, but recognise that, if it is to deliver a better deal for patients, the service has to change and reform. We need to be more ambitious for the NHS and for patients. To ensure that a public NHS delivers a better deal, we want to introduce an element of activity-based payment, to encourage hospitals to do more and to do it more efficiently. We have to release the necessary extra capacity within the NHS rather than rely increasingly on the private sector, which the Executive is doing.

Mr Kerr: That is an interesting point, which marks a fundamental shift in SNP policy. Who will make those payments? Who will be the purchase provider? Are we going back to trusts and competition? Activity-based payments will not allocate resources to where they are required. How would the proposals work in relation to Professor Kerr's point that we should direct resources to where they are most needed? I do not think that the policy that has just been outlined sits well with that.

Shona Robison: The Executive, of course, would allocate resources as it does at the moment. However, an element of the payments to hospitals would be activity related to ensure that they better reflected the activities of those hospitals. Our policy is not the same as that of the minister's Labour colleagues in England, where there are 100 per cent activity-based payments; it is more like the model that is used in Norway, which has a level of around 30 per cent. That

would allow extra capacity to be extracted from the NHS, which would be preferable to handing over the NHS to the private sector, which the Minister for Health and Community Care is obviously doing. Our policy provides a way of keeping the NHS in public hands and delivering a better deal for patients.

We agree with Professor Kerr that there has to be a separation of scheduled and unscheduled care. That will make a big difference and will reduce the number of cancelled operations, of which there were 13,000 last year. That must be done in the NHS to avoid some of the dangers that the British Medical Association has identified, such as damaging fragmentation between the NHS and alternative providers, the financial inequities, the serious questions about value for money that emanate from south of the border, and the potential effect on junior doctors' training, which is a major problem in England. Another danger is the high number of reported clinical exclusions due to the private sector cherry picking its cases. That is why separation can best be done in the NHS. There are good examples in the NHS in England, in which separation has delivered a very good deal for patients.

We can agree with the Minister for Health and Community Care—there is much to agree on this morning—on the broad thrust of the Kerr report. It was a response to the increasing concern in the chamber about the creeping centralisation of services that was driven by crisis management, financial problems and staffing shortages, not by the wishes of patients in an area.

I am pleased that many aspects of the SNP submission—the increase in undergraduate medical places, better networking across hospitals and support for the rural general hospital model—are reflected in the Kerr report, although we need to know what the core set of services will be. We need to know a great deal more about that, as the devil will be in the detail.

We support a shift in the balance of care to build up community services and to deliver health services more locally. That can be achieved through better-equipped general practices, community health centres and by giving a new enhanced role to community hospitals. That runs counter to some of the health boards' proposals to reduce services in community hospitals. There is no reason why people cannot access diagnostic treatment and procedures in a community setting.

The shift in delivery of services from acute to community, which is central to the Kerr report, has been talked about for a long time. However, we must be cautious, because I am not convinced that there will be a massive freeing-up of acute resources. We caution against any assumption of huge resource savings in the acute sector, as there will always be demand from those who require acute services. The shift should mean that those who require such services are seen more quickly and spend less time in hospital. Of course, by preventing unnecessary admissions we can ensure that the right people are in the right setting with the right staff. That is the prize for patients if this vision becomes a reality.

I want to turn to health inequalities—

Mr Davidson *rose*—

Shona Robison: I am running out of time.

It is a badge of shame that in a rich country such as Scotland a health gap is widening between rich and poor. Some of our poorest communities are experiencing a fall in life expectancy and that can no longer be tolerated. Anticipatory care is not a single solution in any way. However, it could make a difference by targeting those who are most in need of help but who are least likely to ask for it. There are questions about how such a service will be staffed and how it will be paid for. I would rather see some of the new moneys being ring fenced for that purpose, because robbing Peter to pay Paul would not be an effective use of funds.

The e-health strategy that the minister outlined has my full backing.

Some of the controversial issues, which include neurosurgery and cancer services for children, have perhaps been misinterpreted in the press. My understanding from the plan—I would like the minister to clarify the matter when he winds up—is that, rather than services being provided on one site, a single service akin to a managed clinical network will be delivered across several sites. The minister must get that important message across, because there are genuine fears on the issue.

The key is implementation and delivery and the minister must win public trust. If health boards rush ahead with proposals to reduce accident and emergency services, for example, public trust will be lost. The public must see community casualty units proving themselves in operation. That has to happen, otherwise the public will become more sceptical and cynical. If the minister ensures implementation and delivery, he will have our full backing on the broad thrust of Kerr. We will wait to see the detail and look forward to further debate.

I move amendment S2M-3468.3, to leave out from "supports" to end and insert:

", and considers that more needs to be done to bring down waiting times for patients including the introduction of individual patient waiting time guarantees based on their particular needs, the expansion of diagnostic and treatment centres within the NHS and the introduction of an element of activity-based payment for hospitals to encourage greater efficiency and utilisation of spare capacity in the NHS."

09:39

Mrs Nanette Milne (North East Scotland) (Con): I apologise for arriving slightly late. I thank the minister for the promised advance copy of the Executive's response to the Kerr report. However, I did not track mine down till quarter to 9, so I was not able to get through much of it.

There seems to be a consensus that the NHS in Scotland needs to change. The needs of an aging population, the growing incidence of chronic disease, workforce planning issues brought about by demographic changes, the European working time directive, and public health issues such as our lifestyle and deprivation mean that the status quo is no longer an option and change is unavoidable.

The Kerr report, which looks to set the agenda in Scotland for the next 20 years, addresses the most fundamental issues that face the NHS today. We, like the Executive, are very positive about much of the report. We welcome its focus on primary care services, its recommendation that patients' health needs should be met as close to home as possible and its emphasis on the self-management of chronic disease. All those should decrease the need for secondary care and free up acute hospital services for those who are really in need of them.

It is much better for our many frail and elderly people to access health care in their communities close to home, to keep out of hospital and remain close by their friends and, in that way, to avoid the serious infections that are now, sadly, prevalent in many of our secondary care hospitals.

The proposal for rural general hospitals that are modelled on good practice—the Belford hospital in Fort William is an example—and the proposal for generalist and specialist training for health service staff are what people want to hear. At the same time, few would disagree that highly specialised services need to be centralised. The devil, of course, will be in the detail. There would not be support for such centralisation to the exclusion of existing excellent centres such as the neurosurgical unit in Aberdeen, which not only caters for Grampian patients but provides an outreach service for NHS Highland.

Mike Rumbles: The action plan on neurosurgery, which I managed to read just a few minutes before the debate, makes it clear that the minister accepts Kerr's recommendation to move from four neurosurgical centres in Scotland, including Aberdeen, to one. Has the member any comment on that?

Mrs Milne: I had not reached that part of the report for the reasons that I gave earlier. However, I would be very concerned indeed if Aberdeen were to lose its excellent unit. A significant population north of Aberdeen as well as south of it depends on the unit for treatment.

To downgrade such a unit, as Kerr suggests, would have serious repercussions for local patients and for medical recruitment and training. Aberdeen has a very good medical school that I would not like to see undermined in any way. That is only one example; other specialties could be similarly affected.

Kerr's promotion of information technology and his recognition of the role that the independent sector can play are welcome. We are pleased with the Executive's stated intention to accept those proposals. We are concerned, however, about the implementation of Kerr's recommendations. A huge amount of workforce planning will be needed if the local delivery of health care is to be effective. Anticipatory care that reaches out to those who do not take care of their health has merit, but I hope that people will be encouraged to look after their health through education and that no coercion will be involved. Lifestyles will not change overnight and patients will have to learn gradually to take responsibility for their health and well-being.

People will have to adapt to major changes in service provision. They will have to get used to dealing with teams of health professionals instead of the general practitioner or consultant whom they routinely expect to see. Major publicity campaigns and education will be necessary before such changes become generally acceptable. The Executive let us down over NHS 24 and the GP out-of-hours services by not publicising them adequately before they were set up.

There must be enough NHS beds to cope with emergencies. Expensive new technologies will be required at community level if high standards of care are to be achieved locally. I do not imagine that the Kerr recommendations will be cost neutral.

Community health partnerships are not yet properly up and running across Scotland, and GPs and consultants will have to be encouraged to participate actively in them if they are to be effective. Problems with NHS 24 and the GP out-of-hours services are, as we all know, serious and will have to be overcome.

If patients have to travel to highly specialised units for diagnosis and treatment, it is essential that proper care and facilities are in place for their close relatives. I make that point on behalf of a constituent—a nurse in Aberdeen—whose son became paraplegic last year as the result of a motorcycle accident. The two-page account that she gave me of her bad experiences in the spinal unit where her son spent several months after his accident told of agency nurses in the unit who did not understand her son's condition; no adequate

accommodation for relatives near the hospital; no help with expenses, although both parents gave up work to be with their son; little communication or support from staff; no hospital shop; and poor-quality food for the patients in a run-down, dirty-looking building. I can let the minister see the account later. Her son, flat on his back immediately after surgery, was forced to try to get food into his mouth with the help only of a mirror placed above his head. All in all, it was a miserable, unacceptable experience for that family.

Close to tears, my constituent asked me whether I would quote her case today. She said:

"Coping with my son's accident, injuries and paralysis was difficult enough, without all the travelling to and fro, and the problems we encountered. It was horrendous for us, and I would hate anyone else to have to go through what we did. Our son didn't have brain damage, but I cannot think how anyone could cope down there with that sort of injury."

That is the impact of centralisation on families of seriously ill people. It is difficult for such families to cope with. Where centralisation is unavoidable, proper support for patients and families must be provided. I ask the minister to take that on board.

The Conservatives have significant concerns about the implementation of the Kerr report, although we agree with much of it. It will come as no surprise that where we differ fundamentally from the Executive is that we do not think that Kerr's recommendations will solve the basic problems in today's NHS, which remains largely a monopoly provider. Decisions are made centrally by Government and the service develops according to directives and targets that are set by politicians. What I have seen of the Executive's response to Kerr gives me no comfort that that will change.

The Conservatives believe that the top-down approach must be overturned because, rather than improving performance, it has resulted in rigidity of the system and inefficiencies leading to low staff morale and dissatisfaction with the service. Patients need to be the driving force for the development of NHS services. They need to be given the resources to achieve that, and health care professionals need to be given far greater freedom to respond to patients' needs and wishes. That is why we support the development of foundation hospitals in the NHS. We firmly believe that such a change of direction, coupled with many of the Kerr recommendations, would result in the services that patients need, where they need them, and would in time result in a health service fit for the future, which is what we would all wish to achieve.

I move amendment S2M-3468.1, to leave out from "of NHS boards" to end and insert:

"to discuss the future structure of the NHS in Scotland; welcomes the report's emphasis on shifting the balance of care to provide more safe and sustainable local services, including intensive case management in the community for the most vulnerable; welcomes the commitment to tackle health inequalities by developing anticipatory care in our most deprived communities and applying the approach to benefit people wherever they live; however notes that, despite higher funding for the NHS in Scotland, too many patients are still having to wait too long for treatment; believes that a truly patient-centred NHS will only be possible if professionals are given the freedom to prioritise treatment by clinical need rather than by government targets and if purchasing power is put in the hands of patients so that their choices determine the development of the service, and, to that end, calls for the establishment of foundation hospitals within NHS Scotland and for continuing increase in the capacity available to treat NHS patients by extending the use of the independent sector."

09:47

Carolyn Leckie (Central Scotland) (SSP): I am sure that everybody has noticed that my amendment is probably longer than the motion and the other amendments put together. I wish to deal with the issue of centralisation. As members will have seen in my amendment, I am not convinced that the Kerr report or the Executive's interpretation of the report will prevent further clashes between health boards and communities up and down the country whose views the boards have arrogantly dismissed. Such communities have not been reassured that centralisation has been driven by patient needs or clinical needs, believing instead that it has been driven by the needs of the system.

Mr Kerr: Does the member accept any of the evidence that suggests that, in certain specialisms, the higher the frequency of an intervention by a highly skilled surgeon, the better the outcome for the patient? Kerr gives us a framework in which to assess that.

Carolyn Leckie: There is evidence relating to highly specialised areas, but there is no evidence relating to general surgery. Unfortunately, health boards are going ahead with centralisation on the presumption that it will be safer. We will face a situation in which there are different interpretations of Kerr. Kerr represents all things to all people, whether they are arch-centralisers or arch-localisers. The power lies in the way in which Kerr is interpreted. In Lanarkshire, for example, there is a consultation on gynaecology centralisation. From anybody's reading of the Kerr report, gynaecology does not fit into regionalisation, but Lanarkshire wants to centralise it in one unit: in-patient services.

Mr Kerr: No, it does not.

Carolyn Leckie: Yes, it does. I do not think that the minister has read the consultation. Again, we have those disputes about interpretation. I would

like some assurances about how those disputes will be resolved and how the democratic involvement of the public will be improved—the system is certainly not democratic at present.

That takes me to my next point, which is about staff involvement. I am sure that the minister shares my concern that NHS staff are stressed and overworked. There is a feeling that they have been reorganised to death. Reorganisation within the national health service has not been handled particularly well in the past, resulting in an increase in sickness absence levels, stress and the number of people—valuable people, whom the NHS cannot afford to lose—seeking early retirement. Management of the changes is highly critical and I hope that there will be an improvement in it. In my experience, management of change has caused problems rather than solved them.

In the limited time that I have, I will concentrate on the main body of my concerns. There are good things in the Kerr report, but the report, Executive policy and developments in England represent a marked shift towards the involvement of the private sector. Even the BMA—no great socialists—has voiced its concern about the involvement of the private sector. A BMA briefing states:

"An investigation requested by British Orthopaedic Association members"—

into independent treatment centres run by Alliance Medical—

"revealed 18 adverse events and errors which had led to the suspension of six surgeons. It also found that some patients were being rejected as 'too complex or unfit' and that one was 'transferred between five surgeons before being placed back on the NHS waiting list'."

Early evidence from England shows that some of the contracts entered into with independent treatment centres have not even met 50 per cent of the capacity that the NHS bought them for—[*Interruption.*] That is the evidence from private independent treatment centres in England. They sign up to the contract and get 100 per cent of the money, but they do not achieve even 50 per cent of the activity. They drag resources away from the NHS, undermining its very fabric.

Further to that, we have seen moves by the Secretary of State for Health, Patricia Hewitt, to privatise en masse clinical staff employed by primary care trusts in the English health service. Interestingly, there has been a revolt by the trade unions and other members of the Labour Party, who moved a motion at the Labour Party conference condemning that policy. It will be interesting to see whether a Labour Party motion passed at a Labour Party conference will have any impact on Labour Government policy. We shall watch that unfold.

I am concerned that David Kerr's terms of reference specifically excluded examining the efficacy of private finance initiatives. However, he was invited to jet all over the world, encouraging private companies to tout for business in our NHS. In answer to a question that I asked the minister, I found out that since his appointment Mr Kerr has also been busy meeting no fewer than 27 different private health care providers—it is probably more now—to encourage them to consider the opportunities that are opening up for them in the Scottish health service. In answer to another question on the private sector's share of the health service in Scotland under the minister's new policies, I was told that in three years that share will move to 1.6 per cent. However, that does not include direct initiatives by health boards or a measurement of the impact of policies such as the NHS local improvement finance trust.

I would like an economic analysis of the increase in private activity in the delivery of health care services in Scotland. The massive acceleration in the private health care sector will seriously undermine the ability of our NHS to protect, preserve and improve itself as a public model of health care. David Kerr has said that the recommendations in his report are cost neutral. I do not think that anybody believes that, as it takes no account of the resources that will be necessary for education, backfilling of posts and so on.

The Scottish NHS has a unique record of presenting itself as a public model. The health sector in Scotland was not resistant to the introduction of the NHS, as was the BMA in England. The Scottish NHS is yet again under threat from colonialism at Westminster with health policies being dictated by Westminster—the unique Scottish record of a public health service is under threat.

I move amendment S2M-3468.2, to leave out from first "commends" to end and insert:

"notes the action plan for NHS Scotland, 'Delivering for Health', and its acceptance of Professor David Kerr's report, *Building a Health Service Fit for the Future*, as the basis of NHS boards' future service change proposals; is concerned that the over-centralisation of services, which is against the wishes of communities up and down Scotland, may not be prevented by all of the above; is concerned to ensure that any change is democratic in that it actively involves communities and staff in making the key decisions that affect service provision; is extremely concerned about the opportunities for encroachment by the private sector into the NHS which the report represents; notes the Minister for Health and Community Care's and the Executive's increased communication and collaboration with the private health care sector; notes the alarming developments in England where the Government is attempting to transfer NHS clinical staff to the private sector; opposes the idea that incentivisation can improve health care and believes that the NHS is fundamentally under threat as a public health care system and requires urgent action to protect and improve it including increased

investment in training to provide more NHS doctors, dentists, clinicians, other professionals and valuable support staff to increase the NHS's own capacity, and believes that Scotland's stark health inequalities will be intensified by increased involvement of the private sector and that the current funding mechanisms of the NHS are inadequate to address inequalities and require wide-ranging reform."

09:55

Euan Robson (Roxburgh and Berwickshire) (LD): I welcome the debate and thank the minister for the clarity of his speech, although I apologise for not being here to hear the start of it. I also thank him for the Executive's swift response to Professor Kerr's report and for the contents of "Delivering for Health", which I am sure will receive the same positive response as "Building a Health Service Fit for the Future" did. I trust that NHS boards and regional planning groups will use the report and the response as a framework for their service change proposals and future programmes.

I know from first-hand experience and from reports from colleagues that many boards have already embarked on service changes in the spirit of the Kerr report—some did so even prior to its publication. The minister and I recently visited the new Hawick community hospital in my constituency. That hospital is a good example to set alongside the others that he mentioned.

The Liberal Democrats agree that we must rebalance health care services across Scotland with a greater emphasis on preventive and continuous care in the community. We said that clearly in our 2003 election manifesto. It is right that, wherever they are in Scotland, people who are at greatest risk of ill health should receive the help that they need, tailored to their own situation, to ensure a healthier and happier life. I have said before in the chamber that that should happen not only because of the unique value of every individual, but because demographic trends mean that in the future all Scots will need to fulfil as much of their potential as possible for the economic good of all. The Liberal Democrat theme about the development of hidden talent is as relevant in health as it is in education.

Fiona Hyslop (Lothians) (SNP): The theme of prevention is important. Is Euan Robson aware of the report that the United Kingdom working group on primary prevention of breast cancer published in September? That could make a useful contribution to the preventive agenda.

Euan Robson: I am aware of it, but I am not intimately familiar with it. I took the opportunity, along with other members, to visit the stand that was recently located in the garden lobby and I found the information that was provided helpful.

Professor Kerr's report and the Executive's response should be seen not in isolation but as part of the wider agenda to ensure healthier lives. The minister mentioned the hungry for success programme in schools, in which I was proud to play a part. We must build on and develop the health education agenda, but there is already strong evidence from schools that we are influencing positively the eating habits of the younger generation. As the minister pointed out, there are now 600 active school co-ordinators in Scotland in addition to the 400 extra physical education teachers who are to be recruited.

The warm deal programme, involving central heating, insulation and draught proofing, is combating ill health and excess winter deaths. The phenomenon of excess winter deaths is unknown in Scandinavia, where the winter climate is colder and more severe.

The legislation to ban smoking in enclosed public places and the Executive programmes that have been initiated to tackle the deprivation—wherever it lies in Scotland—that leads to ill health are making a wider contribution. The new emphasis on preventing ill health, attacking its causes and targeting its whereabouts is clearly right. The issue is not only about treating those on waiting lists more quickly and effectively; it is about ensuring that people do not have to join the queue.

I will now take the discussion further. Several questions must be addressed to secure what might be described as the high-level vision of the Kerr report and the Executive's response. I will mention two in particular. The first is how NHS boards are to manage the transition to the new paradigm. Liberal Democrats believe that it is particularly important that the public understand the new ethos. That means that the public must see many of the new services before the old ones are removed. Shona Robison made that point forcefully and I agree with her on it. The practical local reality will secure acceptance of the new direction of the NHS in Scotland. In other words, new community health centres or hospitals that deliver relevant local services on a multi-agency basis must be up and running before services that are better delivered elsewhere move elsewhere. If the old closes before the new opens, there is a danger of loss of public confidence in the overall vision. I am sure that the minister understands that, but he needs to reinforce that message to boards and to be prepared to deploy resources flexibly to enable local delivery.

The second major question is how we can ensure that we have the necessary skills in the workforce to make a practical reality of the new vision for the NHS. As the Royal College of Nursing aptly said in its parliamentary briefing,

"the successful implementation of the report will depend to a great extent on the thousands of NHS Scotland staff".

I appreciate the work that the Health Department has undertaken and I particularly welcome the "National Workforce Planning Framework 2005". The challenges ahead are to ensure the availability, affordability and adaptability of staff. It will be interesting to see how the detail of the regional workforce plans, which are due in January next year, and the individual boards' plans, which are due next April, embed the Kerr report and "Delivering for Health". I suggest also that ministers revisit NHS Education for Scotland's "The NES Strategic Work Plan 2005-2008" to Kerr proof it.

Mr Kerr: I assure the member that Lewis Macdonald, the Health Department and I, as the minister, work closely with the trade unions and our workforce representatives in a unique and effective partnership in Scotland, which, I believe, will address his concerns.

Euan Robson: I recognise that. There is a good working relationship and it needs to be built on to ensure that the outcomes that we all desire from the Kerr report and the Executive's response are delivered. I passionately believe that we must do much more to foster career structures that allow greater movement for staff between the health and the social work and social care sectors. There should not be two separate career ladders; there should be connections at every level, with a framework to ensure the maximum opportunities for rewarding and stimulating careers. I believe that the new direction for the NHS that is signalled by the Kerr report and which has now been embarked on is especially conducive to realising that opportunity. The Kerr report is important and the Executive's response will build for a successful future.

10:03

Janis Hughes (Glasgow Rutherglen) (Lab): I am pleased to have the opportunity to speak in the debate, which I hope will make a contribution in relation to the on-going need to inform people about the changing way in which we deliver health care in Scotland.

The commissioning of the Kerr report was a crucial moment for health policy and we should welcome its findings. Against a backdrop of ever-evolving practices in medicine and of patients with ever-changing needs, it was perhaps the ideal time to consider the future direction of the NHS in Scotland.

In recent years, we have become increasingly aware that health care is about far more than hospitals. That is borne out by the fact that 90 per cent of health care is delivered in local communities. Although it is imperative that we work to ensure that all our hospitals are fit to deliver 21st century health care, the provision of modern health care is about much more than buildings.

Unfortunately, some campaigns on service reorganisation have been misinformed, misleading and deeply concerning for patients throughout Scotland. I hope that the Kerr report can go some way towards reinforcing the fact that changes to service delivery do not always amount to cutbacks. Kerr highlights the need for public consultation to take place at the front end of service change rather than as a last step, but one of the reasons why we ran into problems early on in the acute services review in particular was that we did not take the opportunity to inform people, prior to consultation processes taking place, about the changing nature of health care. It is important that we take up Kerr's suggestion that we review the consultation process, because we have not yet got it right.

There is absolutely no doubt that we need to improve local services. The Kerr report defines clearly a new way of delivering care—it is very much a model of community care that is geared towards long-term conditions and involves integrated and preventive care. We now know that those measures lead to better outcomes. The anticipatory care measures that the minister mentioned will go a long way towards dealing with some of the health inequalities that many members see daily in their constituencies.

The new measures must be underpinned by extensive use of technology. That is a crucial point. I am particularly interested in the Kerr report's focus on the need for a common information technology system. The minister has spoken about that matter and I know that he is committed to it. However, it is incredible that, in this day and age, the NHS, over many years, has not kept pace with advances in information-sharing technology. The Kerr report states:

"The Scottish Executive should procure as soon as possible, and by 2008 at the latest … a single information technology system".

That system should include key features such as

"An electronic health record available to all those who require it to provide patient care across the whole NHS … Electronic prescribing … Electronic booking"

and all the knock-on features that are required to benefit health care in the 21st century. I completely agree with the Kerr report on that and I hope that the minister will act accordingly. The minister will be aware of my commitment to the matter, which I raised at the Health Committee recently. While I welcome the minister's commitment to put e-health high on the agenda, I have concerns that the single system that is vital to delivering new ways of health care needs to be in place by the

time that some of the changes take place in Glasgow, such as the new hospitals at Stobhill and the Victoria infirmary site. I hope that the deputy minister will give me reassurances on that in his summing up.

I mentioned inequalities, to which the Kerr report pays particular attention. The report stresses that the ethos of free comprehensive care available to all still commands widespread public support, much to the disappointment, I am sure, of my colleagues in the Tory party. However, that comprehensive care must be of the highest possible standard, regardless of where it is delivered. Sadly, we continue to see huge variations in life expectancy, depending on where people live. It is almost too obvious to state that a person's life expectancy should not be dictated by their postcode, but that still happens in the 21st century.

Professor Kerr is exactly right to highlight the need for a more proactive approach to health care that identifies those who are at greatest risk and provides co-ordinated care that is based on their local general practice team. To the minister's credit, he has responded by asking health boards and other partners to begin the work of identifying patients with long-term conditions who are most at risk of hospitalisation in the future. As Euan Robson said, community health partnerships, which are now fairly well under way in most communities, will be crucial in that regard by ensuring a co-ordinated and locally delivered approach to health improvement in Scotland.

No one can expect Scotland's appalling health record to be improved drastically overnight, but the Kerr report and the Executive's response to it are significant steps on a long road. I support the motion in the minister's name.

10:08

Roseanna Cunningham (Perth) (SNP): It is worth recalling the climate in which the previous Minister for Health and Community Care set up the review in April 2004. Members will remember that, at the time, a wave of anger and frustration was sweeping the country about local health board decisions. Campaigns that were generally profoundly antagonistic to a health board decision or proposal were under way in almost every health board area. There was huge opposition to centralisation and the extensive consultation was seen as nothing more than a cosmetic exercise. The Kerr review has helped to moderate some of the anger and frustration, which might, of course, be the reason why the review was set up in the first place. However, I remind members that there is a danger that if we do not get the health service right, we will return to precisely the same climate.

At the Health Committee's meeting on Tuesday 20 September, we heard directly from Professor Kerr. As well as having questions from members of the committee, we asked those who had participated in the committee's public debate in April to submit questions from which we could draw. We put directly to Professor Kerr some of the questions that people wanted to ask. We are now 18 months down the line from the setting up of the review and it is four months since we last debated the report in the Parliament—on a Tory motion—but I am still completely unclear as to the Executive's intentions vis-à-vis implementation. With the greatest respect, the minister's comments today were full of the phrases "could be" and "might", but I would like a lot more "will be" and "here is the date when". I can underline for the minister the instances in the Executive's report of "should be", "might" and "maybe".

The important point is that many questions remain, not least about the definition of core services. One key message that comes through clearly in the Kerr report is the importance of providing health services as locally as possible, which is accepted by the minister and all members. However, it is difficult to find any clear guidance as to what will constitute the core services. A benchmark is needed against which communities can assess proposals from their local health board. Without a benchmark, concerns will continue to exist, as the matter will be left up to health boards to decide on the basis of expediency, which was the concern that my colleague John Swinney expressed.

That expediency never seems to be what is expedient for the patient; decisions always seem to end up with patients travelling further and further from home to access services that they used to be able to access locally. The experience in Tayside is that patients can be told to turn up at 8 am at a hospital 70 miles away from where they live, passing two other hospitals to get there. People do not understand that. How does the minister propose to turn round that current reality? Professor Kerr clearly understands the travel issue better than many health boards, as he has stated:

"it is unacceptable that it should be necessary to take two trains, three buses and an expensive taxi ride to access services."—[*Official Report*, *Health Committee*, 20 September 2005; c 2192.]

We would all agree, but that is exactly what many folk in Scotland have to do. Personally, I believe that Professor Kerr is a bit idealistic about the availability of the public transport options that he mentioned, as they are simply not available in the example that I gave.

Mr Kerr: I mentioned in my speech the example of Whitehills community unit, where diagnostics, day-case surgery and out-patient clinics are carried out. That is exactly the sort of service that we want and there is evidence of such services in

Tayside and elsewhere. Such services stop the need for people to travel and, as our report says, we want more of them.

Roseanna Cunningham: Tayside is an extremely large area. Right now, the reality is that people are told to turn up at 8 o'clock in the morning at a hospital that is 70 miles from where they live, passing two other hospitals on the way. Folk do not understand that.

The Kerr report has more detailed guidelines for unplanned or urgent care—it talks of four different levels of care. However, even then, Professor Kerr could not outline the basis or the rules for such designations and he declined to outline any such set of rules at the Health Committee meeting in September. That issue must be resolved. The community health partnerships will be vital to any such process, but I am worried about how they will be resourced in practice. Professor Kerr told the committee of his vision: he talked of a diabetes consultant who has some sessions in a hospital and others in community hospitals or general practices. I have no doubt that that vision would be welcomed in all communities, but I am far less convinced that it can be delivered in practice. At the moment, it seems hard enough to get consultants to move from one hospital to another, much less into cottage hospitals or general practices. Again, I must query how the culture change that is needed to achieve that will be put in place in health boards.

We should not forget that what happens on the ground will be the proof of the pudding. On unplanned care, the level 1 services include NHS 24, the mere mention of which brings to mind the great difficulties that exist in translating theory into practice. There is a standing joke in parts of Perthshire that if somebody wants to see a doctor out of hours, they had better be in church on a Sunday, because there is more chance of seeing one there than anywhere else at the weekend. Perhaps that just betrays the level of cynicism that exists about the NHS, but out-of-hours care is a prime example of the rhetoric failing to match people's experience. When that happens, a breakdown in trust occurs, of which the NHS has already had plenty experience. We have had too many promises of jam tomorrow if only we put up with the pain today, except the jam never appears.

Professor Kerr is adamant that public trust must be maintained—he repeated the assertion before the committee in September. I am not sure that I would go as far he has in having confidence that the public mood is behind him. For the past 18 months, the public have been prepared to give the initiative the benefit of the doubt, although the jury has been out. Even after today, the jury will still be out.

10:14

Dr Jean Turner (Strathkelvin and Bearsden) (Ind): I am pleased to be able to contribute to the debate. I thank the Minister for Health and Community Care for giving me the opportunity to meet him last night and for the healthier Scotland report, which I have not managed to read right through. The minister knows that I agree with the bulk of the Kerr report, but think that its success will depend on its interpretation and implementation.

Most primary care work can be done in the community—that is where 90 per cent of it is done. For years, general practice has dealt with the management of chronic pain and chronic diseases, such as different types of arthritis, asthma, chronic obstructive airways disease and diabetes, and has engaged in activities such as blood pressure management and cessation of smoking work.

We have an aging population. People are living longer, with more pathology. Although we deal with many chronic diseases in general practice, extra staffing is required, so I do not think that the treatment of those diseases in general practice will be cost neutral. When I was in general practice, I could always have done with another practice nurse. The one that I had was wonderful; she was better than any doctor at treating leg ulcers. I could also have done with another health visitor and another district nurse.

The issue will all boil down to having a workforce of the correct size and to being able to employ sufficient staff in primary care. Training will be important, too. It will be vital to keep experienced nurses and doctors in the front line. In addition, I think that it would be a good idea to rotate staff so that they work in different hospitals and units. I would include NHS 24 staff in that. It is sad that many people took up posts in NHS 24 to obtain a higher grade and better pay. Unfortunately, they have found the work highly stressful and have been disappointed to leave behind their clinical work. We should allow staff to do both telephone answering and clinical work.

It is important to get discharges from hospital right. Roseanna Cunningham made a good point about the difficulty of getting to hospital. People who go to hospital for treatment have to get there very early in the morning. I heard about a 76-year-old lady who came from town to have her operation in the morning, but it was delayed until about 1 o'clock. About three hours later, when she had had her operation and was recovering, she was asked whether she would be able to leave because there was a shortage of beds and the hospital was desperate to get her to go home. The onus should not be on the patient to make such a decision. That is a medical or nursing decision.

It is important to achieve better communications. I am deeply worried about whether it will be possible to implement a new IT system throughout the health service in time for the building of the new hospitals in Glasgow. I share Janis Hughes's point of view. As someone who worked in the NHS for a long time, I hoped that the community health index system would come in and that electronic patient records would be available so that staff would know what was happening with a patient. That has not happened. I would love to get back all the hours that I spent on software that did not work. America seems to have a wonderful system for following the patient for financial purposes so that, when a needle falls, it is known who should be charged.

I am anxious about private sector involvement in the health service. I note everything that the BMA has said. I know that the minister knows what is going on in England. I am not in favour of an increase in the size of the private sector because the staff in that sector do not get training. Rather than spend money on increasing the capacity of the private sector, we should spend it on increasing the capacity of the health service. I am anxious about the growth of private sector involvement in the NHS. I know that, in the first instance, the private sector allows people to be seen to quickly, but it picks and chooses its patients. People who need hip replacements and who also have other conditions, such as heart and lung disease, will be dealt with not in the private sector, but in the bigger NHS hospitals.

Like several other members, I am scared that the health boards will interpret the Kerr report as favouring more centralisation.

I do not think that Greater Glasgow NHS Board has any idea how many beds it will need. I would not like any more beds to disappear until we know precisely how many are needed. It is a shame that people have had to wait on trolleys, regardless of how comfortable those trolleys were. That should never have happened. Sufficient provision should have been made for the patients concerned.

I want us to check that the European working time directive is being adhered to. The NHS needs to watch that nurses who work three 12-hour shifts and then work as an NHS bank nurse are not doing more work than they should be doing.

The solution to the NHS's problems comes down to a number of measures, such as training, having people on the spot to keep the training going and initiatives such as the Royal College of Nursing's wipe it out campaign. In addition, members of the general public need to take responsibility for their own hygiene. When I was on holiday last week, I watched a 14-year-old boy—who looked as if he was 18—talking to a young lady. He drank beer, smoked cigarettes one after the other and punctuated his conversation by spitting as far as he could. I lost count of the number of times that he spat. The minister is already seeking to address the fact that we have a nation of people who have forgotten all normal standards of hygiene.

I completely endorse the Kerr report, although its success will depend on its implementation.

10:21

John Scott (Ayr) (Con): I begin by apologising to the minister and to the other members who are present for missing his opening speech. That is a matter of genuine regret to me.

In speaking in the debate, I, like other members, want to explain my concern about aspects of the long-term future of the health service in Scotland. All of us favour an improvement in the delivery of service and recognise the need for change, provided that it can be demonstrated that any proposed change would offer a higher level of patient care.

We must acknowledge the changing demographic of an aging population and design our future health service with the greatest of care. Above all, we must take the public with us in any changes that we propose. That is why the emphasis that the Kerr report places on consultation is so important.

We must recognise that much of what we offer patients has evolved over time, perhaps in an empirical way. Although we should not set our face against change, we should acknowledge that the planners of previous generations did a good job. The reality is that, in the main, most members of the public are largely content with our health service. Of course we all want waiting lists and waiting times to be shortened, but very few people want radical change in hospital provision. Patients want to feel that their health service can be improved and expanded locally, but do not want to feel that it is being downgraded or that they will receive a reduced service.

When there is such a matrix of proposals for change, it is vital to convince members of the public, who are all potential patients, that what is proposed is for the long-term benefit. In the words of Professor Kerr, we need to

"develop options for change with people, not for them."

As many members will be aware, proposals are on the table to centralise accident and emergency specialist care for Ayrshire at Crosshouse hospital and a consultation is under way. Naturally, I welcome the fact that consultation is taking place; I also welcome Ayrshire and Arran NHS Board's publicly and privately stated position that no decision on the future of A and E services in Ayrshire has yet been made. There is no doubt

that the public are being consulted widely and in a more meaningful way than when the removal of paediatric services to Crosshouse was proposed.

Public engagement and public debate have certainly been achieved. There have been packed public meetings, at which considered views have been expressed on what has been proposed, and I hope that the health board has been listening. Strong but thoughtful views have been expressed against the proposals. It is a matter of great regret to the public that the most popular proposal that was made in the service review—namely, that both A and E units should be kept open, that assessment centres should be created at the two hospitals and that community casualty facilities should be provided at Irvine, Cumnock and Girvan, as well as at Ayr and Crosshouse—has not been included in the consultation. That is the rub—a meaningful consultation process should contain proposals that a sophisticated patient public regards as an obvious improvement. In my view and in the view of many of my constituents, the current proposals fall short.

The extra dimension to the consultation process is that many doctors, GPs and consultants in Ayrshire do not feel that they have been adequately consulted. Members of the public need to be consulted and convinced of the benefits of proposed changes but, at the same time, medical staff must be convinced that those changes will produce better patient outcomes. I assure the minister that a large body of the medical staff in Ayrshire remains to be convinced.

Margaret Jamieson (Kilmarnock and Loudoun) (Lab): Will John Scott accept that the vast majority—in fact, as I understand it, 100 per cent—of the opposition to the proposals that are out for consultation come from medical staff in the south of the county at Ayr hospital? Does he accept that there is no opposition from others or from clinical leads in Ayrshire and Arran?

John Scott: I accept that that is the case, because the reality is that the people in the southern part of Ayrshire and, indeed, the doctors at Ayr hospital feel that that is the problem. I am sorry to say this, but the feeling is that the people of south Ayrshire will not be looked after adequately.

Kerr states that the presentation of proposals that the public view as being made in a take-or-leave-it approach by health boards is unacceptable. If several thousand people have taken the trouble to attend public meetings and to make their views known, health boards must listen to them—in all honesty, the downside is too damaging to contemplate.

If consultation is important, it must have value, and it has value only if it is looked at, taken note of and acted upon by health boards. If public views and opinions are not carefully considered, the public will rightly feel that their contributions are not only meaningless but have no value, and they will shy away from engagement in future debates. People and patients across Scotland will take note of the outcome in Ayrshire. Indeed, Shona Robison concluded her contribution on that point. Janis Hughes also spoke knowledgeably on the subject.

I wrote to the minister to invite him to hear the views of medical staff, ambulance men and women and paramedics in Ayrshire. He should hear those views for himself, as they are at odds with the board's proposals. I very much hope that, in the spirit of enhanced consultation that Professor Kerr proposes, the minister will take up the offer.

10:27

Mr Duncan McNeil (Greenock and Inverclyde) (Lab): When Professor David Kerr kicked off the public debate on the future shape of the national health service almost a year ago in my constituency, he did so against a troubled background.

For years, we had been calling for a strategic approach to be taken to NHS planning. As public outrage at health board plans for service redesign across Scotland grew, the calls were becoming impossible to drown out with the sugary words that it was all being done in the patients' interests. In my area of Argyll and Clyde at least, the absence of a clinical case for many of the plans that were being put forward was fast becoming clear. The outcry in Greenock and Inverclyde was particularly fierce: thousands of local residents marched against the health board's proposals to centralise services at Royal Alexandria hospital in Paisley. A petition against the plan attracted some 56,000 signatures.

It is a vindication of our once-derided arguments that, after 14 months of detailed investigation, the expert group that Professor Kerr chaired has published a report that marks the end of the failed board-by-board approach to service reorganisation. Although it is important to remind ourselves of the context in which Professor Kerr's investigations took place, our job now must now be to focus on how to use this valuable report to inform and shape health policy.

The real and radical departure of the report is the idea that services should be designed to meet need and not, as Professor Kerr put it at a recent meeting of the Health Committee,

"planned on the basis of a rather irrational, narrow, geographic bit of Scotland".—[Official Report, Health Committee, 20 September 2005; c 2190.]

He was referring to the old, artificial health board boundaries—the Berlin walls behind which boards sat, drafting grand plans that barely acknowledged the existence of the outside world.

The case for designing services to meet need is strengthened by the fact that, as I have pointed out previously, quality health services tend to be made available most easily to those who least need them—I refer to the so-called inverse care rule. However, in addition to being high in quality, services must also be accessible. The Kerr report rightly focuses on the local delivery of health services where possible. Most people accept that that, if someone needs attention at a world-class neurological centre, for example, they might need to travel to that centre of excellence. However, people do not accept that they will have to travel long distances for what they consider routine treatment.

Mike Rumbles: Will the member give way?

Mr McNeil: No, thank you.

In evidence to the Health Committee, Professor Kerr also said:

"If we ask patients to move, we should ensure that it is for good reason, is logical and possible and does not involve three trains, two buses and an expensive taxi ride to receive standard care."—[*Official Report*, *Health Committee*, 20 September 2005; c 2190.]

I welcome the minister's determination to break the link between deprivation and ill health. If we are serious about our stated ambition to reduce health inequalities, we must ensure that high-quality, accessible services for those who need them most are the cornerstone of our plans. When I say "we", I do not mean just the Labour Party, the Executive parties, the Minister for Health and Community Care and the ministerial team. I harbour a hope—perhaps it is a forlorn one—that the process in which we are all involved will lead to a more constructive discussion of the issues that the national health service must face up to.

I believe that there is already some agreement across the parties on those issues. For example, although we may disagree on where admissions should take place, we agree that elective and unplanned admissions should be separated to improve forward planning and make more efficient use of resources. If there is to be tension, it will not be political but for geographic or economic reasons. If implementing Kerr means giving most help to those in most need, there may be a conflict between members who represent urban populations, with their pockets of deprivation and appalling public health, and those who represent healthy, affluent areas.

I expect all MSPs, from every party, who represent areas across Scotland that have the same poor health profile as my own area to work together on the campaign to end the scandal that sees money and resources directed into making the healthiest healthier at the same time as people such as my constituents are dying in their 50s and 60s.

Although Professor Kerr's report is not a panacea, it gives us more than a course of treatment for the ills that afflict today's national health service; it offers a way forward that could revolutionise the NHS and make it more responsive, effective and efficient. Professor Kerr has done his job; the question now is whether we have the courage to do ours.

10:32

Mike Rumbles (West Aberdeenshire and Kincardine) (LD): When the Kerr report was published earlier this year, it was met with acclaim by almost everyone. It seemed that everyone thought it was a good job well done. Who could argue with the main thrust of the report of ensuring sustainable and safe local health services? However, like most things in life, the devil is in the detail. The problem with the Kerr report is that everyone sees in the report what they want to see.

The local health campaigners, who fear that their local health services are under threat, focus on Kerr's commitment that, where it is safe and practicable to do so, we must deliver health services locally. A prime example is that of maternity services at Aboyne community hospital in my constituency. Aboyne is situated some 30 miles from Aberdeen royal infirmary and serves a population from as far afield as Braemar, which is some 60 miles from Aberdeen. This Saturday, I will attend a rally in Aboyne that has been called to protest at the health authorities' suggestion of closing down the maternity unit at Aboyne community hospital.

As far as I am concerned, the statistics speak for themselves: 34 babies were born in the unit last year; 60 babies have been born there this year; and bookings are up 71 per cent for the forthcoming year. To suggest the closure of this modern, purpose-built facility is ridiculous. We are trying to give mothers the option of giving birth at home, at their local community hospital or, indeed, at one of our regional hospitals. I trust that the Minister for Health and Community Care agrees that the maternity unit in Aboyne is precisely the sort of local health care facility that Professor Kerr and, indeed, Scottish Executive ministers support.

The Kerr report is supportive of the sort of campaign that the Aboyne maternity unit campaigners are mounting. However, what local health campaigners across Scotland perhaps do not see in the report are the comments that Professor Kerr made in it about specialised health

care services when he said that they should be delivered on a national basis and on fewer sites. Many health professionals focus on the commitment to move to so-called single hub services run from a central site. We cannot have it both ways: we cannot talk about local delivery and single-centre national sites at the same time.

I summarised the Kerr report by saying that wherever it was safe and practical to do so, health care should be delivered locally. That is what I took from the Kerr report—but how wrong could I have been? On closer inspection, it is quite clear that some people have an agenda of downgrading the services provided by regional hospitals throughout the country. I see the minister shaking his head, but let us look at the facts.

I will take neurosurgery as an example. Most neurosurgery is of a routine nature and is delivered by hospitals in Glasgow, Edinburgh, Dundee and Aberdeen. The service is very successful in Aberdeen, where I am told that waiting times are as short as three weeks. Most hospitals already specialise in certain conditions—there is little new in that. So what does Kerr recommend? What does the minister say that he will do? Kerr recommends that neurosurgery move to a single centre based in a single hub. As far as I am concerned, that is not on. I am hugely disappointed that the minister seems to have accepted the proposal lock, stock and barrel.

Lewis Macdonald: Does the member accept that, in fact, the report recommends the delivery of a single national service on three levels, with a prime site but with the national neurosurgery service delivered at a number of sites, precisely as described by Shona Robison earlier in the debate?

Mike Rumbles: This is exactly what the Executive report says, and I am surprised that an MSP who represents Aberdeen Central should advocate this in his action plan. There will be a move from four neurological centres

"towards a single centre for neurosurgical intervention"

and

"paediatric neurosurgery … should be concentrated on one prime site".

As a result, we will get consultants visiting other parts of Scotland on an out-centre basis. Such an approach is not isolated. [*Interruption.*] I hear the minister say, "Rubbish," from a sedentary position, but I am reading from his report.

The question of child cancer services has been raised recently because a Scottish Executive working group has come up with a beauty—a recommendation to centralise such services in Glasgow and Edinburgh with shared care for Aberdeen. I hope that the deputy minister will knock that recommendation on the head in his response to the debate today by confirming that it does not square with the commitment that the Minister for Health and Community Care gave to me and other north-east MSPs just yesterday, when he stated in a letter that

"the service in Aberdeen would not be substantively reduced."

However, that is what the plan is.

Professor Kerr talks about having centres of excellence in Scotland for specialised conditions, but what exactly does that mean? I took it to mean that we would have several centres of excellence for conditions throughout the country. It seems, however, that some take it to mean that we can have one or two centres of excellence—members can guess where they will be placed.

I have heard suggestions that because Scotland is a small country, people are willing to travel to get the best care. I do not doubt that. My constituents in Braemar are prepared to travel 120-mile round trips for the best care at Aberdeen, but they would not be happy to travel regularly further afield for their care. I suspect that the people of Glasgow would not be happy to travel to Aberdeen. I would be less suspicious of Kerr had he argued that the one or two centres of excellence that he wants for certain conditions should not be located just 40 miles from each other.

We must be wary of taking from the Kerr report those bits of it that we like and ignoring the bits that we do not like. The report is full of generalisations that can be interpreted one way or another and there is a danger that once the Scottish Executive health ministers start to make decisions about neurosurgery, for example, there will be many disappointed people in the country. I am afraid that the Kerr report is full of good, wholesome generalisations, is weak on specific recommendations and is open to different interpretations depending on one's point of view.

I return to my summary of the report that health care should be delivered locally when it is safe and practical to do so—I hope that those are not great get-out clauses.

10:39

Margaret Jamieson (Kilmarnock and Loudoun) (Lab): Professor Kerr's report "Building a Health Service Fit for the Future" has been welcomed throughout Scotland. However, the implications of building a health service fit for the future brings out the shroud wavers. Their attitude is, "It can happen in other hospitals, but not in ours."

Clinicians add fuel to the debate by not being prepared to see the wider picture of the health

needs of the whole population. Those clinicians further complicate the issues by disagreeing in public, thereby adding to the fear of the public who attend consultation meetings.

Why do we get ourselves into this situation time and again? The Scottish health service is very good at delivering health services, but it is very poor at consulting on a level that engages with the public. Too often, consultation is limited in its options and uses language that is not public-friendly, and the lack of buy-in by NHS staff is identifiable.

NHS Ayrshire and Arran is in the middle of such a consultation, to which everything that I said earlier applies—John Scott alluded to that situation. We run the risk of missing the boat through piecemeal consultation. Why should we in Ayrshire and Arran be consulted only on emergency and unscheduled care when the big picture has not been made available to us?

If we truly want to engage with the public in "Building a Health Service Fit for the Future", we must make the public's needs central to any changes. The outcomes for patients are what we are about, yet those outcomes are often not mentioned in consultations.

We continually hear of staffing issues, whether in relation to the working time directive, clinicians' rotas or extended practice. The public does not appreciate the impact that those issues have on their health outcomes, which gives the shroud wavers the opportunity to hijack a consultation.

We do not have a clean sheet of paper so that we can start afresh; we have hospital facilities in places where, if the sheet were clean, we would not place them. Facilities often have poor transport links, but such aspects are not part of the same consultation process.

It is our duty to require health boards to deliver health services to suit the needs of their communities and the geography of the area.

Great opportunities for the Scottish people are contained in Professor Kerr's report. It recognises that 90 per cent of patient contact happens in primary care and, as we all know, a significant amount of that takes place in the area of public health.

The emphasis on local delivery is shaping how our services are being planned for the future by taking account of the needs of local communities. Local delivery means taking account of employment, education and housing needs and levels of deprivation to determine how, where and by whom health outcomes will be delivered in a community.

It is recognised that the health service does not have all the answers and that partnership working is the way forward for our communities. Local authorities are charged with community planning, but that must be underpinned by health and other agencies as well as involve community representatives.

East Ayrshire Council has developed one-stop facilities that take that community-planning model into specific neighbourhoods. The minister recently cut the turf at the north-west Kilmarnock neighbourhood services centre, which is now being built. The centre will deliver many diagnostic and out-patient appointments in that community. Instead of people in that deprived community having to travel to the health service, the health service will travel to them.

I encourage sceptics to visit the facilities that are already in place in East Ayrshire to see for themselves the impact that they are having on the health outcomes of the communities that they serve. The result is fewer do not attends, quicker referrals, more appropriate treatments and extended roles for nursing staff and allied health professionals in developing innovative solutions for communities.

We have an opportunity to reduce hospital admissions and manage chronic conditions in the community by developing that model. However, the biggest obstacle to delivering such care is some people's fixation with buildings, rather than with what happens in them. We should be questioning whether using those buildings is still appropriate in today's world.

We have moved on significantly in the past 10 years. Conditions that used to require a patient's admission for a considerable period of time can now be managed by the patient with direction from a primary care practitioner. The type and range of drugs that are available now allow conditions to be managed more effectively than before, which reduces the number of admissions. The technology that is available to clinicians means less surgical intervention, which results in fewer hospital stays for patients.

The health of the people of Scotland is not standing still. Our health service needs to be encouraged to take its services to the people whom it serves. "Building a Health Service Fit for the Future" gives us that opportunity.

10:45

Mr Adam Ingram (South of Scotland) (SNP): I want to pick up some of the themes of Margaret Jamieson's thoughtful speech.

When it comes to considering structural changes to the delivery of services, the key message of the Kerr report is that it is important to

"develop options for change with people, not for them, starting from the patient experience and engaging the

public early on to develop solutions rather than have them respond to pre-determined plans conceived by the professionals."

Indeed, the Minister for Health and Community Care himself specifically endorsed that approach earlier this year in his statement to the Parliament in which he introduced the Kerr report. It would be helpful to quote the minister:

"I expect the consultative approach that is commended in the report to be replicated as boards engage with the public. A take-it-or-leave-it approach will not do. I expect people to be consulted about the case for change, and the options for change, long before a preferred solution is reached."—[*Official Report*, 25 May 2005; c 17155.]

Those assurances ring hollow in the ears of the people of Ayrshire and Arran, especially those who are currently served by Ayr hospital, who are being called to participate in a consultation exercise that, to quote the *Ayrshire Post*,

"is a sham and nothing but a farce".

Ayrshire and Arran NHS Board wants to close the accident and emergency department at Ayr hospital and centralise specialist A and E services at Crosshouse hospital in Kilmarnock. The refusal of the board to consider other options during the consultation, including the retention of the Ayr A and E department, has created widespread public outrage. For its part, the board claims to have followed to the letter the guidance for consultation that the Executive issued. The minister is well aware of the controversy on the subject in Ayrshire. Will he take the opportunity to repudiate or question the take-it-or-leave-it approach of NHS Ayrshire and Arran and tell the board to think again?

The board claims that its proposals, which were, in the main, worked up by a hand-picked panel of NHS professionals, are the best fit for the Executive's vision for the NHS and that they should deliver safe, high-quality services that are as local as possible and as specialised as necessary. The problem with that vision is that it can be interpreted in different ways, depending on people's perspective. Mike Rumbles alluded to that point. The public's view of what is necessary specialisation is increasingly at odds with that of the medical profession.

The Parliament's Health Committee has criticised what it calls the

"strong orthodoxy within the medical professions towards increasing specialisation",

which, in turn, is leading

"towards centralisation within the Scottish NHS".

Such an approach might be justified for sophisticated specialties such as cancer units and heart surgery, but there is little evidence of achieving improved patient outcomes by having centralised A and E services. In other words, the public are perfectly justified in taking the view that A and E should be a core service within their district general hospital and that the loss of that service would make their community worse off.

Margaret Jamieson: Does Adam Ingram agree that there has been an increasing misreferral by members of the public to accident and emergency facilities, which has caused difficulty with regard to true trauma cases?

Mr Ingram: I am happy to acknowledge that. I would be very much in favour of the introduction of minor injury units, which are being proposed for community hospitals in particular. However, that does not get away from the point that, when we are considering options for change, it is reasonable to apply the test of whether those changes will make some people—hopefully, many people—better off without making others worse off. In Ayrshire and Arran, there is a perception that a big chunk of the area that the board serves will be worse off.

Despite the overwhelming public opposition, Ayrshire and Arran NHS Board appears determined to push on with its proposals. It makes little secret of the fact that workforce pressures are driving the agenda for change. In other words, factors such as the European working time directive, the new deal for junior doctors and the modernising medical careers initiative are dominating future patients needs as determinants of service change. That runs counter to Professor Kerr's recommendations and to the minister's own assertion that

"Patient need should drive the shape of the workforce."

What is happening in the real world is very different from what the Kerr report recommends and from what the minister wants to see—or at least what he has told us here. Of course, he will be judged on his actions rather than on his words and on whether he gives his approval to the proposals that have been made by NHS boards such as Ayrshire and Arran. On current trends, that judgment is likely to be harsh indeed.

10:52

Eleanor Scott (Highlands and Islands) (Green): I declare an interest: I am still a member of the British Medical Association.

I welcome the chance to debate the Kerr report, as I welcomed the report itself. I also welcome the advance copy of the Executive's response, which I wheeched through as quickly as I could this morning—I did not have time to go through it thoroughly.

When the Kerr report came out, I was very impressed. I was relieved. As I am from a rural

area, I had been concerned about the future direction of health care in remote and rural areas, particularly following the demise of the remote and rural areas resource initiative. The report, with its support for community hospitals and rural general hospitals, seemed to address those concerns and to set out achievable models for rural health care.

On rereading the report prior to this debate, and on reading the Executive's response to it, I still feel that it is a good document. However, I have a few issues to raise. Like all MSPs, I have listened to concerns about the perceived centralisation of health services. The report addresses that only partly. I do not think that there is any argument with the principle that some highly specialised services should be centralised—although their exact setting might be disputed—or that an increasing number of services and procedures should be available as locally as the GP's surgery. The issue is about the bit in between.

The report gives some clear-cut, black and white examples of each: paediatric cardiac surgery, for example, is to be centralised, whereas cataract surgery is to be provided locally. However, there are grey areas. What about hip replacement or care for people who have had uncomplicated heart attacks? In my view, in rural areas, rural general hospitals should deal with all the grey areas. There will be arguments about whether certain things are in a grey area or are black or white, and there is some discussion to be had about that.

I very much welcome the vision of rural general hospitals. I assume that dialogue has now been established with the royal colleges to examine the training and support needs of the general surgeons and physicians who will be needed to staff those hospitals. Although the return to the generalist is against the recent trend of increased specialisation, it is welcome. However, the professions need to buy fully into the concept. Health professionals who choose what could be a very rewarding route to becoming generalists should be supported.

The report's proposals for community hospitals, which would offer a wider range of services, are welcome. I would be interested to find out how those proposals are to be realised. Will the community hospitals simply use existing facilities, which are there for historical reasons? The Executive's response seemed to treat community hospitals as being a purely rural phenomenon. That was not my reading of what Professor Kerr was suggesting. I would be interested to know what the Executive really meant by that.

If the Kerr report's ambitions are to be realised, the number of community hospitals will have to expand. The report even talks about having computed tomography and magnetic resonance imaging scans in the primary care sector, which would have huge resource and training implications and seems to reach a bit far. My experience is that a natural law is that resources never flow out from the centre to the periphery, although I would like to be proved wrong. The move to centralise highly specialised treatments has an evidence base; I am not sure how much evidence exists for local delivery to the proposed extent. I would certainly not close hospital departments until it was clearly shown that a service could be delivered in primary care. A crossover period will have to occur. I do not think that hospitals' workload will decrease. The increased role of primary care will be in managing an increase in chronic conditions in our population.

Much has been made of managed clinical networks, which I support, and of telemedicine, which I will support once it is up and running. I recently attended a health conference in Norway, at which I was interested to hear of a project to train GPs in Finnmark—in the very north—in child psychiatry. The GPs were supervised by a person from the teaching hospital at Tromsø via a teleconferencing facility. They worked in small villages of about 1,500 people. When I asked whether all those villages had teleconferencing facilities, people looked surprised that I even asked. We have a long way to go to meet the investment need here.

As I said, I am not sure whether good management of long-standing conditions will prevent emergency admissions in the long term. Some admissions will be prevented but, with an aging population, ill health—including ill health of sudden onset—will not reduce. With good case finding and management, we might prevent somebody from having a heart attack at 70, but he could well still have to be admitted as an emergency with a heart attack at 82. We cannot reduce funding for emergency work until a population trend is clear.

The report was a bit overoptimistic about what information and communication technology could deliver. I do not underestimate the importance of IT, but I have experience in my previous professional life of an IT system—a children's special needs database—that was out of date before my trust received it and was slow and unwieldy. It was eventually abandoned as unworkable. The right IT can be a big help, but getting it wrong is worse than not having it.

The Deputy Presiding Officer (Trish Godman): You have one minute.

Eleanor Scott: As I am running out of time, I will shorten my speech.

I support and welcome the case-finding approach to diagnosing and treating individuals with ill health in our deprived communities with

poor health records. That is important. However, we also need a public health and ecological approach that considers such communities as a whole and what makes a community unhealthy. In some parts of Scotland, it can be difficult to lead a healthy life, and that is even without mentioning the probable role of environmental pollution in some diseases. At the least, we should plan our communities so that people in their daily lives automatically undertake the half-hour of moderate exercise that is all that is required to keep fit. We should not just accept ill health; we should design ill health out of our communities. Otherwise, the NHS will always be under pressure.

I broadly welcome the report and the Executive's response. I agree that more health care should be available in the primary care setting. However, I am not sure whether that will result in a reduced workload for hospitals, because primary care will be fully stretched by dealing with the increasing number of chronic conditions such as type 2 diabetes and osteoarthritis that are a direct consequence of our unhealthy lifestyle.

The Deputy Presiding Officer: I call Scott Barrie. You can take four minutes.

10:58

Scott Barrie (Dunfermline West) (Lab): I appreciate your squeezing me into the debate, Presiding Officer.

As Professor Kerr's report says, the future of health care is a question that goes wider than the preoccupation with hospitals, but part of the debate has yet again been about hospitals—I will fall into the same trap. We must acknowledge Professor Kerr's statement in the report that the issue

"is not about protecting the bricks and mortar of the local hospital. It is about preventing frail older people for whom hospital is an … unwarranted … disruption from being admitted and looking after them more effectively close to home."

Too often, debates about our health service concern illness and the part of the health service that cures ill health rather than being about the prevention of ill health, which we should promote if we are to do anything about the great health inequalities that several members have mentioned.

As we know, the vast majority of our health care is delivered in the community. Margaret Jamieson gave good concrete examples of that happening in her area. If we concentrated more on improving community health facilities than on what is happening to our acute hospital provision, we would go a long way towards redressing the health agenda and we would focus on what could make a huge difference to people.

The problem is that the Kerr report appeared later than when many people started the health debate. Before the Kerr report was published, several health authorities, including mine—Fife NHS Board—had got well into, if not concluded, their consultation processes. Such processes took place in a vacuum. Local people did not know the main drivers or prerequisites for change. If we had had something such as the Kerr report before we embarked on those processes, much of the pain and anguish that communities underwent would have been avoided, because people would have known the context. One huge difficulty in Fife has been the fact that the health board acted early in the process; it almost trail-blazed for other health boards that are now undertaking similar consultations.

Mike Rumbles was right in one respect: the Kerr report can be taken to mean all things to all people, but only if it is quoted selectively. If the report is taken in its entirety, it makes logical sense. The point is that the report must be taken in its entirety. If the pick-and-mix mentality is indulged in, the report justifies preconceived notions.

I am clear about the differential between scheduled and unscheduled care. For our acute sector, we must be clear that we can have a difference between those forms of care. If our health boards do not consider what is recommended in the Kerr report and what is happening on the ground in other health board areas, if they do not move away from the Berlin wall mentality—to which Duncan McNeil referred—whereby the health board is the sole arbiter of all health service provision and if neighbouring health boards do not work together in consortiums, we will be able to do nothing to improve the health agenda for the people of Scotland.

The Deputy Presiding Officer (Murray Tosh): There is time for only a couple of minutes—for bullet points—from Ms Hyslop.

11:02

Fiona Hyslop (Lothians) (SNP): I will be very brief.

The Kerr report is frank, refreshing, realistic and creative. The challenge is for the minister to match that effort with effective political leadership. The key issue will be implementation. What happens next? The workforce and the public have invested much confidence, trust and good will in the process. We have now had our first cut at how to progress the recommendations. I will reflect on a few matters, including implementation.

The minister will know that I have an interest in St John's hospital. St John's provides a good case

study of what the Kerr reports means. Everyone says that the report can be interpreted in different ways. We could consider whether hospitals such as St John's match level 3, what core services are needed and how we ensure that we keep enough intensive therapy unit places to make other services sustainable. If shared networking of children's and cancer services took place elsewhere, what would be the impact on local provision? As we know, there is a domino effect.

The Executive's report contains a phrase about activity and the case mix. Time and again, in all services, we return to professionals saying what is needed for activity and the case mix. We should drill down into what implementation of the Kerr report means, to ensure that we have sustainable services. We must have safe and sustainable futures for our services. The aim is prevention, but the trust, confidence and good will must be realised in practical implementation.

In several months' time, I would like us to debate what has happened and what will happen next. Perhaps we are now on a new platform for debating health, which is to be welcomed.

11:04

Carolyn Leckie: My lectern is faulty; that is another repair to report, I am afraid.

I moved my amendment not in the vain hope of persuading the four main parties, which have given varying levels of support for varying levels of privatisation in the health service, to support it; I moved it to ring alarm bells as loudly as I could in the chamber and beyond about the threat to our public NHS from private sector encroachment.

I dealt with that issue in my opening speech and will return to some details on it, but I will not go into it much further because there was another point that I was unable to deal with: although the Kerr report and Executive ministers aspire to address inequalities, there is a lack of detail on how that aspiration will be matched by money and on where the money for patients will go.

We know that spending per head of population in affluent areas is greater than that in deprived areas. I am interested in the mechanism to reverse that, the overall funding that will be awarded to health boards and what happens within health boards. Currently, there are absolutely no mechanisms for tracing where money goes and ensuring that it goes where it is needed most. For example, Glasgow might attract additional funding because of its deprivation, but that does not necessarily guarantee that deprived communities in Glasgow will receive that funding. The Kerr report and the Executive's response cannot be taken on their own—there must be an overall review of the health service's funding mechanisms. The Arbuthnott method of redistributing health care funds, which takes into account deprivation factors, redistributes only around 1 per cent of the entire NHS budget. That is not good enough if the scale of deprivation in areas of Scotland—particularly in Glasgow and Lanarkshire—is considered. Even with the Arbuthnott formula, Lanarkshire, whose level of deprivation is second only to that of Glasgow, has lost out—indeed, the Executive owes it money because the formula has not been properly applied in consecutive years. Matters must be placed in that context. We need an overall review of how health services are funded and of how deprivation factors are taken into account.

As I said, Lanarkshire is second to Glasgow in respect of deprivation factors, but it has the lowest number of practice nurses per head of population in Scotland. I want to see hard facts. Will there be more practice nurses in Lanarkshire? That will be the test of the strategy to address inequalities.

I hope that, in summing up, the Scottish National Party will clarify why its amendment mentions the expansion of diagnostic and treatment centres but does not specify whether those centres should be public or private. I believe that it has indicated support for the Stracathro independent treatment centre, which is, of course, privately funded. Will the Jim Mather wing of the SNP win? Will the NHS be seen as an opportunity—a golden goose—for his business pals to increase Scotland's private economy? What way is the SNP facing on the issue? It seems to be spinning like a peerie, inevitably to the right. Why did the SNP not put the word "public" in its amendment with respect to treatment centres? I hope that it will clarify matters.

Whether or not diagnostic and treatment centres should be public or private, there are many unanswered questions and concerns about them in England. There are concerns about their impact on the overall skills levels of staff, about resources being sucked away from the NHS and the overall skills base and about their impact on the educational levels of clinical staff in general. There will be more concerns if such centres are private.

On the separation of planned care and unscheduled care, it is one thing to protect planned care and elective surgery in a general hospital setting or wherever to ensure that patients' operations are not cancelled because of unpredicted care, and I agree that planned care should be protected, but it is another thing entirely to separate planned and unscheduled care geographically. Such a separation has not been proven to be efficacious or safe and there are many worries about it.

There is a danger in the pick-and-mix approach to which Scott Barrie referred, but that danger

comes from health boards. For example, in implementing the maternity service requirements of the expert group on acute maternity services, health boards pick the bits that suit their agendas while requirements such as the guaranteeing of one-to-one patient care for women in labour are not enforced by boards or by the Executive. That requirement is still not met in a number of units throughout Scotland.

11:10

Euan Robson: The debate has been short but good and has highlighted many issues in the Kerr report and the Executive's response and issues that flow from the two documents. As I said in my opening remarks, the hallmark of the report and the response is the change in emphasis to preventive and continuous care in the community. Measuring change as it takes place will be important, which is why a critical part of "Delivering for Health" is the section on timelines for action in annex A. In England, the NHS may have a 10-year strategic plan and a five-year interim review, but I believe that, if they are monitored, the timelines for achieving the stated outcomes by the end of 2009 will be as effective if not more so. None of us underestimates the challenges, but perhaps the Deputy Minister for Health and Community Care will say a word or two more in his closing remarks about how the department intends to carry out the monitoring that will ensure delivery.

Let us consider the example of child and maternal health. A significant number of groups are to be established and reports and plans are to be produced. Implementation is to begin by 2007 or later. How will ministers and the department keep track of things? How will implementation be pressed forward where it is slowed or delayed?

The Minister for Health and Community Care mentioned a welcome investment in ICT, which members have not commented on much. Procuring a new national ICT system in 2007 and aiming for full deployment by 2010 is ambitious. Perhaps the deputy minister will also say more about the new national system in his closing remarks. There have been notable ICT disasters in the public and private sectors in the past. I am sure that lessons have been learned, but are ministers confident that compatibility can be achieved with existing systems? Will the new system allow proper access for those who are involved in allied work, such as child protection?

Duncan McNeil rightly referred to the equality gap in health provision, and I entirely agree that people's life expectancy in our most deprived communities must be increased. The figures speak for themselves and should be entirely unacceptable to us all. However, the motion recognises that there are deprived people throughout the land. We must ensure that the needs of deprived people in affluent areas are also addressed, which is why the motion suggests that we should applaud

"the commitment to tackle health inequalities by developing anticipatory care in our most deprived communities and applying the approach to benefit people wherever they live".

The motion strikes exactly the right balance.

Mike Rumbles: I want to clarify something from a Liberal Democrat perspective. We should consider enhancing the neurosurgical services of the four regional centres in Scotland and not focus the best care in one centre.

Euan Robson: I am pleased to be able to deal with that issue, which Mr Rumbles has already mentioned. A letter from NHS Grampian that is before me states:

"In relation to neurosurgery we support the approach to plan services centrally and agree that highly-specialised interventions should be performed in centralised locations."

There must be greatly detailed discussions about the implications of that approach and no decision has been made yet. As the board's letter states:

"the implications for the management of neurosurgical emergencies, neuro-rehabilitation, undergraduate and postgraduate teaching and the recruitment and retention of staff … must be fully understood and addressed".

Those are all issues, but if certain things can rightly be placed in a centre in a managed clinical network and there is access from the four centres, that will be the appropriate way to achieve the best possible care for people at the highest level.

I will say a brief word on rural general hospitals. The danger is not that a common set of functions may be developed for such hospitals, but that sight may be lost of the need to be flexible to meet the needs of specific communities. We must ensure that rural general hospitals can meet the distinctive needs of different parts of Scotland. Also, some rural general hospitals may have developed specialisms, and it is important that we make use of those. Health boards should be prepared to use other health boards' specialisms where they are. For example, there is a very good maternity service in the Scottish Borders, and those who live in the southern parts of Lothian should be able to access that service because it is perhaps closer to them than the services in Edinburgh.

Implementation of the Kerr report and the Executive's response are key to all this. I look forward to future debates on how we are getting on with delivering the messages—indeed, the policies—that flow from those documents, on which there is general agreement.

11:16

Mr David Davidson (North East Scotland) (Con): The Executive's document, which was produced late this morning, does not answer all the questions—if anything, it asks more questions. To follow up Mike Rumbles's point, I draw members' attention to page 62, which contains two contrasting paragraphs on neurological services, which is a big issue.

The minister started off by talking about three core things, which are that he understands the demand, that he has a vision and that he has a programme. Well, we are yet to hear what the programme is. It is all very well that lots of us like bits of the Kerr report, but other bits of it are quite worrying to us and to the public. The minister was not particularly clear on where the Executive is going.

The Conservatives agree that preventive and continuous care should be improved, but if we are going to start doing proper screening, we need the capacity to deliver treatment once people have been diagnosed. I was recently involved in the case of a gentleman who had been diagnosed with cancer. He was waiting for an appointment, but fell through the loop; it was six weeks before I managed to get hold of a hospital to get an answer for him, and he was seen the following day. That is the sort of thing that patients tell us about, and for which the ministers must take some responsibility.

I agree with the minister that we should start people young on the personal responsibility route; in fact, that is a good Conservative principle. However, if we are going to do IT—as many members have mentioned—let us get it right by ensuring that IT systems allow all the allied services to have the appropriate level of access. Let us ensure that we do not have the pig in a poke that we have seen in England.

The minister talked about care in rural and remote areas and he mentioned staffing and training, but where are the details? He did not make any mention of rural general hospitals and what services he expects to be delivered from them. Other things that he managed to miss out include how much implementation of Kerr's recommendations will cost—there is no way that it will be cost neutral—and where the staff, equipment and buildings are going to come from. More important, and as Duncan McNeil and others asked, how will people access the services? Where will the services be located? Will they sit near public transport routes? Those are the things that we want to hear about. Another thing the minister did not say is when it will all be delivered. How long will the consultation be, and who will be consulted?

I like some of the other policies that the minister has adopted from the Conservatives: for example, he talked of a national tariff. His predecessor was quite keen on that when I proposed it in the context of a health bill, but the proposal was rejected because the Executive thought that it was an opening for the private sector. Of course, what we argue is that the money should follow the patient. As other members have said, the system should be about delivering care to the patient; the patient should not have to fit the system. We must get it the right way round, as Shona Robison said early on.

Several members talked about the creeping paralysis that comes from central control and direction, which is something that the minister does par excellence. Nanette Milne, Jean Turner and Roseanna Cunningham all mentioned that. The big point that the public wants to hear about is the understanding and interpretation behind the implementation that the minister thinks is going to come forward, which was mentioned by at least six members this morning. Others have mentioned public understanding. If we do not take the public with us, and the staff along with them, what is the point? The minister has certainly not convinced many people in the chamber today.

Many members have talked about local downgrades and closures. I will join Mike Rumbles and others on Saturday at a protest against the proposed closure of the Aboyne maternity hospital. The hospital was opened in 2003, when it was brand spanking new, and demand for its services went up 100 per cent a year. That demand is increasing again, yet there is talk of possible closure. In Fraserburgh, there have been public meetings, but no one can find out what the outcome of those meetings has been for the maternity hospital there.

John Scott raised a point about Ayr. He mentioned staffing, as did other members. Who is actually making the decisions? We are seeing an awful lot of centralisation of specialist services. I do not argue for world centres of excellence; however, we need to have the next level down available regionally so that people can at least go from there into the centre and back out into specialist care. I want clarity from the minister on that.

We all know that public confidence has been damaged by NHS 24 being rushed out, but I picked up another issue in *The Scotsman* this morning. There has been a rumour—two Labour members, Duncan McNeil and Scott Barrie, have mentioned it today—about the future of health boards. The previous Minister for Health and Community Care talked in a roundabout way about moving to three strategic authorities. That is fine, but the worrying point is that the ministers are today apparently considering whether local councils should take over health care. Apparently, they have a document in front of them.

Mr Kerr: That is nonsense.

Mr Davidson: If the minister wants to stand up and say that that suggestion is out of the way, I am glad. I want a definite statement on the record from Lewis Macdonald, when he winds up the debate, that that will not happen. Community health partnerships—CHPs—involve council services, so why are we not moving to take the staff and budgets from the councils into the health facilities, to give us single patient management with a single budget?

Because the minister's response to this document, which has a lot of quality, is ineffectual, the debate has merely opened the floodgates of demand and criticism. The minister must tell us today when we will hear what he will do with the Kerr report.

11:22

Mr Stewart Maxwell (West of Scotland) (SNP): This has been an interesting debate. Obviously, it is impossible to cover the whole Kerr report in any of the short speeches that we have made today because there are many detailed proposals in it. Fundamentally, however, this is a debate about change. Most of us—although not necessarily everybody—agrees that change is needed and that we need to move forward. We also agree on some of the points that are made in the Kerr report. Duncan McNeil mentioned separating planned and unplanned care, which is absolutely right. We all agree on the necessity for that and recognise that it would be a step forward, although there are disagreements about how it would be carried out on the ground.

For Carolyn Leckie's benefit and clarification, maybe she should read the SNP's amendment. It says, "within the NHS", not the private sector. In neither of her speeches did she offer any solutions, just the usual moans.

Carolyn Leckie: Will Stewart Maxwell take an intervention?

Mr Maxwell: No I will not. Carolyn Leckie has made two speeches; she has had her chance.

Diagnostic and treatment centres help to cut waiting times, but if they are outwith the NHS they will also have other, less welcome, results. Evidence is now coming forward about those problems. In its briefing paper, the BMA states:

"There are widespread reported gaps between agreed payments for predicted activity and the number of patients actually treated."

It also states that

"the private sector is creaming off uncomplicated, profitable activity on preferential terms leaving the NHS to deal with the patients the private sector doesn't want."

There are clear problems in going down the private sector route.

My fundamental concern is about the Executive's implementation. Several members, including Roseanna Cunningham and Fiona Hyslop, mentioned that. There are underlying concerns that the proposals that are laid out in Professor Kerr's report will either not be fully implemented or will be implemented in a way such as Mike Rumbles mentioned when he talked about cherry-picking. Other members have also talked about how implementation will be done. The Executive has a track record of failing to follow through on recommendations from committees that it sets up to advise it.

The first proposal in the Kerr report is for all NHS boards to put in place a way of managing at home or in the community older people who have long-term conditions, and of reducing their risk of hospitalisation. Osteoporosis is the perfect example of such a condition. It is a chronic disease of the elderly that is so common that one in three women over the age of 50 in Scotland has it. The Scottish intercollegiate guidelines network clinical guidelines for managing osteoporosis recommend that elderly frail and housebound women should be offered calcium and vitamin D supplements in order to reduce the risk of hip fractures and hospitalisation. However, when I asked the Executive whether it had any plans to monitor uptake of such supplementation among women in residential care, I was told that that

"is a matter for NHS boards and is not monitored directly by the Executive."—[*Official Report, Written Answers*, 8 June 2005; S2W-16925.]

How can we know what is going on if the Executive does not monitor what is happening? As in so many other areas of Government policy, there is a refusal to measure outcomes. If we are to meet that aspiration of the Kerr report, we need to know—we must set targets and measure progress against them. If we did that, we could make a difference, and fewer older women would break their hips.

Mr Kerr: Does the member not see the contradictions that we are faced with? David Davidson accuses me of being a centralist, while Mr Maxwell wants me to count the tablets that are given out in a home. We must give the health boards responsibility for local delivery and we must ensure that they work within our policies; that is what we tell them to do.

Mr Maxwell: It is not about counting tablets. I asked the minister whether the situation was monitored, not how many people are taking the tablets, but the minister does not know. I also asked him when I intervened during his speech; he does not know whether the guidelines are being implemented. It is cheap to prevent such

fractures and expensive to treat them, but the minister does not know whether they are being prevented because he does not monitor the situation or track progress. With such a level of commitment, I wonder what hope there is that Professor Kerr's proposals will reduce the risk of hospitalisation among the elderly.

The Kerr report also says that there should be

"action in deprived areas … to prevent future ill-health and help reduce health inequality."

That proposal is widely supported in Parliament. A pertinent example of that problem is the incidence throughout Scotland of coronary heart disease, which is far more common in our deprived communities than in our affluent communities. As the British Heart Foundation has pointed out, last year nearly twice as many people with CHD were discharged from hospital in Glasgow Shettleston as in Edinburgh West. That is why it is so critical that we follow the Kerr recommendation on that point. An example of a project that was designed to do just that was the have a heart Paisley project that was set up in October 2000

"to reduce the total burden and levels of inequality of Coronary Heart Disease (CHD) in the town of Paisley".

Eight of Paisley's 11 postcodes have higher deprivation levels than the Scottish average. A report said that the project did not have the expected impact and the independent evaluation report that was published by the University of Glasgow in March 2005 concluded that

"there are expectations that local agencies can deliver on agendas that central government will not address itself, such as major areas like nutrition retail policy … The solutions to these issues are more likely to lie within national than local policy."

That is another example of the Executive's failing to hold up its end of the bargain. What confidence can we have that the Executive will follow through on that recommendation? The recommendation requires national policy to direct and co-ordinate local action. Although local projects in our most deprived communities are welcome, they will not succeed on their own in preventing future ill-health and reducing health inequality. The Government must take responsibility.

Professor Kerr also states:

"Information and communications technology will give us the tools to fundamentally reshape how health care is delivered."

I could not agree more, but I have to ask whether the Executive has the foresight to employ those tools appropriately. To judge by past examples, the answer to that question would be no. Technology in itself will not save us; we must have the foresight to apply it appropriately. NHS 24 was set up to take calls, not make them. However, when the new GP contract came into effect, the remit of NHS 24 was changed to take on the business of providing a first point of contact and triage services for out-of-hours patients, but no one rethought the technology. It is not possible to make calls automatically from NHS 24. The review of NHS 24 states that an enormous amount of nurses' time is being taken up making calls out of NHS 24. The technology is available to sort the problem, but no one has thought it through.

The Kerr report is all about working smarter, looking ahead and planning to prevent crisis. However, the Executive has declared that it has no intention of producing a national strategy and that it will not monitor supplementations, and it is also looking to the private sector, despite the evidence from England of its negative impact on the NHS. It is failing to implement national policy, but instead hopes that local fixes will do, and it has changed the remit of organisations without changing the tools that they require to carry out their new roles. When I look at that, it seems to me that we do not have a Government that has the necessary foresight or will to implement successfully the Kerr report recommendations. On the evidence so far, this Government is neither capable of nor fit to achieve that goal, which is necessary for all of us in this country.

11:29

The Deputy Minister for Health and Community Care (Lewis Macdonald): This has been an important debate, although I am sorry that Stewart Maxwell spoiled a rather good speech with his final rhetorical flourish, because we have discovered that there is a quite a lot of support for quite a lot of what we propose to do in response to the Kerr report.

Scotland is not alone in facing the dual pressures of an aging population and a growth in chronic disease but, we are feeling those pressures more acutely and earlier than many other countries. A recent academic paper on care for chronic conditions reported that

"most healthcare systems have not kept pace with the decline in acute health problems and the increase in chronic conditions … most healthcare today is still trying to manage chronic problems using acute care mentality, methods and systems."

That is what Kerr's report and our response are designed to change: an acute care approach to dealing with chronic conditions simply will not work. Because the pressures are so marked in Scotland, we have the opportunity to take a lead in finding ways of dealing with them. That is what the paper that we have published today will allow us to do.

Mary Scanlon: I am grateful to the minister for giving way and I apologise if I repeat what I said earlier. The minister emphasises chronic

conditions. Yesterday, Adam Ingram and I were at a meeting of the cross-party group on mental health, at which it was clearly stated to us that if someone who has mild or moderate depression is treated early, the condition does not become chronic. Will the minister also emphasise early intervention?

Lewis Macdonald: The emphasis that I have placed on chronic conditions does not take away from the emphasis throughout the Kerr report and in our response to it on early intervention in dealing with conditions of all kinds.

Several members asked about dates and timescales. I want to be clear about one thing: the paper that we have published today is not the launch of a consultation. "Delivering for Health" sets out a detailed programme of action for the next five years, with actions with clear timescales allocated to named organisations. We will report on progress and members will be able to judge that progress.

Euan Robson and others asked how we will monitor delivery of the objectives. We have set up a delivery group within the Health Department that will focus on that monitoring. The public and annual reviews that we have conducted this year for every NHS board will also provide a clear focus for boards that are reporting on progress to ministers and their local populations.

As David Davidson seems to have picked up some interesting ideas over his breakfast, I will clarify that there are no proposals for full-scale reshuffling of health boards or for local authority hospitals. I hope that Mr Davidson will find more time to read the documents that we publish rather than stories in newspapers.

One of the key issues that was raised by several members, Duncan McNeil in particular, is the importance of tackling health inequality and recognising the increasing gap in life expectancies. It is important to make the point for the record that, with one exception, life expectancies are going up everywhere in Scotland, but the gap is increasing because more affluent communities are more likely to endorse and take advantage of some of our messages about improved health and more healthy lifestyles. We acknowledge that we have to tackle that growing gap and that it cannot be allowed to continue to grow.

We also know that we are in a good position to do something about the situation. We believe that the Kerr proposals that are endorsed by our response will allow us to do that. In 2006, we will pilot anticipatory care approaches in some of our most deprived areas, with a view to rolling them out to all our most deprived areas wherever they might be. We will focus resources in primary care on case finding, health screening and preventive interventions for people who are at high risk of ill health. The focus will shift from fixing and mending to anticipating and preventing. We will put NHS Scotland at the forefront of international practice by the end of 2007 by providing intensive and co-ordinated care to those who need it in their own communities. By doing that, we will also improve the quality and speed of acute services, which will allow them to focus on people who need acute services and to reduce pressures from people who would be best cared for in the community.

Have a heart Paisley has been mentioned. It is a good model and lessons can be learned from it at local and national level. It is the kind of intervention that goes out to people in the most deprived communities, finds out why they are not accessing the services that exist and then does something about it. We need to redesign services in that way to make them more accessible and to ensure that they give people, even those in our most deprived communities, real choices that they do not have at present.

We also recognise that it will be increasingly important to support self-care and self-management to ensure the independence of people who have long-term conditions. In that respect, we acknowledge the valuable contribution of family members and other carers, and we expect NHS boards to support them in their role. In 2006, we will establish a Scottish long-term conditions alliance to support patients' self-management and we will work with that alliance to ensure that patients and carers have the necessary skills and knowledge. Moreover, we will expand primary care by investing in community health centres, which can provide day-case surgery and diagnostic, rehabilitation and outreach services, and will accelerate the development of practitioners who have special interests and extended roles.

Mr Davidson: The minister has referred to the Scottish long-term conditions alliance, patients' self-management and so on. Who will fund those initiatives, what will the Executive put into them and who will staff them?

Lewis Macdonald: We will roll out the proposals over the next year and we will ensure that the alliance brings together people who are already on the front line, dealing with patients. However, we must focus on the patient, rather than create a new bureaucracy and, in order to take a co-ordinated approach to management of long-term conditions, we must ensure that the alliance also includes people who experience such conditions.

As Andy Kerr said in his opening speech, we will implement certain changes to make further progress on waiting times in Scotland. For

example, we will treat day surgery rather than in-patient surgery as the norm, improve referral and diagnostic pathways and actively manage admissions, discharge and follow-up after leaving hospital. Starting in 2006-07, boards will develop a three-year plan to introduce those changes, which will increase the health service's productivity and the return on our health spending.

On the cost implications of the Kerr report, which several members raised, we were encouraged by the fact that Andrew Walker, the health economist who examined the proposals for us, concluded that they could be delivered on a cost-neutral basis because of the shift in the balance of spend. However, we also recognise that, having already made available record levels of resources, we must get the best possible value for them.

Members also highlighted ICT. Such technology will enable better service delivery and allow us to connect different parts of the health service for patients' benefit. The Kerr report suggests that we should seek to procure a common NHS system by 2008; however, we have gone beyond that recommendation with this morning's announcement that we will seek to begin the procurement process for such a system by 2007, with a view to implementing it by 2010.

Moreover, we are in the shorter term pressing ahead with a number of work streams to complement that objective. For example, we will ensure universal uptake of the community health intake number by June 2006; the implementation of a national accident and emergency management information system by January 2007; and the national roll-out of picture archiving and communications systems—or PACS—by June 2007.

Janis Hughes asked whether the new Stobhill and Victoria hospitals will be able to use such systems. When those hospitals open their doors in two years' time, they will be fully equipped with modern and effective PAC systems and an IT infrastructure that will support the single patient record system as it is introduced over the period 2007 to 2010. We will ensure that both new hospitals will have the best possible technology and full IT integration from the outset.

We are also discussing with Grampian NHS Board an outline plan for a national centre—or, as some might see it, a centralised service—for telehealth; we expect proposals to be made shortly. As I have shown, we are looking to develop services in a number of ways.

One or two issues that members raised have already been covered in the debate. Euan Robson comprehensively responded to queries about neurosurgery, and I simply reiterate his point—and the point that Shona Robison made in her opening speech—that we are talking about a managed clinical network. Decisions have yet to be taken and we want to develop the best possible service.

Mike Rumbles: Will the minister give way?

The Presiding Officer (Mr George Reid): No. The minister is in his last 30 seconds.

Lewis Macdonald: We will continue to implement the conclusions that we have reached. Indeed, we have set out a clear framework in that respect. In December 2006, we will publish a delivery plan for mental health, which is another important issue that members raised, and we expect to have published by December 2006 a comprehensive report on standards of care in remote and rural areas.

What we have heard this morning indicates a very broad consensus on, and support for, the direction of travel that has been set by the Kerr report and our response to it. I particularly welcome the wide support for improving health service delivery by separating planned and unscheduled care.

The steps that we have highlighted in "Delivering for Health" show how we can turn the vision in the Kerr report into reality. I hope that people with an interest in Scotland's future health will move away from tired old arguments about how we can keep services the same and instead engage in a real and worthwhile debate on how we can make them better.

Question Time

SCOTTISH EXECUTIVE

General Questions

11:41

Road Accidents

1. Mr Stewart Maxwell (West of Scotland) (SNP): To ask the Scottish Executive what resources are in place to reduce the number of road deaths and injuries. (S2O-7816)

The Minister for Transport and Telecommunications (Tavish Scott): The Scottish Executive commits funding annually to a dedicated programme of accident investigation and prevention works on trunk roads. Funding is also provided to local authorities and the Scottish road safety campaign for road safety initiatives.

Mr Maxwell: Is the minister aware that deaths and injuries on our roads costs approximately £2 billion each year? The budget for the safety camera partnerships that were set up to deal with speeding and bad driving comes from the fines collected from such drivers. Although any shortfall in that funding has to be covered by local authorities, the police and the other partners in those partnerships—in other words, by money from local taxpayers—any surplus is taken down south to the Treasury.

Is the minister further aware that, last year, £1.1 million went to the Treasury?

The Presiding Officer (Mr George Reid): Briefly, please.

Mr Maxwell: Does the minister agree that that money would be much better used in preventing accidents in Scotland and should be retained by safety camera partnerships for that reason?

Tavish Scott: Our targets for reducing all road traffic deaths and serious injuries are exacting and tough—for example, we are committed to a 40 per cent reduction in such incidents by 2010. By 2004, the number of road deaths and injuries had been reduced by 37 per cent, so I grant that we still have some way to go.

I should also point out that we set a target for road traffic deaths and injuries involving children of 50 per cent of the 1994 to 1998 figures. We have already exceeded that target and have reduced the figure by 55 per cent. We want to reduce it even further.

Targets have to be tough not only because of the costs but because of the immense personal and natural damage that such events cause to families and communities. Mr Maxwell's point is fair in that respect. That said, although we can debate the various financial mechanisms that are used, he should recognise that the Scottish road safety campaign, which will receive £1.7 million in the current financial year, focuses on drink-driving, drug-driving, speeding, cycle safety and young driver casualties. Moreover, the investment in the programme of accident prevention on the trunk roads and local road network is considerable, and I am happy to write to him with the figures.

Mr David Davidson (North East Scotland) (Con): Three transport ministers ago, I asked for two improvements to be made on the stretch of the A90 between the southern end of Aberdeenshire and the city of Aberdeen. First, I asked for visual safety to be improved and suggested that flashing lights could be used to warn drivers of fog, standing traffic, water, ice and so on. Secondly, I suggested that there should be grade-separated junctions at Laurencekirk and further up the road towards Portlethen. Will the new minister with responsibility for transport tell me what has happened to those two ideas?

Tavish Scott: I drove down the A90 this morning. Last night, I discussed that very issue, with particular reference to road safety mechanisms. I am happy to look into the specific circumstances of the two grade-separated junctions that the member suggested, but I cannot give him a precise answer today. I will write to David Davidson with the details, but it is important to acknowledge our investment in road safety in the trunk road network—which of course includes the route that Mr Davidson mentions—and in the local authority networks. We are tackling what are commonly agreed, across the political divide, to be serious issues. However, as I am sure Mr Davidson is aware, we do not have unlimited budgets and we have to make the right investments. We are spending £360 million on the trunk road network over the current three-year period to tackle the very problems that Mr Davidson highlights.

Mr Andrew Welsh (Angus) (SNP): Will the minister join me in congratulating Angus Council on turning the A92 from one of Scotland's most notorious accident black spots into a superb and safe dual carriageway fit for the 21st century? There have, however, recently been accidents further up the A92. What assistance can the Scottish Executive give to ensure the completion of this safer road system as far as Montrose?

Tavish Scott: I am happy to praise any local authority initiatives that contribute to our overall objective of reducing road deaths and serious injuries by 2010. I would not avoid applauding any council that had brought in such measures. I will be happy to look into the particular issue that Mr Welsh raises and to respond to him.

Antisocial Behaviour Orders

2. Cathy Peattie (Falkirk East) (Lab): To ask the Scottish Executive how many antisocial behaviour orders have been granted in the past six months. (S2O-7886)

The Deputy Minister for Justice (Hugh Henry): Figures for ASBOs granted in Scotland are collated for financial years, so figures for the past six months are not available. The most recent figures show that 210 ASBOs were granted in Scotland during the financial year 2004-05. Those figures will be presented in a full report to be published later this year, which will explore the use of ASBOs in Scotland. Figures for the past six months will be available as part of the 2005-06 figures, which are due to be published in late 2006.

Cathy Peattie: A family in my constituency are being hounded out of their home. A constituent intervened in a racist attack and since then, over the past 18 months, the family has been attacked every weekend. They can no longer get insurance for their front windows. An ASBO is now in place but the family and friends of the young thug involved are now attacking my constituents. Central Scotland police appear to be able to do absolutely nothing. What can we do, and what can the minister do, to help families such as my constituents?

Hugh Henry: The situation that Cathy Peattie describes is outrageous and unacceptable. No one should have to tolerate such behaviour.

Two issues arise. Some of what Cathy describes is outright criminality and should be addressed as such. Powers are available and laws are in place to deal with that. As for the surrounding issue of antisocial behaviour, we have significant new powers, and significant resources are available to police and councils.

Some ideas come immediately to mind but it is not for me to dictate what should happen operationally. However, to give an example from my own area of Renfrewshire, an antisocial behaviour order has just been taken out against someone under the age of 16. That is the first time that that has happened. In some parts of Scotland the powers of dispersal have been used to remove people who have been grouping together to cause antisocial behaviour. In Fife and in Glasgow, the powers of closure of premises have been used to remove people from houses where they have been associated with antisocial behaviour.

By a combination of the law on crime and the law on antisocial behaviour, powers should be available to police and local authorities to give the protection that Cathy Peattie's constituents and people across Scotland deserve.

Maureen Macmillan (Highlands and Islands) (Lab): Is the minister aware of the recent successful use of a dispersal order in Dingwall? The order has brought an end to a prolonged period of antisocial behaviour in part of the town.

Does the minister agree that the use of dispersal orders in appropriate circumstances should be encouraged so that police forces and local authorities can work together to ensure that persistent antisocial behaviour in certain areas comes to an end?

Hugh Henry: I would certainly encourage partners in various parts of Scotland to work together. When we introduced the legislation, we were clear that there should be local partnerships and that decisions should be made locally. However, we were also clear—despite what many people told us—that the powers should be proportionate and appropriate. I am encouraged that positive results are being reported from throughout Scotland of local agencies using the powers to the benefit of local communities.

One thing that I intend to do—and I have asked my officials to work on it—is to produce a regular antisocial behaviour newsletter to be issued to councils, councillors, police, local agencies, MSPs, MPs and others to detail the ways in which antisocial behaviour powers are now being used to best effect across Scotland. The more we disseminate such information, and the more information we can provide to the effect that the powers are working, the more we will encourage the appropriate use of the powers throughout Scotland.

School Transport (Seat Belts)

3. Mrs Nanette Milne (North East Scotland) (Con): To ask the Scottish Executive whether it will make representations to the United Kingdom Government for legislation requiring seat belts to be provided on all school transport. (S2O-7854)

The Minister for Transport and Telecommunications (Tavish Scott): Legislation covering seat belts is consistent across the UK and is reserved. Existing legislation requires seat belts to be fitted to minibuses and coaches that are being used to carry children aged between three and 15 on organised school trips, including journeys between home and school.

Mrs Milne: Many local authorities also use double-decker buses to transport pupils. Clearly, the current legislation does not cover such buses. Many parents in my part of the world are extremely worried that school children are being transported along rural roads in double-decker buses, often in poor or wintry conditions.

Does the minister agree that, in the interests of safety, it is vital that all buses be fitted with seat

belts for all pupils who are being transported to and from school—especially in rural areas such as central Aberdeenshire?

Tavish Scott: I understand Nanette Milne's point. She will be aware that Executive guidance encourages local authorities to ensure that vehicles are appropriate—whether for urban or for rural use—and that children are encouraged to wear seat belts if they are provided.

The UK Government plans to extend the seat belt requirements to include seated passengers aged three or over—in other words, to include children over the age of three—on all buses and coaches on which seat belts are fitted.

Elaine Smith (Coatbridge and Chryston) (Lab): Following the Scottish Consumer Council's recommendations on school transport earlier this year, will the minister tell me whether the unacceptable variations across Scotland have been addressed? Are full vehicle maintenance and reliability records checked before contracts are awarded? I am especially concerned about the age of some buses.

Tavish Scott: I will be happy to look into the specific circumstances that Elaine Smith raises in relation to a particular area, if she would care to furnish the department with information.

I am aware of the Scottish Consumer Council's review of school transport contracts and of the report that was published earlier this year. It is an important piece of work and it is picked up on in the guidance that we issue to Scottish local authorities. However, if Elaine Smith has a particular concern in relation to a particular contract, I would be happy to look into it.

Scottish Local Authorities Remuneration Committee

4. Marilyn Livingstone (Kirkcaldy) (Lab): To ask the Scottish Executive what progress has been made by the Scottish local authorities remuneration committee. (S2O-7871)

The Minister for Finance and Public Service Reform (Mr Tom McCabe): The Scottish local authorities remuneration committee is founded on a statutory basis, independent of ministers. I understand that it is making significant progress on its current review and I look forward to receiving its report around the end of the year.

Marilyn Livingstone: Timescales are very important and I welcome the commitment to a report by the end of the year. I was a member of the Kerley committee and, like the minister, I was in local government, so I know that he acknowledges the immense contribution that local government makes to communities. I hope that any final report will acknowledge that contribution.

I would ask that any report should take forward the widening access agenda. I hope that that will afford the opportunity for representation from all sections of the community.

The Presiding Officer: A question please.

Marilyn Livingstone: Any remuneration package must take cognisance of those important issues.

Mr McCabe: I can only agree with those sentiments. Obviously, we would wish always to acknowledge the enormous contribution that people make when they come forward to serve in public life. The whole purpose of establishing the remuneration committee was to better understand and better reward the contribution that people make. We look forward to hearing the recommendations and we will do our best to take account of them—while always considering the proper balance between the public interest and a proper recognition of the service given.

The Presiding Officer: Question 5 was not lodged.

Schools (Class Sizes)

6. Dennis Canavan (Falkirk West) (Ind): To ask the Scottish Executive what action it is taking to monitor progress towards reaching its 2007 targets for maximum class sizes in primary and secondary schools. (S2O-7813)

The Deputy Minister for Education and Young People (Robert Brown): Class sizes are predominantly determined by teacher numbers. Good progress is being made in training the teachers required to meet our 2007 class size commitments. Through the teacher workforce planning exercise we are able to monitor the number of teachers being trained and can take into account the number of teachers coming to Scotland. The targets are challenging, but we are determined to meet them.

Dennis Canavan: Why was I told in a recent parliamentary written reply that the latest available figures for class sizes in secondary 1 and 2 for English and maths were for September 2003, which is more than two years ago, when there were around 8,000 such classes with more than 20 pupils? Are ministers so lacking in basic numeracy skills that they cannot count more regularly the number of pupils in a class, or are they too embarrassed to release more up-to-date figures because they might indicate that the targets are unlikely to be met by 2007?

Robert Brown: The partnership agreement of 2003 set the targets to which Mr Canavan refers. It was therefore necessary to establish a baseline as of that year, which is why those figures were produced. It was always anticipated that there

would be growth in the teacher recruitment numbers over time. As Mr Canavan will be well aware, it takes some time to get people through university, trained and in post as probationers. That process is well under way—substantial numbers are coming through—but the bulk of new teachers were always intended to be in place by 2006-07. That is happening, as we know from the figures that have been produced in the chamber on many occasions.

Lord James Douglas-Hamilton (Lothians) (Con): Does the minister acknowledge that if Scotland is to address its teacher retention and recruitment problems, particularly in the Executive's target subject areas of maths, English and Gaelic-medium education, it is essential that teachers are given appropriate training and support?

Robert Brown: I accept that entirely. I am not quite sure what point Lord James Douglas-Hamilton is making, but considerable effort has gone into supporting new probationer teachers who are coming into post, to enable them to do their job satisfactorily. There has been considerable review of and improvement in initial training and post-graduate, follow-up training. I hope that that will satisfy Lord James about the progress that has been made.

Fiona Hyslop (Lothians) (SNP): Student teachers must get a training placement to enable them to get the experience they need. Meeting the targets—however difficult that will be for the Executive—requires more teachers. What guarantees can the minister give students that they will get placements? What work is he doing with schools to ensure that all schools co-operate to ensure that teachers are trained? Is he aware that some councils are causing difficulties in providing placements for student teachers?

Robert Brown: I am grateful to Fiona Hyslop for her question, but I think that she has to get the issue in proportion. Some 3,000 new probationers came on stream this year—an increase of 700. It is a significant logistical task to get all those students placed. With the exception of Moray House school of education, where there were a few initial difficulties, everyone got placed in time. Five students at Moray House did not receive their observation week training in September and their follow-on school placements are being negotiated. We have every confidence that that will be resolved satisfactorily by the end of this period. However, it depends on co-operation with local authorities, as Fiona Hyslop said; considerable efforts are being made and additional resources are being put in.

Youth Football (First Aid)

7. Mr Kenny MacAskill (Lothians) (SNP): To ask the Scottish Executive what support it will provide to enable youth football coaches to obtain first aid training. (S2O-7889)

The Minister for Tourism, Culture and Sport (Patricia Ferguson): None specifically, but through the implementation of the action plan for youth football we are supporting measures to raise the standards of football coaching at all levels in Scotland.

Mr MacAskill: Is the minister aware that the mandatory first aid certificates required regularly by the Scottish Youth Football Association are now subject to a £40 charge by the St Andrew's Ambulance Association? That might be a modest cost, but it is one of many that mount up for the voluntary sector. Given the importance of sport, which was touched on earlier, and given that we have a national health service, will the minister undertake to consider whether we can ensure that that modest cost is picked up by the NHS and, at the same time, allow additional support for coaches, not simply in first aid but in matters of drink, drugs and nutrition?

Patricia Ferguson: The Scottish Youth Football Association is committed to implementing best practice initiatives to ensure that young footballers are able to participate in a safe and well-managed competition. The SYFA has decided that the clubs that are affiliated to it have to have in attendance a coach at a certain level and, more important, a first aider at a certain level. At the moment, the SYFA is the only sporting body to have such a requirement but I imagine that, if Mr MacAskill's suggestion were implemented and adopted across the range of sports, the cost to the national health service would be bigger than the modest amounts that he has in mind in relation to the SYFA.

Obviously, we are in constant touch with the Scottish Football Association, the SYFA and the other sports governing bodies. To date, however, I have not detected that there is a particular appetite for what Mr MacAskill suggests.

First Minister's Question Time

12:00

Prime Minister (Meetings)

The Presiding Officer (Mr George Reid): This week's questions to the First Minister will be answered by the Deputy First Minister.

1. Nicola Sturgeon (Glasgow) (SNP): To ask the First Minister when he will next meet the Prime Minister and what issues will be discussed. (S2F-1869)

I would also like to congratulate Andy Murray on his fantastic victory yesterday.

The Deputy First Minister and Minister for Enterprise and Lifelong Learning (Nicol Stephen): I add my congratulations to those of Ms Sturgeon. The First Minister has no immediate plans for a formal meeting with the Prime Minister and neither do I.

Nicola Sturgeon: Does the Deputy First Minister think that there are enough police officers in Scotland?

Nicol Stephen: The number of police officers in Scotland has gone up significantly since 1999. We now have more than 16,000 police officers in Scotland. In the first years of the Parliament, that figure was significantly less, and somewhere around 600 new officers were recruited. Since the election in 2003, more than 700 additional officers have been recruited. The Scottish Executive has a positive story to tell about the number of police officers in Scotland.

Nicola Sturgeon: I remind the Deputy First Minister that I asked him not how many police officers there are but whether he thinks there are enough. I am surprised that his answer was not a bit more specific. Has he forgotten that his party's Scottish manifesto, which was produced in May, said that we need 1,000 more police officers than we currently have, or is that just another policy principle that he leaves outside the Cabinet room? Yesterday, the Association of Chief Police Officers in Scotland told the justice committees that the police in Scotland are underresourced. Does the Deputy First Minister think that that is having any impact on the administration of justice in Scotland?

Nicol Stephen: As Nicola Sturgeon knows, we carried out a review of the funding of the police in Scotland and discovered that there was underfunding. It was identified that £15 million more needed to be invested in our police forces.

We had two options: redistribute resources across the police forces or increase the general funding for the police. We decided to increase the funding and have already found £11.5 million of the £15 million and the results can be seen on the ground. We now have additional police officers, record numbers of police officers in training and record numbers of additional civilian staff, who will release police officers to work on the beat and in our communities. That is a positive story.

The situation is clear. In 1999, the funding for justice and the police was £1.6 billion; today, it is £2.2 billion and it will rise to £2.6 billion by the end of the spending review period. The average increase across those years is 7 per cent a year, which is way ahead of the rate of inflation. In terms of justice and police numbers, the situation has never been stronger. However, we still face a challenge in terms of crime and justice.

Nicola Sturgeon: I asked the Deputy First Minister about the impact on the administration of justice. I draw his attention to new figures that were published by the Crown Office this week showing that, last year, the number of crimes that were reported to the Crown Office but which were never taken to court because of delays by the police was 7,759. That is a 30 per cent increase on the previous year, even though, two years ago—as we can read in the *Official Report*—the First Minister promised that those police delays would "consistently reduce". If everything in the garden is rosy, will the Deputy First Minister explain, in nice, simple terms, why police delays are resulting in an average of 20 crimes a day going unprosecuted and unpunished?

Nicol Stephen: I will not stand here and defend delays, difficulties and problems. However, the overall no proceedings rate, as Nicola Sturgeon knows, has gone down by 2 per cent. There have been improvements: we have record numbers of police and we have record investment. However, if there are difficulties, we want to tackle them. We want to make our communities safer and we want to take practical steps to tackle crime.

When the Scottish National Party gets the opportunity to do so, it fails to support measures against crime. It did not support the Scottish measures in three criminal justice bills and it did not support the Crime (International Co-operation) Bill, the Fireworks Bill or the Serious Organised Crime and Police Bill. Let us see the nationalists take practical steps to do more for justice.

Nicola Sturgeon: I remind the Deputy First Minister that the overall no proceedings rate is up from 13.4 per cent to 18.5 per cent—that is the reality. I remind him of a few facts: the police say that they are stretched, the devastating figures from the Crown Office prove that they are stretched, and the Deputy First Minister's own party says—outside the chamber—that we need 1,000 more police officers. Therefore why does he

stand in the chamber—where, if he wanted, he could make a real difference—and parrot the tired, old Labour lines?

Nicol Stephen: We are being more open and more accurate about crime statistics and are taking a different approach from the past. I cannot imagine the SNP team meeting to decide whether it should create a new system that would show worse crime statistics in year but provide a more honest approach that would help victims more. Would Nicola Sturgeon have backed such an approach? I doubt it very much. We are taking a more open, positive approach and we are determined to tackle those figures.

In this week, of all weeks, when we have been doing good things on free eye tests, when there have been good gross domestic product figures, and when we have progressed free bus travel for the elderly, I might have hoped that Nicola Sturgeon would concentrate on the positive. She could have concentrated on the record investment and on our additional police officers, although even her own back benchers laugh at that prospect, because she is negative all the time.

Cabinet (Meetings)

2. David McLetchie (Edinburgh Pentlands) (Con): To ask the First Minister what issues will be discussed at the next meeting of the Scottish Executive's Cabinet. (S2F-1870)

The Deputy First Minister and Minister for Enterprise and Lifelong Learning (Nicol Stephen): At the next meeting of the Cabinet we will discuss our progress in delivering the commitments that were given in the second partnership agreement.

Welcome back.

David McLetchie: Thank you. As the Minister for Enterprise and Lifelong Learning has been in post for almost three years, can he tell me how many local authority special schools have been closed in Scotland since 1997?

Nicol Stephen: I do not have the accurate figure, but I know that a number have closed. We have taken steps to invest significant amounts of money in building schools and developing and improving provision for children with special educational needs. We have tried to take a more inclusive approach. That has involved creating and investing in units in which special schools are now part of a larger primary or secondary school. In almost all cases, that has worked exceedingly well.

However, I suspect that the member is asking whether it is important that we still have special schools and that children should have a choice. I would say that it is. That is why we defended our national special schools and why we will continue to ensure that, at the local level, children who need to attend special schools have the opportunity to do so.

David McLetchie: For the Deputy First Minister's information, I point out that 33 special schools have been closed since 1997 and that in some local authority areas there is no separate special school provision at all.

I wish to explore the policy approach of mainstreaming and inclusion that has given rise to that situation. As the Deputy First Minister will be aware, many of the closures have come about because of a presumption in favour of mainstream schooling that does not serve the interests and needs of some of our most vulnerable young people. Their parents believe that their children are being treated as pawns in a game because of a dogmatic obsession with a mainstreaming policy. Does the Deputy First Minister agree that there should be no presumption—statutory or otherwise—in favour of or against mainstreaming and that parents should be able to make a genuine informed choice between mainstream schools and special school provision, so that they can decide on the educational provision that is best suited to the needs of their child?

Nicol Stephen: I agree that there should be choice and opportunity for these children. I see some very good work going on in the special schools around Scotland. However, I also see some tremendous, transformational work going on in mainstream schools throughout Scotland. The level of support that can now be available in those schools, through classroom assistants, special units and additional support in the classroom, is helping dramatically to change the lives of a number of young people who would otherwise have been set aside and placed in a special school and who would not have realised their potential as they are now doing in our schools. It is not only about teaching staff but about the physical environment, which is why our investment in modernising our schools, through the public-private partnership programme, to introduce access for the disabled to schools, is important too.

This is a big issue. The number of young people in Scotland's special schools has been broadly static over the period to which David McLetchie refers, but we have dramatically increased the level of support in our mainstream schools. That is a good thing and many parents very much value the opportunity for their child to attend a mainstream school and to get the level of support that they need. Like care in the community, for example, it is not a simple or a cheap solution; it must be done well, it must be done sensitively and it must have the right resources behind it.

David McLetchie: The Deputy First Minister will find that the number is not static but has fallen by about 10 per cent in the period that we are discussing. I refer him to the remarks that were made by Baroness Warnock, who is seen by many as the architect of the special needs mainstreaming policy, when she spoke to the General Teaching Council for Scotland earlier this month. She expressed serious misgivings about the mainstreaming policy and the presumptions that underpin it and said that, for some children, it was tantamount to being "little short of cruelty". Does the Deputy First Minister agree with that, and will the Executive put in place a moratorium on the closure of special schools until the series of assumptions behind the mainstreaming policy are reviewed?

Nicol Stephen: I feel uncomfortable with the line of questioning from David McLetchie because it seeks to make a political issue out of a sensitive and important issue for the families and children involved. It is important that resources are allocated properly. It is important, when we are going for a more inclusive approach, that that is done carefully and sensitively. However, we should not look back to the halcyon days of the Conservatives in education, when special needs pupils were treated in some particularly excellent way, and try to contrast that with today. That would not ring true for many parents who, over those years, were frustrated by the quality and the level of provision for their children.

David McLetchie must remember that we are investing in record numbers of teachers and classroom assistants. At the moment, 3,300 teachers are in training—new teachers who are coming through into the system. Mr McLetchie's solution is often to centralise and nationalise our education system—an approach in which ministers decide how much should go to individual schools and to individual special schools. That is the wrong approach. We should try to open up our system, put the teachers in control and take advice from the educationalists. If we took David McLetchie's approach, we would have 3,000 more bureaucrats in our schools; we want 3,000 extra teachers.

Euan Robson (Roxburgh and Berwickshire) (LD): Will the Deputy First Minister or the Minister for Environment and Rural Development meet a delegation from Scottish Borders Council and local community councils to discuss how to ensure the implementation of effective flood prevention measures for Hawick and Newcastleton in my constituency, in light of the emerging cost—running into millions of pounds—of repairing the damage that was caused when the Liddel and Teviot rivers burst their banks in the early hours of Wednesday 12 October?

Nicol Stephen: There has been considerable concern about that issue locally, and I understand that the Deputy Minister for Environment and Rural Development visited the area two weeks ago, immediately after the flooding. I am pleased that that visit took place. Funding is available; I believe that the Executive has about £89 million available for flood-prevention measures. I would be happy to arrange a meeting—involving either myself or the appropriate minister—to ensure that the communities in Newcastleton and Hawick and the Borders generally are aware of the support that is available from the Executive. Support is also required from the local council, so it would be excellent if it, too, could be involved in the meeting.

Asylum Seekers (Forced Removal)

3. Colin Fox (Lothians) (SSP): To ask the First Minister what the details are of the proposed protocol between education and social work services in Scotland and the Home Office immigration service in respect of the forced removal of asylum seekers. (S2F-1883)

The Deputy First Minister and Minister for Enterprise and Lifelong Learning (Nicol Stephen): Discussions on the proposed protocol are being taken forward as a matter of urgency.

Colin Fox: It appears that there is still not a protocol in place. It is six weeks since the First Minister first flagged up the prospect and raised false and ultimately cruel hopes for one community in Drumchapel. Is it not the case that any protocol is merely a fig leaf for the Scottish Executive to hide behind as it watches more harrowing cases like the Vucaj case occur week after week? Is it not the reality that nothing will change? No protocol will make a blind bit of difference to an asylum policy that leads to 13-year-old girls being dragged from their beds in the dead of night in their pyjamas and 15-year-old boys being handcuffed and slammed into the back of a waiting van.

Nicol Stephen: Perhaps with the exception of the Scottish Socialists, an excellent approach was taken across political parties when the Parliament debated the issue. Our shared values across the chamber were clear. We all oppose unnecessarily heavy-handed tactics. We want asylum seekers in this country—particularly in cases in which children are involved—to be treated with dignity, respect and fairness when they require to be removed from the United Kingdom. We seek to inject those principles into the removal process. We want to make certain that education and social work services, which are the responsibility of the Executive, are properly considered in close consultation, co-operation and partnership with the Home Office.

The First Minister and the Home Secretary have reached an agreement in principle on the issue and a further meeting will be held next week to move the matter forward. The issue has not been delayed or forgotten about. We are making quick progress and will report back to the Parliament as soon as the discussions are concluded.

Colin Fox: I am proud that the Scottish Socialist Party has exceptional values compared with those that were illustrated by the eviction and deportation of the Vucaj family in Drumchapel. Will the Deputy First Minister tell the Parliament what the Scottish Executive will do to help bring the Vucaj family back to their adopted homeland and away from the grave and obvious dangers that they now face in northern Albania? Will he support the growing demand that families who have been waiting for more than 12 months to have their case considered be automatically allowed to stay here in Scotland in the communities into which they have been assimilated? Will he accept that the best small country in the world always welcomes with open arms refugees who are escaping persecution?

Nicol Stephen: Yes, of course. That is why we have an asylum seeker system, but it is wrong to pretend that this Parliament has powers in this area. This is a reserved issue. As members will know, I have been concerned about the issue and I have kept in touch with events, but I will not get into a detailed debate this afternoon about one family, no matter how much sympathy members have for that family. I want to see action that will change the system and make a fundamental difference to the approach that is taken. We will work closely with the Home Office and have an approach that introduces dignity, respect and fairness.

One simple political point to make at the end of the discussion is that perhaps if the Scottish Socialists had not got themselves banned from the chamber, they could have made a better contribution on the issue during September.

Patrick Harvie (Glasgow) (Green): In a negotiation between two Governments—the one that sits in front of us today and the one in London—this Parliament has a responsibility to hold the Deputy First Minister to account for this Government's part in the negotiations. Even if we accept the good will of the Executive on the issue, three important questions remain to be answered following the recent comments in the media by Tony McNulty, a UK minister, who almost rubbished the idea of a protocol. Is it the Executive's intention that the protocol will alter current practice or merely describe it? Does the Home Secretary, Charles Clarke, share that intention for the protocol? If so and Mr Clarke is not holding Mr McNulty's leash, who is?

Nicol Stephen: I agree with Patrick Harvie that it is important that I and other ministers are held to account in relation to the devolved aspects of the matter—that is not disputed. The proposed protocol is not intended to ingrain or maintain the current system but intended to introduce change and ensure that the social work and education or school aspects are handled sensitively and appropriately, particularly when children are involved. The important discussions with the Home Office are on-going, so it would be wrong to talk openly about the negotiations, but as soon as we have a result, we will report back to the Parliament.

Avian Flu

4. Richard Baker (North East Scotland) (Lab): To ask the First Minister how the Scottish Executive is responding to the latest developments in respect of avian flu. (S2F-1879)

The Deputy First Minister and Minister for Enterprise and Lifelong Learning (Nicol Stephen): Avian flu is an animal disease that can be caught by birds and poultry and which rarely affects humans. Although it represents a significant global challenge, the latest assessment identifies the risk to Scotland as low. The Executive is working closely with farmers, the European Union and the rest of the United Kingdom. In the event that the disease should occur, we will be ready to respond quickly and effectively.

Richard Baker: Does the Deputy First Minister agree that we must have not only the right supplies of drugs but the right delivery mechanisms to deal with any possible pandemic? Does he agree that the public should be reassured that our investment in and reforms of the national health service mean that we are better able to deal with such an emergency?

Nicol Stephen: There are two separate issues, which are constantly being brought together. One is avian flu, which affects birds and, very rarely, humans. In the past few years, 60 humans worldwide, mainly in Asia, have caught avian flu and they have not transmitted it to other adults. That is 60 people out of literally billions of people in Asia. The second issue is the potential pandemic flu—at some time in the future, the avian flu could mutate into a virus that might become a pandemic flu that could affect the whole world. That has not yet happened, but we are preparing for it, too.

Next week, the Minister for Health and Community Care and the Minister for Environment and Rural Development will give a statement to Parliament and answer questions on those two separate issues to ensure that the Parliament is brought up to date with action.

As members will know, yesterday the UK Secretary of State for Environment, Food and Rural Affairs took measures to prevent bird markets or fairs in Scotland and the rest of the UK. Measures have also been taken to ensure that there is no import of live birds into the country. Those are appropriate measures at this stage but, if further measures are required, they will be introduced in the next few days and weeks. The measures are focused on poultry and birds, as there is no current risk to human health in Scotland, or, at least, the risk is minimal.

Asian Earthquake

5. Brian Adam (Aberdeen North) (SNP): To ask the First Minister what action the Scottish Executive plans to take to support the relief efforts that are required as a consequence of the Asian earthquake. (S2F-1875)

The Deputy First Minister and Minister for Enterprise and Lifelong Learning (Nicol Stephen): I am sure that all members want to extend their sympathies to the individuals who have been affected by the Asian earthquake. I have passed on those sympathies to the consulate of Pakistan. I am also sure that members are proud of the response to the earthquake appeal from Scotland and the rest of the United Kingdom.

As with the tsunami last December, we have offered staff to the Disasters Emergency Committee to help out and we stand ready to respond to requests over the weeks and months ahead, as the disaster will clearly be on-going. I hope that Mr Adam and other members will join me in supporting those efforts and the work of the aid agencies in the afflicted areas.

Brian Adam: I am happy to do so, but will the Deputy First Minister join me in congratulating the Asian community in Scotland on its efforts, particularly the curries for Kashmir initiative, in association with Islamic Relief? Will he also associate himself with the recent remarks of Kofi Annan, who has condemned national Governments for delivering only a small portion of the finance that has been requested to relieve the desperate situation in which hundreds of thousands of survivors find themselves?

Nicol Stephen: I join Brian Adam in congratulating those communities, many families in which have been affected by the disaster. I congratulate, too, the teams from the International Rescue Corps at Grangemouth and Grampian fire and rescue service that travelled out to Pakistan; I understand that they recovered more than 50 per cent of the individuals who were pulled out of earthquake-affected buildings in the area to which they went.

Although some excellent work has been done, there is a lot still to do. The international community and international Governments must respond quickly. The UK has done well in that regard and we have made a significant contribution. Individuals in Scotland have raised more than £2 million, which represents an outstanding effort. However, globally we are way short of the United Nations target. That is why yesterday's meeting in Geneva was so important. The follow-up meeting in Pakistan in mid-November will be vital, too. We need action now from the Governments that have failed to provide the funding that is required.

Social Work (Death of Anne-Marie McGarrity)

6. Margo MacDonald (Lothians) (Ind): To ask the First Minister whether the Scottish Executive will organise round-table discussions with all appropriate agencies in respect of the operational challenges faced by social work departments following the anticipated report into the death of Anne-Marie McGarrity. (S2F-1885)

The Deputy First Minister and Minister for Enterprise and Lifelong Learning (Nicol Stephen): This is a tragic and traumatic case. At this early stage, it is quite right that inquiries are being carried out by the health board concerned, the local authority and the police. Until that work is complete, it would be inappropriate to anticipate the outcome. I am sure that members will welcome the fact that three-year-old Michael McGarrity responded well to the care that he received in hospital and has now left hospital.

Margo MacDonald: Although I agree that it would be precipitate to take fundamental decisions on how the up to 50,000 children in Scotland with drug-abusing parents should be looked after and supported, in view of the criticisms that have been made, especially of the City of Edinburgh Council's social work department—which my investigations lead me to believe are unfounded in this instance—it might be a good idea if the minister and the Executive encouraged local authorities to take the lead in organising such round-table discussions. That is what the Executive did when it responded to the report "Hidden Harm: Responding to the needs of children of problem drug users", which was produced by the Advisory Council on the Misuse of Drugs. The ensuing discussions gave an idea of where co-operation might be possible and how seamless the support for children such as Michael McGarrity should be.

Nicol Stephen: Of course lessons need to be learned by the agencies involved. When people first heard about that shocking incident, they must all have reflected on their own communities, on communities around Scotland and on the sort of society that we live in today, and they must have wondered about the support that neighbours and

friends can give one another. In spite of the professionalism of the agencies involved, it is perhaps inevitable that they will not be able to cover every situation. However, if there are professional problems or gaps, it is extremely important that we learn the lessons and plug those gaps.

It is hard to define community spirit, but we all know it when we see it. As we develop policy and go about our business, members of all the political parties that are represented in the Parliament and, beyond politics, people throughout Scotland must seek to build a sense of neighbourliness and to foster communities in which people look out for one another and work together. That is another important aspect of the tragic incident to which the member refers.

Fiona Hyslop (Lothians) (SNP): We are told by the Executive that one in 50 babies born in Scotland is born to a drug-misusing parent. Not all of those children will be on the at-risk register. Even if they were, not all of them would have an allocated social worker. Is the Deputy First Minister aware of the sheer scale of the issue and the extent of people's concern? Is he aware that an emphasis on criminal justice can sometimes hamper child protection and that the Education Committee is monitoring child protection on a six-monthly basis because some of the Executive's recommendations in that area are taking far too long to implement?

Nicol Stephen: I fully agree that an integrated approach is vital. At different stages in a young person's life, different bodies take lead responsibility. At one stage, the health board might be the responsible body but, at another stage, it might be the council's education department and the school. When a social worker is involved in a child's life or when there is criminal justice involvement, agencies such as the police can have a role to play, too.

It is vital that information is shared and that all agencies and services co-operate and work together in a transparent and consistent way. Everything that the Executive is doing is aimed at ensuring that that happens and that it happens better. Clearly, not only in relation to this tragic incident but in respect of the other examples to which Fiona Hyslop has drawn attention, it is vital that we strive to do better on the ground, at grass-roots level. We need to ensure that the good policies and strategies are implemented and delivered.

Margaret Smith (Edinburgh West) (LD): Will the Deputy First Minister give an assurance that the Scottish Executive will work with councils to try to find the best possible way in which councils can work with health boards on the wider issues of child protection? Does he agree that we all have a duty of protection and that that duty is not only to children on at-risk registers but to all children?

Nicol Stephen: Of course we do, which is why these individual cases are very important. However, a new approach is also important and we are working to deliver it. That is what Peter Peacock, Cathy Jamieson, Andy Kerr and the other ministers who are involved in this area want to see. All of us want to see better joined-up working and for policies and procedures to be implemented at the grass-roots, community level. It is very difficult for us always to achieve that consistently across all the local authorities, given the different urban, island and rural parts of Scotland that they cover.

This issue is a big challenge for us and these incidents remind us how important it is to get it right. I believe that we are making progress and that not only the legislation that we pass over the next few years but the practical measures that are taken on the ground and the additional funding that we are injecting into this work will make a significant difference.

Lord James Douglas-Hamilton (Lothians) (Con): Arising out of this enormously distressing case, will the Deputy First Minister confirm and clarify how, given that patient confidentiality remains an issue, the guidance that is contained in the Executive's "Sharing Information About Children at Risk: A Guide to Good Practice" document of September 2004 is being implemented?

Nicol Stephen: I appreciate Lord James's deep interest in these issues and the role that he played in progressing this agenda while he was a minister at Westminster. As he knows, many difficulties and issues are involved. That is why we are considering the issue carefully and why further legislation may be needed in this area.

We are determined to ensure that there is the co-operation and openness to which I have referred. Clearly, proper issues of sensitivity arise for the British Medical Association in respect of patient confidentiality. However, the interests of the child should come first. From the problems that we are seeing, it is clear that we have to change the system; we have to get a more co-operative approach. I am determined to deliver on that, as are my fellow ministers.

12:32

Meeting suspended until 14:15.

14:15

On resuming—

Question Time

SCOTTISH EXECUTIVE

Health and Community Care

National Health Service (Quality of Administration)

1. Donald Gorrie (Central Scotland) (LD): To ask the Scottish Executive what arrangements are in place to check the quality of administration in the national health service, such as contact between hospitals and general practices in respect of individual patients. (S2O-7824)

The Minister for Health and Community Care (Mr Andy Kerr): Each NHS board is under a statutory duty to ensure that the health care that it provides to all its patients is of sufficient quality. Supporting that general approach are initiatives such as patient-focused booking and the Scottish care information gateway, which are aimed at improving administration links between hospitals and primary care services. Those initiatives are designed to improve the quality of appointment administration by involving patients directly in decisions about their hospital appointments and to deliver more effective services by reducing the number of patients who fail to attend appointments.

Donald Gorrie: I am sure that all members can give examples of individual constituents who, after coming out of hospital, have found that it takes several weeks for their general practitioner's surgery to be told—if it is ever told—that the person has come out of hospital or for the results of any test to be transferred. I accept the points that the minister made, but will he try to improve the quality of administration in the health service by monitoring or inspecting?

Mr Kerr: That gets to the heart of this morning's debate on Professor David Kerr's report. In response to the report, the Executive will invest further in health care information technology. The member is absolutely right that it is inconvenient for patients when information is not transferred, but it can also on occasion be dangerous.

In the Scottish health care system, 60 per cent of GP bookings in the acute sector are already done by electronic referral. Moreover, our work on patient-focused booking is reducing the number of those who do not attend hospital appointments. We are thereby reducing the amount of health service time that is wasted. Those initiatives will make a difference, but I fully accept that more can be done. I am more than happy to look into the matter in greater detail. Nonetheless, the investment that we will make in health information technology in response to the Kerr report should, I believe, take care of many of the concerns that the member has expressed.

National Health Service Boundaries (Argyll and Clyde)

2. Jackie Baillie (Dumbarton) (Lab): To ask the Scottish Executive what progress is being made with its consultation on redrawing national health service boundaries in Argyll and Clyde. (S2O-7856)

The Minister for Health and Community Care (Mr Andy Kerr): The public consultation about new administrative boundaries for the area that is at present covered by NHS Argyll and Clyde began on 8 August. An associated series of 16 public meetings, supported by focus groups and workshops with key local organisations, has been attended by several hundred members of the public. Under the options on which we are consulting, the local hospital, community and other health care services on which people rely will continue. The consultation was due to end on 4 November, but I have agreed to extend it by seven days until 11 November to give those who attend next week's public meetings a little more time to submit their views. I will consider carefully the responses to the consultation before announcing my decision on the new administrative boundaries.

Jackie Baillie: I commend the minister and his team for the consultation, especially the public events in Helensburgh and Dumbarton, both of which I attended. Does he agree that the views of ordinary people are of primary importance? In that context, will he note the overwhelming public opinion that Helensburgh and Lomond should be covered by Greater Glasgow NHS Board?

Mr Kerr: I hear what the member says, but I need to wait for the outcome of the consultation process. I receive on-going reports about those meetings and am aware of the views that have been expressed, but my decision must be based on the totality of the consultation process. The consultation is being undertaken extremely well in terms of its format, style and level of engagement. I hear what the member says but, as she would expect me to say, my decision must rest on the totality of the consultation.

Miss Annabel Goldie (West of Scotland) (Con): As the consultation has proceeded in the way that has been indicated, the minister will be aware that legitimate concerns are being expressed about the absence of sufficiently robust information on the funding implications for the adjoining health boards that may have to assume patient quotas from the current NHS Argyll and

Clyde area and on the strategies for dealing with the extended patient obligation and geography of those adjoining areas. Given the fundamental importance of preserving confidence in the administration of health care in the current NHS Argyll and Clyde area, will the minister once again look to the possibility of the Executive maintaining interim administration of the area until far more detailed information has been made available? Will he consider doing that before people are asked to try to make informed choices about options?

Mr Kerr: We are trying to ensure that people can make informed choices and we are providing them with the appropriate information so that they can do so. I will consider the specific points that the member makes in relation to the financing of the successor board, whatever the design of that board happens to be. We will consider what information can be provided to the community.

The Executive has dealt with the issue of funds and the overspend. We want to move the service forward. Resources will be allocated by the normal means—through the Arbuthnott formula and other mechanisms for allocating resources to local health boards. We want informed choices to be made. If I can assist people to make those choices more accurately, I will do so. I will consider the points that the member makes in relation to financial information.

Smoking (Pregnancy)

3. Euan Robson (Roxburgh and Berwickshire) (LD): To ask the Scottish Executive what progress is being made in reducing the number of women who smoke while pregnant. (S2O-7828)

The Deputy Minister for Health and Community Care (Lewis Macdonald): The latest figures suggest that good progress is being made. The incidence of smoking recorded at first antenatal booking has decreased from 29 per cent in 1995 to 23.8 per cent last year. We are therefore on course to meet the national targets of 23 per cent in 2005 and 20 per cent in 2010.

Euan Robson: That is welcome news. Is the minister aware of good practice such as the stop for life project in Livingston, which takes cessation services into the community and provides one-to-one advice from specially trained midwives in whatever setting is necessary and convenient for pregnant women? Does he agree that good work of that type could easily be replicated across Scotland and could have a significant further impact on the health of mothers and children in Scotland? Will he look to study such best practice?

Lewis Macdonald: I am certainly aware of it. Mr Robson may be aware that the stop for life project in Livingston recently won through to the final round of the United Kingdom national Quit awards for the best and most innovative smoking cessation scheme. It is one of the schemes of which we can be proud. We want similar initiatives to be taken across Scotland. In the context of this morning's health debate, those are precisely the sort of measures that we can take, focusing particularly on the most deprived areas.

Shona Robison (Dundee East) (SNP): Given that 36 per cent of pregnant women in Dundee smoke, and given that Dundee has the highest teenage pregnancy rates in Scotland, will additional resources be made available to ensure the availability of more smoking cessation programmes and other support targeted specifically at such groups, especially in the light of the Kerr report, which we debated this morning?

Lewis Macdonald: As Shona Robison has acknowledged, the thrust of health policy is to tackle health inequalities. Smoking during pregnancy is one area in which there is a particularly marked inequality: rates have fallen in all areas, social classes and neighbourhoods, but they have fallen faster in more affluent areas. The points that were made this morning about the need to target the interventions that we make in the community on those areas where they will make the greatest difference and reduce inequalities are reflected in this policy area.

Dental Services (Dumfries and Galloway)

4. Dr Elaine Murray (Dumfries) (Lab): To ask the Scottish Executive what action it is taking to increase the availability of dental services in Dumfries and Galloway. (S2O-7884)

The Deputy Minister for Health and Community Care (Lewis Macdonald): We have given health boards new powers to deploy salaried dentists to address loss of access to national health dental services in their local areas. NHS Dumfries and Galloway is making full use of those powers. We have also put in place additional funding of £295 million over three years, much of which will be used to encourage general dental practitioners to continue to provide NHS treatment to all categories of patients.

Dr Murray: I know that the minister is aware of the serious shortage of dentists, both NHS and private, in Dumfries and Galloway and that he has similar problems in his constituency. Why is Dumfries and Galloway not to receive any of the 12 Polish dentists who were recruited by the chief dental officer? Did NHS Dumfries and Galloway not apply because it is undertaking its own recruitment drive in Europe, as well as being in negotiation with Integrated Dental Holdings to

provide 10 dentists in three centres in the region? Will NHS Dumfries and Galloway be able to apply for future allocations of dentists recruited by the chief dental officer should it wish to do so?

Lewis Macdonald: Absolutely. NHS Dumfries and Galloway will be able to take advantage of future recruitments. The dentists who have been assigned and whose appointment I announced a week or two ago were 12 of 32 highly qualified dental practitioners whom we hope to recruit from Poland in the next few months. They will be employed by health boards across Scotland. The 12 in the first batch have been allocated, as the member mentioned, but Dumfries and Galloway did not apply for them. However, two further groups of 10 will arrive for whom NHS Dumfries and Galloway will be able to apply. We have deliberately given health boards powers to address those issues in whatever way best suits their needs. I know that NHS Dumfries and Galloway is actively pursuing the matter to ensure that patients in Dumfries and Galloway have access to NHS dental services. That is something that we want across Scotland.

Alex Fergusson (Galloway and Upper Nithsdale) (Con): I hear what the minister says, but does he know why NHS Dumfries and Galloway did not apply for those dentists? Can he help me to explain to my constituents, who are in the second-worst affected area in Scotland, how the placement of the first tranche of Polish dentists to the Fife, Forth Valley and Argyll and Clyde health board areas can be anything other than party political? Does he recognise that organisations such as IDH, which may be coming to Dumfries and Galloway to provide some sort of dental cover, always have a high staff turnover and that that is not conducive to effective dental treatment? Will he confirm that such measures will be for the shortest time only?

Lewis Macdonald: That is an extraordinary statement from the Conservative party. I am taken aback to discover that it thinks that such matters are decided on a party-political basis—quite the contrary. Mr Fergusson should be aware that whoever is responsible for dentists choosing to withdraw NHS services from their patients, it is not the NHS and it is not NHS Dumfries and Galloway.

There needs to be a clear focus on why some—although by no means all—dentists are choosing to deregister NHS patients. The NHS, with the funding that we provide, is seeking to ensure that those patients are not denied access to NHS services. Dumfries and Galloway NHS Board is one of the boards that are exploring a whole range of options in order to make up the shortfall caused by the decisions of some dental practitioners. One of the methods that NHS Dumfries and Galloway is pursuing involves putting in place contracts with IDH, which has set up some 200 NHS dental practices south of the border. That is a good model. The contracts are for five years—there is no possibility of deregistering patients after three months' notice, as might happen with general dental practitioners. If those five-year contracts are put in place, they should give great reassurance to Mr Fergusson's constituents and others in Dumfries and Galloway.

Alasdair Morgan (South of Scotland) (SNP): The minister's boss, in answer to question 1, said that health boards have a statutory obligation to provide health treatment of sufficient quality. Regardless of Mr Macdonald's waffling answers to other supplementaries, the hard fact is that NHS Dumfries and Galloway is not fulfilling its statutory obligation and shows no signs of doing so soon. Will he advise the people of Dumfries and Galloway to sue the health board for failing to meet its statutory obligation?

Lewis Macdonald: Mr Morgan should cease misrepresenting the position. The position is that individual dental practitioners are legally entitled and empowered to choose to withdraw NHS services; that is not about a legal requirement on the part of the NHS. The NHS is, however, required to make dental services available and that is what NHS Dumfries and Galloway is seeking to do. I am sure that it would welcome Mr Morgan's support as well as the support of members of the Executive parties.

Belford Hospital (Acute Care Services)

5. Fergus Ewing (Inverness East, Nairn and Lochaber) (SNP): To ask the Scottish Executive whether it supports the continuance of acute care provision 24 hours a day, seven days a week, at the Belford hospital, Fort William and whether it will provide the necessary support to the hospital, its staff and NHS Highland in enabling that objective to be achieved in the long term. (S2O-7848)

The Minister for Health and Community Care (Mr Andy Kerr): Health boards are responsible for planning and ensuring the delivery of safe, sustainable and high-quality services for their populations, within the framework of priorities and guidance provided by the Executive. The range of services to be provided in future at Belford hospital has been the subject of careful study by the west Highland health solutions group, which brought together NHS Highland and NHS Argyll and Clyde to review the work of that hospital and of the Lorn and Islands hospital in Oban. The group's report supports the continuation of services at Belford hospital, but their precise configuration and the resources to be applied are clearly a matter for NHS Highland, having regard to the priorities outlined in "Delivering for Health".

Fergus Ewing: Surely the minister recognises that many components of the group's report require action by the Executive. Measures such as those that relate to the retention and recruitment of staff, joint working between health boards and the importation of elective surgery from other health board areas are not within the sole competence of NHS Highland. Does he accept that the Executive should give a clear commitment that all those measures will be addressed as required by the Executive, working with the health board?

Mr Kerr: I am not sure whether the member was present for this morning's health debate. If he was, he will know that, having previously embarked on this journey, we reinforced our commitment to it today by emphasising what requires to take place in our health service around regional planning. That is a requirement for all health boards in Scotland, which are running up to meeting it in the work that they are doing now. The initiatives that we outlined in this morning's debate—on remote and rural medicine, incentivisation, the skills agenda, the retention of skills in local communities and the development of the virtual rural medicine school—contribute to meeting the objectives that the member outlined. However, to go back to first principles, it is the role of health boards to reflect their populations' needs and it is the Executive's role to support them in that, which is exactly what we do.

National Health Service Dentistry

6. Brian Adam (Aberdeen North) (SNP): To ask the Scottish Executive what progress it has made on the new contract for NHS dentistry. (S2O-7853)

The Deputy Minister for Health and Community Care (Lewis Macdonald): Good progress is being made in line with the timetable that was announced in March and I expect to be able to report on further progress in the next few weeks.

Brian Adam: What steps has the minister taken to ascertain what it will take to encourage dentists to return to NHS work? Also, what proportion of the recently announced additional funds is available to pay for treatments rather than for overheads such as equipment and facilities?

Lewis Macdonald: The answer to the first question is that I have engaged in discussion with members of the British Dental Association and a range of other dental practitioners to ascertain their views of the kind of investments that we are making. It is important to emphasise the point that I made in answer to an earlier question, which is that we are investing record sums—£295 million over three years—to improve dentistry and oral health in Scotland. By the third year, we will be investing £150 million more than we have invested this year, of which £120 million—80 per cent—will go to high street dentists. I made it clear in writing to every dentist in Scotland last week that the bulk of that additional funding will be made available to those dentists who maintain a commitment to the NHS and continue to treat adults as well as children on the NHS.

Mike Rumbles (West Aberdeenshire and Kincardine) (LD): I am sure that the minister was as pleased as I was that an agreement was reached with Optometry Scotland for free eye checks. That is on schedule to be delivered. Does he agree that that important development has highlighted the need for a similar outcome with the dental profession? He referred to funding of £295 million and said that 80 per cent of the additional funding in the third year will go to high street dentists. Will he confirm that he is engaging constructively with the BDA? I am sure that, like me, other members want to know the height of the bar that the Executive has set for NHS commitment. How high is that bar?

Lewis Macdonald: That is an interesting question, to which I will come in a moment.

Shona Robison (Dundee East) (SNP): What is the answer?

Lewis Macdonald: I note that Shona Robison is also interested in the question. I take the opportunity that Mr Rumbles has given me to reflect on the constructive working partnership between the Executive and Optometry Scotland, which allowed us to make yesterday's announcement on free eye tests and on a new engagement with NHS high street opticians to provide a door through which all patients with eye health issues can come into the NHS. That is exactly the kind of thing that we want to see.

Some dentists are committed to the NHS, whereas others have clearly chosen to reduce their commitment to the NHS. In making it clear that the money is intended to improve oral health and to improve access to NHS dentistry, we have said in writing to the BDA that the measurement of commitment—the bar, as Mr Rumbles put it—will require that dentists treat adults as well as children and fee-paying adults as well as exempt adults on the NHS. We have not specified the requirement in more detail than that. I regret very much that, unfortunately, the BDA is unable to support even that principle. I hope that it will change its view and come round to support NHS dentistry. If it does that, we will be able to make good progress on other issues with it.

7. Maureen Macmillan (Highlands and Islands) (Lab): To ask the Scottish Executive what progress has been made in delivering NHS dentistry in Scotland. (S2O-7873)

The Deputy Minister for Health and Community Care (Lewis Macdonald): Since 1 April 2004, the Scottish Executive has offered 49 grants to help towards the setting up of new, or the expansion of current, NHS dental practices under the Scottish dental access initiative. The grant offers range between £50,000 and £100,000 per practice. In addition, as I have said, we are investing £295 million over the next three years in dentistry and oral health. We will seek to use that record funding to secure access to NHS dentistry as well as to improve Scotland's oral health.

Maureen Macmillan: Does the minister welcome the fact that Integrated Dental Holdings is now actively seeking planning permission to set up a substantial practice in Inverness—and perhaps one in Dingwall later—which will deliver NHS dental services? Does that not show that there is a strong future for NHS dental services in Scotland? What is his opinion of dentists—one of whom used to practise in Wick—who are currently touring the country endeavouring to persuade dentists to leave the NHS?

Lewis Macdonald: I agree with Maureen Macmillan and accept the point that she makes. The initiative that NHS Highland has taken, which is in parallel with that taken by NHS Dumfries and Galloway, to talk to IDH about putting in place NHS dentistry services in its area is very much to be welcomed. Highland NHS Board is one of the health boards to have taken advantage of the new powers that they have had since April to seek their own solutions by appointing salaried dentists and by talking to potential suppliers. That is a good thing. Other areas have been mentioned, but it is well known that Highland has a particular problem with access to NHS dentistry, beyond the issues that are faced elsewhere. We welcome that initiative and think that it is the right way to go.

I have made no secret of my deep concern that a small minority of dentists have chosen to force patients to queue in the cold out on the street to register at practices where in many cases they have been patients for all their adult life. That is greatly to be regretted. I do not think that that represents the approach of the great majority of dentists in this country. We want to give support and encouragement to dentists who remain committed to the NHS and to their patients.

Tricia Marwick (Mid Scotland and Fife) (SNP): What advice can the minister give to a 77-year-old constituent from Kirkcaldy who last week found that she had been deregistered from her dental practice and was refused reregistration by three dentists? When I spoke to Fife NHS Board yesterday, all that it could offer me was the number of a dental helpline that she could phone in an emergency. Is he not ashamed that that is how our old-age pensioners are being treated? What advice can he give me that I can pass on to her so that she can receive regular dental treatment in Fife?

Lewis Macdonald: I am very concerned that a small number of dentists have chosen to treat their patients with such disrespect as to deregister them without providing them with alternative options. The funding that has been put in place and the powers that have been given to health boards will be taken up by, among others, NHS Fife, which is putting in place a number of salaried practices throughout Fife. I encourage NHS Fife to proceed with that as quickly as possible.

Environment and Rural Development

Sprat Fishery (Firth of Forth)

1. Iain Smith (North East Fife) (LD): To ask the Scottish Executive whether it will reopen the sprat fishery on the Firth of Forth. (S2O-7825)

The Minister for Environment and Rural Development (Ross Finnie): No. The closure of the Firth of Forth to sprat fishing will be maintained because it is a known nursery ground for herring, a species that is important for Scotland and which has difficulties in relation to its current assessment. Given the complex issues that are raised by the sprat and herring fisheries, I will write to the fishermen today to give a full explanation of the decision to the relevant stakeholders. Of course, I will also write to the member today.

Iain Smith: The minister will understand that there will be great disappointment about that announcement. Does he agree that the survival of fishing villages such as Pittenweem requires the identification of alternative sustainable fisheries to supplement the limited income that is now available through the traditional nephrops fishery? Does he accept that Pittenweem fishermen, supported by Fife Council, have done everything that they can reasonably do to show that the commercially viable sprat fishery in the Firth of Forth can be sustainable without threatening stocks such as herring? Does he accept that that view is based on valid independent research from Napier University? Will he explain the evidential basis for the rejection of the outcome of that research? Will he allow further evidence of the viability and sustainability of the sprat fishery to be ascertained over the winter by agreeing to at least a limited commercial pilot involving a limited number of boats with full scientific monitoring?

Ross Finnie: I well understand the member's frustration and disappointment, but the matter is complex. The herring fishery is managed not only by us, but on an international basis. The current assessment of herring stock, particularly in relation to the poor record of recruitment, gives rise to real

concerns. Because of that, a requirement has been imposed to demonstrate that there is no tangible evidence of danger to the spawning stock that occurs in the Forth.

Fife Council's initiative to engage Napier University to carry out research is to be applauded, but, unfortunately, given the current condition of the herring spawning stock, the advice from the Fisheries Research Services is that the stock does not meet the required level. That is not to say that the level cannot be met, but, under the present evidence that is before us, I cannot open the sprat fishery. Clearly, to respond to the member's question, if matters such as the methodology that was deployed and what we can do to overcome such issues can be discussed, I would be happy for the FRS to engage in that process.

Mr Mark Ruskell (Mid Scotland and Fife) (Green): I am sure that the minister is aware that 2005 has been a disastrous breeding year for seabirds along the entire east coast. It is believed in many quarters that that is due to the collapsing sand eel population and that some seabird colonies have survived only through eating sprats. Is the minister confident that his department has enough current research and knowledge about the role of that key species in the wider ecosystem to make a decision on reopening the fishery at all?

Ross Finnie: Given that I have just said that I will not reopen the sprat fishery, that question, which was prepared earlier and which clearly did not anticipate the answer that I have just given, may have left the member with a slight difficulty.

In relation to the impact of the sprat fishery and the Napier University study, we are satisfied that our decision is correct. We take advice on the seabird population and sand eels. I am satisfied that we have adequate evidence on which to take decisions. As I have just mentioned, the decision in this case, based on the available evidence, is that we will not reopen the sprat fishery.

Sewage Dumping (Ayrshire)

2. Phil Gallie (South of Scotland) (Con): To ask the Scottish Executive what the latest position is in respect of sewage dumping at Auchlin and Upper Beoch in Ayrshire. (S2O-7808)

The Minister for Environment and Rural Development (Ross Finnie): The Scottish Executive is not aware of current dumping of waste of any kind on either site. As the member is well aware, operations were carried out to recover sewage sludge at the sites, by spreading, under appropriate regulatory exemptions that were notified to the Scottish Environment Protection Agency, which is the regulatory authority in the matter. The agency advises that operations have now stopped at both sites.

Phil Gallie: I thank the minister for his response. A letter to me from SEPA, dated 7 October, states that previous requirements on quality and depth of sewage and all other aspects of the dumping at Auchlin and Beoch have not been complied with to the agency's wishes, despite the fact that, time and again, the minister has protested that all was well on those sites. Is it not time that the minister accepted the difficulties that arise through the fertilisation programme and ensured that there is no more of it until steps are taken to ensure that all aspects, including the quality of the sewage that is dumped and sampling matters, are thoroughly guaranteed?

Ross Finnie: I acknowledge Phil Gallie's continued genuine interest in the matter but, as the member will be aware from the response that he has received, SEPA has drawn attention to what it believes may have been a number of occasional breaches by the operation in question. As the regulatory authority, SEPA is proceeding to prosecute such breaches. It would be inappropriate for me to comment on any legal process in which SEPA may be engaged on that matter.

In response to the member's question, I have not been protesting anything; I have been taking SEPA's advice on the operation of the site. If there have been breaches, appropriate action will be taken.

Mr Adam Ingram (South of Scotland) (SNP): Given SEPA's tougher stance—which I applaud—on granting exemptions in waste management licensing for large-scale disposal of sewage sludge, does the minister agree that the absence of a long-term strategy for the safe and sustainable disposal of sewage is a serious concern? What steps is he taking to address the issue as a matter of urgency?

Ross Finnie: There are three issues. The member is correct that, since the Waste Management Licensing Amendment (Scotland) Regulations 2004 (SSI 2004/275) came into force in January of this year, the regime has been strengthened and SEPA has had powers to take tougher action.

Secondly, in the short and medium term, we must resolve the difficulty of Scotland's inability to dispose of part of its sewage sludge because of the judgment relating to the process that was carried out at Longannet. My department is in discussions with several parties, including a range of operators, SEPA and the European Commission, to try to resolve that matter in the interim. That is a more immediate problem.

Thirdly, we want to develop a longer-term strategy, but a crucial aspect of that is whether we will have the ability to dispose of part of our sewage sludge by burning.

Scottish Water

3. Bill Butler (Glasgow Anniesland) (Lab): To ask the Scottish Executive what measures are being taken to ensure that Scottish Water makes significant improvements in its efficiency and performance, following recent reports that Scotland still lags behind England and Wales in respect of customer performance. (S2O-7859)

The Deputy Minister for Environment and Rural Development (Rhona Brankin): The Executive has set Scottish Water objectives that will result in further substantial improvements in service standards being made over the next four years. The Water Industry Commission is required to place limits on water charges that enable the highest standards to be delivered as efficiently as possible. The commission will announce on 30 November the charge limits and efficiency targets that it has set Scottish Water for the next four years.

Bill Butler: Can the minister reassure the Parliament that the processes that are in place will continue to deliver improvements in Scottish Water's efficiency and performance levels? More specifically, is the minister confident that Scottish Water can improve on the quality of water that it delivers and keep charges to domestic and business consumers at the most economic rate possible?

Rhona Brankin: Absolutely. The WIC has legal duties to promote the interests of all water customers in Scotland and to ensure that charges for customers are set at the lowest reasonable level. I have met Sir Ian Byatt, who is the WIC's chair, and I have no doubt that the organisation will discharge those duties diligently and that customers in Scotland will be asked to pay no more than is necessary for their water services.

Jobs (Livingston)

4. Bristow Muldoon (Livingston) (Lab): To ask the Scottish Executive how many jobs it anticipates will be created by a new salmon processing facility in Livingston. (S2O-7882)

The Minister for Environment and Rural Development (Ross Finnie): We expect some 50 full-time jobs and 10 part-time jobs to be created by the development of the new Macrae Edinburgh Ltd salmon processing facility in Livingston.

Bristow Muldoon: I thank the minister for that welcome news, which follows the awarding of a grant of more than £500,000 earlier in October.

On the broader front, does the minister agree that the investment of £6.5 million in fisheries and aquaculture underlines the importance of that industry to the Scottish economy and the role that it has to play in ensuring that Scottish people have access to a balanced diet?

Ross Finnie: Absolutely. I am pleased by the investment, by the location of the new facility and by the fact that a major investment of £3.6 million was assisted by the Scottish Executive's grant. I can confirm to Bristow Muldoon that the proposed development at Livingston highlights the importance of the aquaculture sector to Scotland and that it will play a role in ensuring that people throughout Scotland can access a healthy diet.

Avian Flu

5. Bill Aitken (Glasgow) (Con): To ask the Scottish Executive what recent assessment it has made of the threat to the United Kingdom poultry industry from avian flu. (S2O-7814)

The Minister for Environment and Rural Development (Ross Finnie): Whilst there is a risk of further global spread of avian influenza, the risk to Scotland remains low. We will, however, continue to monitor the situation and work with stakeholders to ensure that adequate measures are in place to minimise the likelihood of disease occurring in Scotland and, should it happen, to ensure that we are prepared to respond quickly and effectively.

Bill Aitken: Bearing in mind that the results of a survey that was conducted recently in England indicated that at least half of all poultry farmers have received no advice on how to prepare for and react to any potential epidemic, what specific advice is being given to Scottish farmers and other groups with large bird populations, such as wildlife centres, on the identifying, reporting and containing of any potential bird flu outbreak?

Ross Finnie: We have had extensive meetings and discussions with stakeholders—those who are engaged in the industry and the representatives of organisations that deal both with wild birds and with poultry. We have taken steps to issue a plan in the event that we have to put in place further measures. Again, we have discussed the plan with stakeholders.

In response to the measures that were issued by the European Commission earlier this week, we will have put in place by this weekend, through the necessary statutory instrument, the measures that are required in Scotland to increase biosecurity. We have discussed all those measures with stakeholders.

Mr John Swinney (North Tayside) (SNP): Does the minister accept the essential requirement for quality public information to be made available on the issue? There is a danger that misinterpretation of the situation and a lack of

appreciation of the measures that the Government is taking to protect people from the spread of avian flu could lead to serious economic damage being done to a number of fundamental businesses that are crucial to the rural economy. Will the minister give Parliament an assurance that he will increase the level of public information that is being made available to allow consumers and producers to take wise decisions?

Ross Finnie: Yes. I fully accept the underlying reason for the question. There has been a great deal of misinformation, which has been profoundly unhelpful. Certainly, the Minister for Health and Community Care and I are anxious both that accurate information should be available and that avian flu should be distinguished from the separate but potentially related matter of a flu pandemic.

Mr Swinney may have heard the response on the subject that the Deputy First Minister gave at First Minister's question time this morning. It is for that reason that the Minister for Health and Community Care and I will make separate statements to Parliament next week. We will report on the state of preparedness and try to give some assurances on the issues that were implicit in the question.

Brownfield Sites

6. Trish Godman (West Renfrewshire) (Lab): To ask the Scottish Executive what advice its Environment and Rural Affairs Department gives to local authorities and communities concerning the environmental aspects of developing brownfield sites. (S2O-7864)

The Deputy Minister for Environment and Rural Development (Rhona Brankin): Although the Environment and Rural Affairs Department does not give general advice of that nature, the Development Department provides planning advice on the development of brownfield sites. Both departments also provide financial assistance to local authorities and their partners to help secure the improvement of vacant, derelict and contaminated land.

Trish Godman: The minister will be aware of the former Royal Ordnance factory brownfield site at Bishopton in my constituency. With regard to the clearing of hazardous waste from that site to enable it to be developed, I am concerned that there seems to be no consensus on the depth of cleaning that is necessary or on the size of area that needs to be tested to ensure absolute safety. I am concerned that constituents who genuinely wish to become involved in the consultation appear to be left floundering and that no one can answer the serious and important questions on the issue. Who is responsible for the publication of publicly available criteria for the cleaning of brownfield sites?

Rhona Brankin: I am very much aware that that is an issue of concern to the local community. In broader terms, I understand that BAE Systems has no immediate plans to submit a planning application for the site. Once a planning application is submitted, however, the matter becomes one for the local authority in its role as planning authority. The local authority must ensure that the remediation is enforced through compliance with the planning conditions.

If no planning application is made, under the contaminated land regime it would be up to the local authority, as the primary regulator, to determine what action required to be taken to deal with the site. The primary responsibility lies with the local authority.

High Hedges (Nuisance to Neighbours)

7. Mr Kenneth Macintosh (Eastwood) (Lab): To ask the Scottish Executive what steps it is taking to tackle any nuisance caused to neighbours by high hedges. (S2O-7876)

The Minister for Finance and Public Service Reform (Mr Tom McCabe): Although we support in principle the need for a statutory remedy of last resort for people who are unable to resolve disputes over high hedges, due to competing legislative priorities we are not in a position to introduce legislation during this parliamentary session. However, we have previously indicated our support in principle for the proposal for a member's bill that is being progressed by Scott Barrie.

Mr Macintosh: I am sure that the minister is aware of the frustration, distress and annoyance that are caused to people by neighbours who have overhanging branches or overly high hedges. He will also be aware of my whole-hearted support, as well as that of other MSPs, for my colleague Scott Barrie's proposal for a member's bill. However, does the minister agree that individual MSPs face difficulties in lodging members' bills? Will he consider again using an appropriate Executive bill, such as one of the planning measures, to introduce proposals to tackle the nuisance along the same lines that have been followed in England and Wales?

Mr McCabe: We are aware of those concerns and I fully acknowledge the interest that members have expressed in the matter. However, the legislative programme is tight. Although our minds are never closed, our current thinking is that there will not be an appropriate opportunity. I stress, however, that we are in discussions with Scott Barrie. Executive officials last met him in August this year to discuss a potential consultation paper and it is now up to Scott Barrie to progress that paper as soon as he thinks it appropriate.

Homelessness

The Presiding Officer (Mr George Reid): The next item of business is a debate on homelessness.

14:58

The Deputy Minister for Communities (Johann Lamont): Two years ago, Parliament passed the Homelessness etc (Scotland) Act 2003. At that time, we committed ourselves to ending what was seen as an artificial distinction between people in priority need and those who were not, and to ending what was seen as unfair rationing of access to permanent, secure and safe accommodation among different groups of people. I am sure that we all want to create a fair and equal Scotland with rights and opportunities for all. We recognised, therefore, that discrimination against single homeless people, particularly men, was unjust and should be tackled. Today we meet to discuss how to deliver the 2012 commitment and the challenges that we face in doing so.

We have every right to be proud of our homelessness legislation, which is widely regarded as being the most progressive in Europe. In our devolved Scotland, effectively preventing and tackling homelessness is a top priority and we believe that everybody has the right to a safe and permanent secure home—there is no place for homelessness in Scotland.

The 2003 act provides for the abolition of priority need by 2012. We remain committed to that policy, which will ensure that every unintentionally homeless person is entitled to permanent accommodation. That fits with our objective to deliver good-quality, warm, sustainable and affordable housing for all. The abolition of priority need by 2012 is a challenging target, but in supporting its establishment, Parliament recognised that the target is about social justice.

Many of us have concerns about the implications of abolishing priority need. We have an opportunity to discuss those concerns today, to explore the implications and to find out whether they can be addressed. Today also provides an opportunity for me to reiterate the Executive's commitment to ensuring that we find positive solutions to the problems that homeless people face.

Homelessness remains a challenging agenda, but that does not mean that we should put it in the box marked "too difficult". I trust that the debate will reflect the real challenges and tensions within the policy, which we need to recognise. We owe that to our communities and to the people who are affected by homelessness. Parliament and the Government are committed to the wider aims of eradicating poverty, tackling social exclusion and changing Scotland for the better. Tackling homelessness and providing the fundamental right to a home are bound to those ideals.

Our policy approach to homelessness is based on addressing the causes of homelessness and meeting the needs of individual households. That marks a move away from pigeonholing homeless people and rationing resources in an artificial manner. We know that homelessness is experienced in different ways by different individuals. The situation is often different within urban areas and within and between rural areas. We acknowledge that, for some people who find themselves in the most difficult circumstances, their experience of homelessness will be solved not so much by bricks and mortar as through other important areas of policy to which the Executive is committed.

Murray Tosh (West of Scotland) (Con): Notwithstanding the validity of the minister's final comment, is not it the case that one of the fundamental underlying causes of homelessness is the lack of supply of housing at the affordable end of the market? Are ministers really convinced that they are programming in enough construction to meet people's needs by 2012?

Johann Lamont: That is part of the cause in certain places. In some cities, however, there are both homelessness and surplus housing. We must reflect on that in our policy, as well as recognise the issues of supply in other places that are caused by prosperity rather than by decline. We need to acknowledge the complexity of the situation. It is precisely because of our understanding of that need for supply at the affordable end of the market that huge amounts of money have been identified for supporting the development of an affordable housing programme. We are committed to providing sustainable housing outcomes for all homeless people.

It is worth considering who homeless people actually are. Often, homeless people are stigmatised by society and are regarded as being undeserving or undesirable. The reality is that any one of us could become homeless through unexpected circumstances. We might know members of our own families, acquaintances or other people who have ended up homeless through reasons of employment, health, the cost of food and utilities or a lack of security in their family relationships.

When dealing with those issues, we must remember that the homeless are not just people out there on the streets; they are people who we might all be if our circumstances were different. They require different solutions and different assistance to find ways out of their situations. We need to work hard to ensure that homeless people

are seen as individuals and as part of their communities, rather than apart from them. Each homelessness application is from a real person who has a unique set of circumstances and difficulties. Each of them is a person with potential. We need to ensure that they are not written off and that they are able to fulfil their potential within their communities.

Elaine Smith (Coatbridge and Chryston) (Lab): To return to something to which the minister alluded earlier, does she have any plans to look into intentional homelessness?

Johann Lamont: We are currently considering abolishing priority need for intentionally homeless people. We need to move stage by stage on such questions, and we must explore whatever issues are raised with us by people who experience homelessness in different ways.

We have already made real progress in delivering the wider homelessness agenda. Much has been achieved by local authorities and voluntary bodies working in partnership to deliver the recommendations of the two homelessness task force reports, which have helped to shape the blueprint for our national policy. We have already reformed the legislative framework to ensure that every homeless person is entitled to a minimum of temporary accommodation with advice and assistance. That has helped to expose hidden homelessness and has encouraged people who previously had no housing rights to come forward and receive assistance.

We have made huge strides in tackling rough sleeping and repeat homelessness. All local authorities have homelessness strategies in place, and they are working closely with health boards, housing associations and others to combat homelessness in their areas. We now have better information about the scale and nature of the problem and we have been working with local authorities to ensure that that is fully reflected in the wider context of housing need and in the forward planning of housing stock. Our approach has always emphasised partnership. We have a challenging target, and we recognise the need to work with partners who are involved in delivery of services. As in so many other areas, national policy must be informed and shaped by people who know the situation on the ground and who know what does and does not work. The 2003 act requires ministers to make a statement before the end of this year, setting out the steps that ministers and local authorities have taken, are taking and will take to ensure that our vision for 2012 becomes reality.

The legislation is implicit in its acknowledgement of local authorities as the main deliverers, and we have been working closely with the Convention of Scottish Local Authorities and individual councils in developing the policy. Local authorities' homelessness role is challenging and requires support from the Executive and other partners. I acknowledge the additional challenges that have been set for local authorities and extend my thanks for the hard work that has been undertaken. I am confident that continued close partnership working between all the relevant partners and sectors will lead to effective delivery of our ambitious homelessness legislation.

It is vital that the priority need statement is based on up-to-date and accurate information. We have worked with local authorities and COSLA to gather detailed local information. All the available data will be considered in order to project housing need levels when priority need is abolished by 2012. Support needs and wider housing needs will also be covered. That data-gathering exercise is the start of a process to plan for the move to 2012. The information provides initial estimates that will be refined over time as more data become available. We will work closely with local authorities on that process.

We acknowledge that major changes cannot take place overnight and that we need to be realistic about the deliverability of our policy. There is no point in expanding homeless people's rights beyond the capacity of local authorities to meet those rights, which is why the 2003 act provides the power to make changes over time. We made it clear during the passage of the Homelessness etc (Scotland) Bill that change would not take place unless the additional burdens that were placed on councils were manageable and sustainable. That remains our position.

Tommy Sheridan (Glasgow) (SSP): The minister says that extra demands will not be met unless they are manageable and sustainable. The words that have been missed out are "properly resourced". Will she give Scotland's local authorities a commitment that they will be properly resourced to meet the extra burdens that the 2003 act places on them?

Johann Lamont: A manageable and sustainable activity must be resourced. Of course, we have continuing dialogue at all times with all sorts of bodies and organisations about resource need. The statement on priority and the work that has been done with COSLA are intended to identify the resource needs and how progress will be made. I am content to say that. I recognise that resource is not the only factor; other elements include how we work together and the timescales for delivery.

The abolition of priority need raises questions about local authorities' ability to cope with the additional demands that will be placed on homelessness and housing services. Delivery of the target depends on an adequate supply of

affordable housing in the right areas. Availability of social and other affordable housing is a crucial part of the equation.

It is important that a full range of housing solutions is available because we know that a social let may not be the best solution for every household. I appreciate that concern is felt that abolishing priority need will mean that social housing is made available only to homeless households, but that is not the desired outcome. We do not intend to displace housing need from one group to another. Work to examine the current situation and potential future scenarios has focused on the percentage of lets to homeless households. That will continue to be an important indicator in how we move towards 2012, but it will not be the only one.

Given the immediate housing needs of homeless households, it is entirely legitimate that a high proportion of social lets should go to them. However, I recognise the need to balance that with the housing need of others and to ensure fairness and opportunity for all. That task is not easy, but we intend to consider it closely in preparation for the statement.

Des McNulty (Clydebank and Milngavie) (Lab): What percentage of housing would be fair and reasonable to meet the needs of homeless people rather than other people? What factors might influence that in different local authority areas?

Johann Lamont: I say with respect that the conversations and dialogue that we have with local authorities are about precisely that. They know how the policies will be expressed locally. If the current proposal cannot meet the balance, we must have evidence about that and about how to redress the balance. The situation will be different in different places. We know that people in some places are being displaced into social rented housing from the property market because the property market is hot, for example. That is different from the situation in areas where decline has taken place because we have not invested in communities as a result of other difficulties.

I am aware that many members have worries about the balance of communities in their areas. There is no question but that some homeless households have extreme support needs and can display challenging behaviour. However, most people who are in housing need or who are homeless are not antisocial. We should be careful not to create further stigma by inferring the general from the specific. One reason why I welcomed action against antisocial behaviour is that when such behaviour was not addressed in my constituency, it created homelessness when people had to flee harassment from others, or created housing need because an area became undesirable—a place where people did not want to live. Houses were empty because we did not address antisocial behaviour.

So far, I have talked about homelessness and access to housing, but as I said earlier, meeting the 2012 target is about far more than providing bricks and mortar. In order to meet the target, we must work in partnership with local government and the voluntary sector to deliver the broader homelessness agenda. Members will know that the homelessness task force placed a strong emphasis on prevention activity, which is a key factor as we move towards 2012. We want to make such activity a clear focus as we progress. As I have said, that makes obvious economic sense and is essential in reduction of social costs. Early action to prevent circumstances in which eviction is necessary also makes sense. That is not to say that we should ignore problems in our communities; we should act early, prevent problems where we can and deal with them where we cannot.

In conclusion, I look forward to the debate and to hearing the views of members from all parties on the delivery of a key social justice policy. The debate will play its part in shaping the statement and the statement will shape action in the years ahead to deliver a shared commitment and to tackle poverty and disadvantage. We are committed to working in partnership to deliver the right to permanent, safe and secure accommodation to all unintentionally homeless households by 2012. Local authorities are our key partners and main deliverers, so our priority is to work with them. We must remember that our priority is to provide together safe and secure homes for all Scotland's people.

15:11

Tricia Marwick (Mid Scotland and Fife) (SNP): The Scottish National Party whole-heartedly supported the Homelessness etc (Scotland) Bill, which the Scottish Executive introduced. The legislation that was passed is the most far-reaching homelessness legislation in Europe and has been widely praised—the Executive has rightly received accolades for it. By 2012, it will sweep away the artificial distinction between people who are homeless and people who are homeless and in priority need.

However, as Linda Fabiani said at the time, the Labour-Liberal Executive must deliver: it must put in place the resources and structures that will allow the legislation to be fully implemented, otherwise the legislation will remain a worthy aspiration, but worthless and a betrayal of the many people who could have benefited from it.

I had expected the minister to make a statement today—the legislation requires the minister to make a statement by the end of the year—on how he expects the target to be met by 2012. That no such statement will be given today illustrates the difficulties the Executive is in.

The Minister for Communities (Malcolm Chisholm): It is desirable that I make it absolutely clear at the start of the debate that there will be a statement before the end of this year and that this debate is part of the process that will feed into the statement.

Tricia Marwick: I fully accept that there will be a statement by the end of this year, but I point out that the legislation requires the minister to come to Parliament by the end of the year to make such a statement.

Many warnings were given throughout the passage of the bill. The Executive must make it clear in its statement how the legislation will be implemented in full because we are a long way from ensuring that everyone has decent and affordable accommodation in which to live. The Government does not have a responsibility to build every house, but it has a responsibility to ensure that the resources and structures are in place to ensure that houses are built. The Labour Party has been in power since 1997 and the Labour-Liberal Executive has had responsibility for housing in Scotland since 1999, but people are still sleeping on streets and on friends' settees and are still spending nights in hostels for the homeless in Scotland in the 21st century. Young people and families are living in overcrowded conditions with relatives because they cannot afford to buy a house and cannot get a council house, while council houses are lying empty because councils cannot afford to renovate them.

I have had many discussions with housing organisations, individuals and councillors in the past few weeks and I must tell the ministers that few people to whom I have spoken believe that the target of housing all the people who are homeless can be met by 2012 unless the Executive gets to grips with the situation now. Those who think that the target can be met believe that it will be met only at the expense of people who are not homeless. In other words, those who are homeless and in acute housing need will be set against those who are not homeless but still need a home of their own, and those who need a home of their own will in turn present as homeless because their circumstances will change and their need for a home of their own will result in acute housing need. Councils and other social landlords will not be able to deliver. Time is starting to run out.

Homelessness is not caused by people being inadequate or feckless; homelessness is a direct result of a failure to deliver housing that meets need. Unless the affordability, the supply and the condition of housing in Scotland are tackled, we will always have homelessness. We need to build more houses, for which the land must be made available; however, we have a planning white paper that barely acknowledges the need for housing. Scottish Water is currently putting a stop on new housing development because it cannot or will not supply the infrastructure. Where is the ministerial direction? Councils are demolishing structurally sound houses because they cannot afford to renovate them and are then selling the ground to private developers to build houses that cost more than £100,000, which people who are on the minimum or an average wage, or who are on council waiting lists, cannot afford to buy.

The supporting people fund, which supports vulnerable people in the community and helps them to sustain tenancies, has been cut in real terms by 12 per cent this year. There will be a further cut in the years to come, as the minister acknowledged at the Communities Committee yesterday. The target of ensuring that we do not have repeat homelessness will not be met and the Executive will fail in its objective. I would like the minister to say something more about the supporting people fund, which is absolutely crucial in giving the housing support and advice that the minister has said is needed to prevent people from becoming homeless in the first place.

Malcolm Chisholm's first ministerial duty in 1997 was to attend a Shelter conference that I organised. There was great anticipation in the housing world, and there was great hope that at long last housing would be given priority. In 2004, not one local authority house in Scotland was built. Last year, fewer houses for social rent were built than under the Conservative Government in 1997. Yes—we have had a raft of housing legislation, which has found SNP support; however, passing legislation is the easy part. The role of Government is to deliver, and the Executive must by the end of the year set out clearly how it intends to do so and how it intends to meet the target for 2012. It must make absolutely sure that it will not fail to meet the targets that it has set because of its inaction so far.

15:17

Mary Scanlon (Highlands and Islands) (Con): I welcome the debate and the post-enactment legislative scrutiny that will be undertaken by the Communities Committee. I apologise in advance for the fact that I will be unable to be here for the minister's winding-up speech.

I am sure that every MSP who holds regular surgeries has his or her own homeless list. In the past month, I have worked to help a man who is

sleeping out in the Ness islands in Inverness but who was not considered a homelessness priority; a man who was sleeping in a friend's garden shed, who was lucky enough to be given bed and breakfast accommodation; other men who have been sleeping on friends' sofas; a single mum who was worried about turning down a house because she did not want to live in an area but thought she would be put to the bottom of the list; mental health patients; and people who are recovering from drug problems and alcohol addiction. Probably the biggest group of homeless people are single men who have left their family homes to their wives and children and who subsequently cannot have their children over to stay with them because they are in one-bedroom and temporary accommodation. There are many others.

My speech is based largely on the current experience in the Highlands and in Argyll and Bute. We should be listening closely to what the councils have to say there as they struggle to cope with the legislation. Argyll and Bute Council has said that the 2012 target is unachievable unless massive additional investment is given to it. In Highland Council's region, four out of eight areas will not be able to meet the 2012 target.

Housing is not just about allocating homes to homelessness applicants although, in some authorities, that sometimes seems to be the case. Argyll and Bute Council allocates 80 per cent of its lets to people who are designated as homeless. In its briefing, the council states:

"This is causing a great deal of anger from those on the main housing waiting lists who are aware that their opportunity of being allocated a house is remote, and has reduced greatly since the legislation came in."

The council further states that

"This legislation is not going to help us create balanced communities."

I will come back to that point later.

I find that many elderly single people live in three-bedroom accommodation and I wonder how often councils and housing associations write to all their tenants to ask whether their accommodation is still appropriate for their needs. Given the aging population, some forward planning might be done by considering more types of sheltered accommodation and more appropriate accommodation, particularly for single men.

The Bank of Scotland recently stated that there are 87,000 empty homes throughout Scotland. More than 10,000 of them are in Glasgow, almost 9,000 are in Edinburgh and 7,000 are in Aberdeen. Of course, they are not always in areas for which there is high demand, but if we are serious about homelessness, surely an analysis of how to improve the viability of those empty homes would be a first step.

Highland Council sent a not-very-brief briefing paper for today's debate and I will highlight some of the issues that it raises. It is important to understand that housing applicants in the Highland Council area who want to be located near their family in Fort William, for example, cannot possibly accept being housed in Wick. They could not visit in one day by using public transport. The numbers on Highland Council's waiting list continue to rise while the number of lets that are being allocated continues to fall. As an increasing number of people are assessed as being homeless, an increasing percentage of lets is going to homeless households.

The year after the legislation, there was a 59 per cent increase in people who were assessed as homeless by Highland Council, with a further 15 per cent increase in 2004-05. The council states that in an area that has no social housing and in which very few registered social landlord properties are being built, the

"stigmatisation and resentment of homeless households (who many perceive to be 'jumping the queue') is already not uncommon and will be likely to increase."

In my surgery work, I have also become aware of the situation leading to bullying and, in some cases, extreme and persistent antisocial behaviour.

The local connection requirement in homelessness applications will be suspended in 2006. That will surely have an effect on homelessness applications. In places such as Glencoe, Ballachulish, Ardnamurchan and the Kyle of Lochalsh, it will certainly result in far greater resentment. Many local people cannot understand why people who come into the area get a house before someone whose family has lived there for generations gets one. That feeling comes through very strongly from the Highlands and from Argyll and Bute.

For many homelessness applicants, it is vital that a support system for care is in place for their entry into accommodation. I have dealt with many mental health patients and people with drug addictions; if they do not get the support of care in the community, their tenancies fail. They end up back in hospital, or the hostels, and they present as homeless within six months or a year.

Highland Council has stated that, given the severe cuts in the supporting people budget,

"it is almost impossible to develop the services needed to support homeless applicants across the Highlands, many of whom will have housing support needs."

It is a sad cycle in which a lack of support leads to failed tenancies, increased homelessness and rising stigmatisation of homelessness applicants. Even the Salvation Army briefing mentions that people in hostels for the homeless find it

impossible to move on because of a lack of community housing. I have heard about bed blocking in hospitals but never in hostels for the homeless, but that is what the Salvation Army calls it.

The number of households with dependent children living in temporary accommodation increased by 18 per cent in the past year—that shows the seriousness of the issue.

The right to buy has helped to increase home ownership in Scotland by more than 30 per cent, with approximately 400,000 tenants exercising that right, but according to Scottish Executive research, 21 per cent of properties that have been sold under the right to buy have subsequently been resold on the open market. People are entitled to do so, given their personal and family circumstances. As a result, the argument that right-to-buy properties are lost as affordable housing when they are sold is totally inaccurate. Rather, they are bought by their tenants, many of whom have lived in them for decades.

15:25

Euan Robson (Roxburgh and Berwickshire) (LD): Homelessness should not arise in a modern society. After all, we should be able to organise ourselves to prevent such an evil. Broad societal changes can radically alter the demand for housing; indeed, properties in given areas might well become less popular because of certain geographical or local factors. Nevertheless, it should not be beyond people in today's Scotland to cope with and plan for such factors. In that spirit, I welcome the minister's opening remarks.

Where do we stand on the objective? In recent years, the growth of one-person households has stimulated demand for more housing units. It is difficult to say when such demand will peak, but it might well plateau before too long. The Institute for Public Policy Research's report on living alone—which I have not had a chance to digest because it was published only today—might inform how we address issues associated with single-person households, such as the higher costs of running them and, indeed, the people who live in them. According to the demographic profile, such households are made up predominantly of men under 65.

Similarly, the growth in the number of second families has increased demand for bigger social rented houses. From my constituency experience, I know that it can be very hard to find a three or four-bedroom property for partners who have three or four children of different ages, as they obviously cost more to provide.

The Homelessness etc (Scotland) Act 2003 has been acclaimed as one of the most progressive pieces of homelessness legislation in Europe. As members have pointed out, it was backed by parties throughout the chamber. Our task now is to implement its provisions. If I can be permitted a party aside, I think that it is worth remembering that the first piece of homelessness legislation was taken through Westminster by the late Stephen Ross, who was for many years the Liberal MP for the Isle of Wight.

The 2003 act's fundamental objective is to ensure that by 2012 all unintentionally homeless people have access to permanent accommodation. I welcome the minister's indication that he will soon report to Parliament on how he will phase out the priority need test. This debate is a contribution to that process.

Four issues are of major importance with regard to homelessness. First, Shelter Scotland reports that there is room for improvement in housing advice services. As the national picture is quite patchy, the minister might consider reviewing such services and, where appropriate, emphasising the desirability of making the services as local as possible. After all, they are clearly important for people who are trying to find accommodation. People who are homeless or who are likely to become homeless have only limited opportunities to travel far to receive the best advice, which is face-to-face advice. Will the minister consider assessing the quality of advice services by commissioning an independent agency to survey people who have used them? Household management advice should also be available, particularly to young people who are entering a property for the first time, to ensure that they do not become unintentionally homeless. Such advice services are critical.

Between 1999 and 2002, the Executive ran an empty homes programme that seemingly brought 1,400 houses back into use. However, the number of empty properties remains too high. I understand that, at any one time, an average of between 22,000 and 23,000 private sector properties have been empty for more than six months. At the Communities Committee yesterday, I suggested to the minister that changes in certain pensions regulations might help to stimulate the private sector. In some areas—especially rural areas—the opportunity to rent is possible only in the private sector. In his closing speech, will the minister say whether, in the light of the Westminster development on pensions, he might consider reviving the initiative, perhaps in a new form?

Local housing strategies are key to ensuring the important local responses to the complexities of shortages, surpluses, special needs and changing demographics. Those strategies need further development, although I appreciate that they are in their infancy. I understand that the right to buy is

to be reviewed in 2006. There is an important coincidence there. I believe that the right to buy might be devolved to local housing strategies in due course.

The idea of pressured area status is perhaps not working as well as it might be or, indeed, as it was envisaged. I believe that two councils—Highland Council and South Ayrshire Council—have applied for such status, and another possible application is out for consultation, but as yet no pressured area status has been approved.

We need to ensure that policy is matched to the many and varied local needs around the country. That has not yet been achieved in the local housing strategies. It needs to be if we are to remove homelessness from Scotland.

The Deputy Presiding Officer (Trish Godman): We now move to the open debate. I intend to keep members to a tight six minutes so that I can call every back bencher who wishes to speak.

15:31

Karen Whitefield (Airdrie and Shotts) (Lab): When it was passed, the Homelessness etc (Scotland) Act 2003 was, as others have said, hailed as the most progressive piece of homelessness legislation in western Europe. It was acclaimed for its ambition and for its sense of social justice. The act aimed at nothing less than the eradication of homelessness in Scotland.

The act set out a number of important goals, the most notable of which were the elimination of priority need by 2012 and the creation of provisions to enable local authorities to suspend the local connection test.

Initial progress has been good, with all local authorities now having local homelessness strategies in place. In its recent progress report, the homelessness monitoring group pointed out that the Scottish homelessness and employability network has now been established and that national health and homelessness standards have been introduced to safeguard the health care needs of homeless people. In addition, new regulations limiting the use of unsuitable temporary accommodation for homeless families are now in place—something that lobby groups, including Shelter Scotland, campaigned hard for during the passage of the bill.

However, we must recognise that there are some understandable concerns about the impact of the act on the general housing list. Many councillors are already being approached by constituents who have been on the waiting list for more suitable types of home—in terms of either size or location—for many years. Those people are understandably annoyed that someone who has only just had their name entered on the housing list can, apparently, get those houses without waiting. I must emphasise that the people I have met who have expressed that opinion have also made it clear that they understand that priority should be given to people who are most in need. They accept that homeless people should be given an early opportunity to be housed, but they also say that councils should be able to move them to the house type for which they have been waiting for many years and then use their former house to deal with the homeless person or family. I hope that the minister will confirm that councils have the flexibility to manage their stock in such a way. I understand that North Lanarkshire Council is being told that it cannot do that.

A number of organisations have also raised the question of the resources that are required for the implementation of the act and for increasing house supply. I welcome the increased funding that will result in £1.2 billion being invested by the Scottish Executive over the next three years to create 21,500 affordable homes. However, the minister will be aware of the concerns that I raised with him at yesterday's meeting of the Communities Committee. They are also the concerns of many senior housing professionals, who are saying that the increase in housing will be insufficient to meet the demand resulting from the abolition of priority need by 2012. Will he assure us that he will take those concerns into account during preparations for the next spending review? It is essential that sufficient funding is made available to meet the 2012 target. Equally, it is essential that the Executive works in partnership with local authorities and housing associations to deliver on that important target.

There is no doubt that there is, and will continue to be, strong demand for good-quality affordable housing in Scotland. Local authorities and housing associations must continue to play a vital role in delivering more low-cost, high-quality rented accommodation, but the private sector must also play its part. That issue must be addressed through the Housing (Scotland) Bill and the forthcoming planning bill. It is important that decent private sector landlords are supported and that the small number of rogue landlords, who only exacerbate homelessness problems, are eliminated. We must also use the opportunity that will be presented by the change in our planning laws to create more affordable houses for sale in locations where they will help to support economic development.

Strong support measures need to be put in place so that we can help those who are in danger of becoming homeless. Although such measures can be relatively expensive in the short term, in the long term they will help society to avoid much

of the social and financial costs that are a consequence of homelessness.

Interestingly, the antisocial behaviour measures that were passed by this Parliament can also help to alleviate homelessness. I do not suggest that the majority of homelessness applications are made by people who exhibit antisocial behaviour, but anecdotal evidence from North Lanarkshire Council's antisocial task force suggests that being tough on antisocial behaviour at an early stage—for instance, through the use of an antisocial behaviour order or interim ASBO—can help to change the person's antisocial behaviour so that they avoid being evicted. The Executive must support such measures.

I know that several organisations have called for further reform of the right to buy. I do not agree with that. We need to give the modernised right to buy an opportunity to bed in.

I am pleased that ministers have set out the Executive's plan for ensuring the full implementation of the Homelessness etc (Scotland) Act 2003 and I look forward to a further ministerial statement before Christmas. I believe that it is right that we should strive to eliminate priority need from homelessness applications by 2012. It is not right that we should have different categories of homelessness, with some homeless people being more deserving than others—they are all equal.

It is vital that we continue to have sufficient development of social rented housing stock in Scotland so that we can ensure that families who have waited on housing lists for many years have a realistic opportunity of moving to more suitable house types. I hope that the minister will ensure that funding is made available to achieve that reasonable goal.

15:38

Patrick Harvie (Glasgow) (Green): Euan Robson opened his speech with a very simple statement. It was perhaps slightly lost in the hubbub at the time, so let me repeat it: homelessness is a phenomenon that should not occur in a modern society. We should reflect on that, as it is quite a powerful thing to say. I repeat: homelessness should not occur in a modern society.

As Karen Whitefield mentioned, the aspirations of the Homelessness etc (Scotland) Act 2003 were substantial. It sought to abolish homelessness and to ensure that homelessness does not occur in this modernised society. That is a tough call that does not come easy or cheap. I defy any member to say that any party would have declined the opportunity to abolish homelessness if it were easy or cheap to do so.

I share Tricia Marwick's keenness for the ministerial statement, but I accept that it will come. I also share the aspirations that exist among the many organisations that have sent us briefings. The Scottish Council for Single Homeless has stated that the 2012 target

"is not only the right approach, but also achievable and practical."

That does not mean that the target will be cheap or easy, but it is achievable and practical if the political will exists.

Johann Lamont described the requirement to abolish priority need as being about creating a fair and equal Scotland. We should agree not only that the measure is worth while, but that the Executive is right not to avoid it—as Johann Lamont said, we should not put it into the box marked "too difficult". In the context of the Executive's wider work on poverty—for example, on child poverty—we need to recognise that poverty among single adults is on the increase, and homelessness is part of that picture. Obviously, there must be a balance between meeting the needs of homeless people and meeting other people's needs. As other members have observed, if we are to be able eventually to meet everyone's housing needs, supply is a crucial issue.

I will make a couple of quick comments about the right to buy. Increasingly, members accept that, although the right to buy may have had a positive impact on some individuals and their families and households, it has had a profoundly negative impact on society as a whole. The case not only for reviewing the right to buy, but for allowing that review to lead to its abolition, is growing in strength.

Some people have suggested that the need for more new-build social rented housing is an argument for closing the door on a third-party right of appeal in the planning process. I want to make a quick point about that. It is not a planning point, but a point about the status of social rented housing. Let us accept—as I think members are beginning to do—that there has been a shift towards owner occupation and an increase in its status, that there is an increasing perception that the aspiration to owner occupation is the only valid one and that the right to buy is part of that shift. If we allow social rented housing to be classed with all the most unpopular planning developments in Scotland and to be pushed through in the same way as opencast coal mines, landfill sites and other unpopular developments, do we not underline its low status in society? If we want to change that status, should we not accept that we need to provide leadership in the communities where objections may be raised, to prevent those objections from being raised and to tackle them head on, rather than simply allowing them not to

have any impact on decisions in the planning system?

I want quickly to mention support services. A while ago, 7:84 brought a theatre group to the Parliament and gave a performance, which several members who are in the chamber attended. Two themes were highlighted by the group of homeless and ex-homeless people who took part in it. The first was the fact that is very easy for people to become homeless. Homeless people are not some alien group—in different circumstances, any of us could find ourselves in that situation. I was glad that Johann Lamont made that point in her opening speech. Secondly, homeless people have on-going and complex support needs. It is a question not just of providing places to live, but of providing support to people so that they can carry on living there.

It is not only the role of government to provide on-going support—there is a huge amount that voluntary organisations and social enterprises can do. I encourage members to reflect on the value of my favourite, *The Big Issue in Scotland*. It is not just a magazine that has my ugly mug in it every week. A huge amount of work is being done in the organisation to support homeless people and people who are coming out of homelessness.

15:44

Christine Grahame (South of Scotland) (SNP): It is a fine aspiration, to which we can all subscribe, to end homelessness in so far as that is possible by 2012. That is a challenge, but I regret to say that I do not think it can be met.

I will tell members why. I have been looking at the statistics for the south of Scotland, especially East Lothian, Dumfries and Galloway and the Scottish Borders, which I represent. Comparing the figures for 2002-03 with the most recent figures for 2003-04, Shelter advises that there has been a 6 per cent increase in households applying for homeless status in East Lothian, only a 1 per cent drop in Dumfries and Galloway—that is a minimal figure—and a 40 per cent increase in the Scottish Borders. Although percentages are important, they mask the misery of families and individuals who are caught in the homelessness trap. The figures for homeless households are: 887 for East Lothian; 1,568 for Dumfries and Galloway; and 817 for the Scottish Borders. They are all people—individuals or families.

The effect on rural areas is particularly bad, as so many homeless people in those areas have to be moved into temporary accommodation. Statistics show that in rural areas people are likely to spend longer in temporary accommodation and that the available temporary accommodation is often far-flung from people's work, school or community. That exacerbates families' misery. I know that there are similarities between rural and urban homelessness, but there are specific rural aspects that exacerbate the problem, and I have mentioned just one.

Notwithstanding what Mary Scanlon said, the right to buy, which other members mentioned, has undoubtedly depleted affordable rented housing stock, particularly in scenic areas. Indeed, research has shown that ex-council properties are not just bought by local people—they are also often bought thereafter as second or holiday homes. I will come to that later.

There has been no new build. A parliamentary answer to a question asked by my colleague Stewart Stevenson revealed that in 1990 the total number of properties built, whether by private builders, local authorities or housing associations, was 3,901. By 2004, the most recent date for which figures are available, the figure had fallen to 3,483. That has driven some local authorities to purchase privately at cost—ironically, sometimes they have even bought previously discounted former council houses at full market value.

Dr Sylvia Jackson (Stirling) (Lab): Does the member agree that it may be wrong to say that there has been no new build? In my area of Callander and in other areas, the Rural Stirling Housing Association has built new social housing, although that might not have kept pace with demand.

Christine Grahame: That is my point. The figures that I gave were from a parliamentary answer on all types of new build taking place in that period. New build was not even keeping pace with need in 1990.

The effect of second or holiday homes has caused crisis hotspots to emerge across rural Scotland. The number of such houses has grown from 19,756 20 years ago to 29,229 in 2001, the most recent year for which we have figures. Some interesting points are made in the chapter "The impact of second and holiday homes on rural communities in Scotland" in a paper called "Precis" by Communities Scotland, which states:

"The more remote rural areas had the greatest concentrations of second homes."

Almost half of all Scotland's second homes—47 per cent—were in those very remote areas. People were being displaced; they had to travel not just 10 or 20 miles but 50 or 100 miles to get accommodation. That takes them well out of their communities. Rural areas have commuters, retirees and people who want a lifestyle change; all put housing pressure on scenic areas. Indeed, there are more than 1,000 holiday homes in Dumfries and Galloway and the Scottish Borders in the south of Scotland. I cannot believe for a

moment that that is a good thing for the provision of accommodation in those areas.

At the meeting of the Communities Committee yesterday, the minister repeated the target of 21,500 new approvals by 2008. However, the most recent figures show that there are 54,829 homeless households, so that target is simply insufficient, especially given that the figures across Scotland are rising.

The statistics do not show everything; they do not show the poor housing, the cramped accommodation or the effects of homelessness on the family unit, on health and on employability. The cost to individuals is high; the cost to society is also high, but in a different way.

Yesterday, I asked the minister what data are available on the savings to other ministerial budgets, but particularly the health budget, through improved housing. If I recall correctly, those data were not available—they should be.

In addition to abolishing the right to buy, perhaps we could use planning regulations to inhibit the purchase of second and holiday homes and to deal with retirement investments in such homes—I am not satisfied that such investments will not impact on rural areas. I also suggest that some money from the health budget would be better spent in the housing budget. That would not be bad for the Minister for Communities, who moved from the health portfolio. I ask that some health money follow him.

A serious issue is involved, which is that the Executive could not make a better investment in its interventions to prevent ill health than in providing good-quality, affordable, warm housing.

15:50

Tommy Sheridan (Glasgow) (SSP): As members have said, when we discussed the issue of homelessness in 2002, there was consensus across the chamber that homelessness was unacceptable in the 21st century. Homelessness is not a natural product of society; it is a man-made product that can be unmade.

I am reminded of my reading of correspondence involving the first council houses that were built in the inter-war period, following the end of the first world war and the successful rent strikes against private landlords who sought to exploit the war situation. I remember reading about the discussions around the targets that were set. Hundreds of thousands of council homes were to be built within five-year periods, and they were delivered on time. If members visit the Knightswood and Mosspark areas of Glasgow, they will see that the houses that were built in the inter-war period are still standing. Many of them have been purchased because of the quality of the building work. If we could build so many good-quality homes to deal with the problems of overcrowding and homelessness in our society in the inter-war period, why was it that, in 2002, we set a 13-year target for extinguishing homelessness in Scotland? I felt then that the period was too long, but the consensus in Parliament was to go for that target. My worry is that there is clear evidence that we may not even reach the 2012 target.

All the briefings that MSPs have received in the run-up to this debate clearly show that all the organisations involved in campaigning on housing issues are making the same points over and over again. For example, they make the point that the issue is not just about dealing with homelessness but about trying to prevent homelessness from occurring.

Patrick Harvie: Does the member accept that all the organisations to which he alluded also say that the target should not be abandoned or put back in any way but that it must be stuck to and that it is achievable if the political will is there?

Tommy Sheridan: Absolutely. I hope in his summation that the minister will take the opportunity to give a categorical assurance that the 2012 target is still the target that we as a Parliament are aiming for. I also hope that he will give an assurance that the target will be resourced, as there is no way that it will be met without sufficient resources. COSLA and other organisations have made the point that we must recognise that supporting people budgets across local authorities are important not just for preventing homelessness but for trying to support homeless individuals to move to and to maintain a let—in other words, to have a successful tenancy. Why has there been a 12 per cent cut in real terms in supporting people budgets across Scotland? That is unacceptable. If we want to prevent homelessness and get more people to maintain their own tenancies, it is illogical to cut the essential budget that facilitates that process. I ask the minister to comment on whether he believes that that particular cut should be reversed.

I also want the minister to comment on whether we can intervene more proactively on issues such as the rate of evictions and legal actions throughout the country. Unfortunately, many housing associations are only too ready to seek legal remedies when someone gets into arrears. Does the minister agree that when an arrears case involves an application for housing benefit, no legal action should be allowed until the application has been dealt with? Throughout the country, there are still cases in which it takes up to 100 days for housing benefit applications to be worked out. In the meantime, arrears accumulate, which

leads to local authorities and, in particular, housing associations taking legal action. Does the minister believe that we should take action to deal with such situations?

Does the minister also believe that we should be more proactively involved in identifying the 22,500 private sector homes in Scotland that have been lying empty for more than six months? Now that English local authorities have the power to make those homes compulsorily available for letting, does he believe that we should seek such a power? That would enable us to use the 22,500 homes that should be available but which are lying empty.

Finally, does the minister accept that it is impossible to solve homelessness without new, warm, affordable homes? If we are going to build those homes, can we afford to keep losing them through the right to buy? Is not the nub of the problem that we have to put a plug in the bath to stop losing that supply of housing? Does he agree that it is time to get rid of the right-to-buy legislation in favour of a right to rent for every citizen in Scotland?

15:57

Des McNulty (Clydebank and Milngavie) (Lab): Margaret Curran and I were the ministers when the Homelessness etc (Scotland) Act 2003 was put through. The legislation represents a number of significant steps forward. Perhaps it does not deserve all the accolades that it has received but definite achievements have come from it and the work that has been done. The legislation deals with the rough sleepers issue and we have provided more hostels and more accommodation for homeless people who are in the direst need. More equal treatment has been given to homeless people and strategies for dealing with homelessness have been created that involve health authorities and other agencies in addition to local authorities. Those are all benefits that have been achieved through the legislation. However, it is reasonable for us to review the experience so far to examine the extent to which we are on course and to consider whether the act fits with other legislation and other actions on the part of the Executive.

The issues that have arisen concern not only resources. There is an issue about the balance of interests and about the balance of obligations that should rest on local authorities and others. It seems to me that one of the problems with the legislation is that it has dramatically boosted the number of houses that are allocated to homeless applicants. I am not saying that those homeless applicants should not have got houses, but in the context of a limited number of houses that increase can have been achieved only at the expense of other people who might feel that they had a legitimate entitlement to those houses. There is a fundamental issue of fairness, because if we are dealing with homeless people in a way that is to the disadvantage of other people who also have a right to expect decent treatment from us—

Tommy Sheridan: Will the member take an intervention on that point?

Des McNulty: No. Tommy Sheridan has had his shot.

If that is so, to some extent we are not dealing with those people—who are already in the rented sector—as fairly as we need to do.

Mr John Home Robertson (East Lothian) (Lab): Would Des McNulty emphasise the point that many people who are on waiting lists have acute and urgent needs? For example, they may suffer from overcrowding or they may be pensioners in inappropriate upstairs housing. Such people should be treated almost as if they are homeless.

Des McNulty: I wonder whether the way in which we have expanded the category of homeless people, so that it has become a basis on which people can access resource, is right, because the resource claim has expanded and comes at the expense of other legitimate resource claims from other people. There is a genuine and probably correct effect on the rights and entitlements of other people. However, if we looked at the broader needs, rather than confined our gaze to the rights of homeless people in isolation, we would have to consider how the interests might be balanced. There is a real issue about whether it is fair for us to proceed further, for example by abolishing priority need testing, until we address issues such as the volume of housing and how we align the different entitlements that people should have.

Tricia Marwick *rose—*

Margo MacDonald (Lothians) (Ind) *rose—*

Des McNulty: I will not take any more interventions, as I have already taken one and I have two other points to make.

Another issue is how well homelessness legislation fits with antisocial behaviour legislation. Those who implement the different aspects of legislation are, in legal terms, the same—by and large, local authorities have to deal with those two aspects. If antisocial behaviour by people who are moved into accommodation affects other residents, there must be a mechanism through which we can respond without being crippled by a further obligation. Last week, I dealt with four old ladies who live on a single floor of a tower block in my constituency. The local authority has moved in

two individuals who have caused considerable problems for those ladies, linked with family break-up and drugs and alcohol dependency. The women, who have lived there for 20 or 25 years, are terrified. The local authority is doing what it can to deal with the problems and to provide support for the elderly people, but the support is not sufficient to deal with the impact on them.

Looking round the chamber, I am sure that hardly any members live in rented accommodation. We cannot solve Scotland's homelessness problems at the expense of elderly ladies who live in rented accommodation—that is unacceptable. We must ensure that, as we expand the entitlement of homeless people—which we should do—and deal with the needs of people who display antisocial behaviour and the rights of other people, we strike a balance. We cannot consider only the rights of individuals; we must consider the collective rights of people who live on landings or who rent and ensure that a proper view is taken.

16:03

Murray Tosh (West of Scotland) (Con): I draw attention to my entry in the register of members' interests.

In Johann Lamont's opening speech, she said two, three or possibly four times that the matter is not just about bricks and mortar. That is absolutely true, but almost every member who has spoken from whatever party has returned to the point that, in large measure, the matter is about bricks and mortar. When, as a councillor, I first encountered the problem of homelessness—in prosperous urban areas—it quickly became clear to me, as I dealt with case after case that arose from a range of specific causes and related to specific individuals, that the deep underlying cause of homelessness is simply that not enough houses are available for people who cannot access the supply that exists. The existing housing supply is predominantly in the market sector—people have to buy. However, an awful lot of people cannot afford that and need to rent, and there are not enough houses to rent. That is a simple and irrefutable fact.

If we consider the history, we find that the problem—which Tommy Sheridan came close to describing—is that a decision was taken in 1975 that meant that in 1976 volume council house building came to an end almost overnight and apparently for ever. Although the subsequent Government began a programme of funding housing associations to develop housing for rent, it never put in the necessary resources. The Shelter briefing to which Tricia Marwick alluded points out that even though the Executive seeks to step up the amount of building, the proposed volume only approaches the inadequate levels that existed during the lifetime of the previous Administration.

If the Executive chooses not to listen to Tricia Marwick because of where she is coming from, it should listen to Karen Whitefield and consider where she is coming from. Karen Whitefield has spoken to the same housing organisations and lobby groups and has heard the same message that Des McNulty, John Home Robertson and all of us have heard. The targets are probably not capable of being met by 2012. We lack the land supply, the drainage capacity, the contractor capacity and—in the housing associations—the development capacity to build the houses even if the Executive turned the tap on at full pressure tomorrow, which it will not do.

The minister should not take it from me that the targets will not be met; he should take it from the Executive's own research, which he and his predecessor have spoken about in the Parliament. The Bramley research has informed to a significant extent the amount that the Executive is building. I accept that the Executive is approaching the number of units per year that Bramley said needed to be built, but he made it clear that his calculation, which was done on a net need basis—in other words, need was aggregated across local authorities—did not take account of the lack of building in the past and the need to tackle what was, in effect, a hidden homelessness problem. He made it clear that he was measuring only the need that would arise from new, emergent households and was not talking about regeneration.

It is proper that the Government is allocating a great deal of resources to regeneration and is building many new houses. However, if one strips away the regeneration programme in those local authorities that the Executive's own research said had a surplus of houses, and examines what it is building to meet newly emerging need in those council areas in which there is a deficit, one finds that the Executive is falling thousands of houses short of what its own research showed was necessary. That research did not consider the problem of councils such as Fife Council, which although it might not have an overall shortage in its area still has many communities within that area in which there is severe localised need. St Andrews is an example of such a place, where one must be extremely wealthy to find a house, as was mentioned recently in the national press. In the greater Glasgow housing area, there is now almost no affordable housing in certain communities in East Renfrewshire and East Dunbartonshire.

The truth of the matter is that there will still be homelessness and long waiting lists in 2012. There will still be people on housing waiting lists whose temporary accommodation falls through or whose temporary arrangements no longer work, for whatever reason, and they will do what

thousands of our fellow Scots do every year—they will present themselves as homeless and the supply will not be there to address their situation.

If there is any aspect of the Executive's work in which I wish it well and hope that it will succeed in its objectives, it is the aspect that we are discussing, which has affected me in my public life as a councillor and as an MSP as nothing else has done. The test of the Administration's sincerity and competence on homelessness will be not whether it meets its targets by 2012—I do not think that anyone believes that it can do that—but whether it listens to the voices of members of all parties and to all quarters of the housing lobby and puts in place the research that is needed. That research, which should include the local authorities, should consider housing need assessments, local plans and land supply in an effort to identify what can be done to increase the financial and physical resources so that the targets can be achieved as soon as is practically, politically and humanly possible.

I wish the ministers well in that, but I ask them not to go around saying that the solution is not just a matter of bricks and mortar. Although that is true, bricks and mortar are very much part of the solution that is needed.

16:09

Cathie Craigie (Cumbernauld and Kilsyth) (Lab): I am pleased to have worked with the Scottish Executive over the past five or six years to consider the needs of residents, tenants, owners, homeless people and, indeed, neighbourhoods.

People find themselves homeless for all sorts of reasons. Having a roof over our head is a basic human right. I would be ashamed, as I am sure other members would be, to live in a developed country that did not tackle this issue head on.

Extensive research on the subject shows the reasons that lead to people becoming homeless. We need to continue to tackle the root causes of the problem by giving people a more secure home environment and alleviating the need for them to become homeless in the first place and time and time again.

It is not an exaggeration to say that Scotland has taken some groundbreaking steps in implementing a variety of housing and community legislation, including on the issue of homelessness. Many people consider Scotland to be leading the way on housing policy not only in Europe, as other members have said, but internationally.

We have never pretended that the problem would be an easy one to tackle, nor are we under any illusion about there being overnight fixes to find. I want to ensure that we meet the 2012 target. I say to the minister, as a number of members have done today, that, as things stand, we have a lot of work to do if we are to reach it. To do so, we must provide a supply of affordable housing. That is easy to say—it is not new thinking, as members around the chamber have said, and it is apparent to everyone.

People on the transfer waiting list aspire to move to a larger or a smaller house to accommodate their family needs. The homelessness legislation is causing friction in some local communities because waiting list applicants see homeless applicants being housed before them. People feel aggrieved not because they see the homeless person as someone who is any less deserving of a house than they are, but because there are not enough affordable houses to go round.

I have been involved in housing debates since the early 1980s. Things have changed a lot since that time. The quality of most of the housing stock has improved and more people nowadays want to buy and are buying their homes. The involvement of tenants in decision making about their homes has changed almost beyond recognition. However, at least one thing has remained constant: demand for housing far outstrips supply. If we are to make a difference and if we agree and accept that all of us have the right to a decent and affordable home, we must ensure that we deliver on the policies.

The quality of housing did not improve without Government intervention or without it recognising that the conditions in which we live have an impact on many different aspects of our lives. During the 1980s and the early 1990s, councils struggled to invest in their housing stock. There was fierce competition among councils and housing associations for the little investment cash that the Government made available. Thankfully, in electing a Government with a goal of lifting housing high up the political agenda, conditions have improved and continue to improve.

By working together, local authorities and the Scottish Executive have brought about remarkable developmental and economic regeneration, which have led to vast improvements in the quality and choice of local authority and housing association housing.

Private housing is now being built in areas that private developers have never considered before. We need only look at some of the peripheral housing estates in our major cities to see that young people and families who want to buy their house but also live in their own community can do so and add value to the community when houses are built at the right price and with the assistance of Government-funded schemes.

Margo MacDonald: Does the member remember, as I do, the prophecy that was made in the early 1980s that the right-to-buy policy would give us a huge housing problem 20 years down the line? I agree that much improvement has been made in much of the housing stock since I was the director of Shelter Scotland, but does the member also agree that there is a bigger division now between the housing stock that is considered desirable and the housing stock in which nobody wants to live?

Cathie Craigie: I do not agree with Margo MacDonald that the right to buy is a problem and I do not have time to answer all her points.

In my constituency, we have built houses in areas where people said that we would never sell them and local people have snapped them up. We must have a mixture of housing, be it for rent or to buy.

Everyone who spoke in the debate today mentioned resources. Resources can mean different things to different people. When I talk about them, I am not talking about employing more housing officers or giving more money to Shelter or other housing organisations; I say to the minister that when I talk about resources, I mean bricks and mortar. We need to build more houses to meet the demand. I know that that is the case in my constituency. We rely on local authorities to implement legislation and my local authority is working hard. The Scottish Executive needs to continue what it is doing, but it needs to work harder and to do more to encourage local authorities and housing providers to build more houses for the people in their communities.

The Deputy Presiding Officer: Three more members want to speak. I ask them to stick to five minutes if possible.

16:16

Roseanna Cunningham (Perth) (SNP): We have heard some incredibly powerful speeches and there has been remarkable agreement in the chamber. The minister must listen to our expression of frustration and to the desire of every MSP to resolve the homelessness situation.

For as long as I have been an MSP, housing and homelessness have been dominant issues in my postbag. Other issues have come and gone, but homelessness has always been there. As we know, the problem is growing throughout Scotland with 30,000 homelessness assessments carried out in 1992-93, increasing to 40,000 in 2003-04.

Action needed to be taken and changes have been made. The Parliament voted to pass the Homelessness etc (Scotland) Act 2003, which received cross-party support. The act made a range of amendments to the legislation that governed the way in which homelessness was tackled. It is probably too early to foresee the impact of those changes on the reality of homelessness in Scotland. However, the issue is not rocket science. Murray Tosh is right—purely and simply there are not enough homes available at an affordable rent. Until we fix that, we will not fix the problem. For example, on just one day recently in Perth and Kinross, 45 properties were available to let and 4,500 people were on the waiting list. Housing staff are dealing with 300 homelessness cases at any one time. The small size of rural communities exacerbates the problem and leads to greater social dislocation because of the distances about which Christine Grahame spoke.

Waiting lists do not even show the true extent of the problem. People are not daft—they know how long their friends and relatives sit on waiting lists so they do not even bother to apply for housing. Many members have already mentioned the particular problem for young single men.

It is unfortunate that we are not debating a motion today because that inevitably means that the debate will have no definitive outcome. Action is needed. We need the minister to give us assurances, on the record, that resources will be provided. That call comes not just from the Opposition, but from COSLA as well.

Everyone who contacted MSPs about today's debate focused on the intention to abolish priority need by 2012. The aim had widespread support when the Homelessness etc (Scotland) Act 2003 was passed, but we need a commitment to ensure that councils are in a position to implement it. As it stands, I understand that seven councils, including Perth and Kinross Council, will not be able to do so. Throughout Scotland, 28 per cent of all lets go to homeless people; in Perth and Kinross, the figure is 53 per cent. It will not be long before people who are not homeless will cease to be considered in Perth and Kinross. There is a danger that that will mean a drift from rural areas in Perthshire to urban areas, which will exacerbate the problem for MSPs who represent those areas.

The councils in such a position, including Perth and Kinross, need additional support if they are to meet the challenges of the 2012 deadline. Shelter recognises that, as do most members here. Today, the minister must recognise that. We need his unvarnished, straightforward commitment to delivering support and we need more houses. Shelter has calculated that, if the communities budget had kept pace with the average growth of the Scottish budget since 1999, another 1,500 homes could have been built. In Perth and Kinross, like in other areas, we have a particular problem because of development restrictions

imposed by Scottish Water. There are 25 settlements in Perth and Kinross where 200 desperately needed affordable houses cannot be built because of those restrictions.

We also need to stop losing homes. I echo the concerns that have been expressed about the continuation of the right to buy. I think that it is time to revisit that policy. We need to do so soon to retain rented properties in the public sector.

I will finish by re-emphasising my appeal for support for councils such as Perth and Kinross. However, unusually for me, I will leave the last words—or nearly last—to an Executive minister. Speaking during the stage 3 debate on the Homelessness etc (Scotland) Bill in 2003, Margaret Curran said:

"It serves no one's interests to implement amendments and not have in place the provision and resources for local authorities and local communities."—[*Official Report*, 5 March 2003; c 18999.]

She was bang on. It is time to put up.

16:21

Elaine Smith (Coatbridge and Chryston) (Lab): Last week, it was reported that the main town in my constituency, Coatbridge, had the highest percentage of growth in house prices in the UK last year. That is certainly good news for many home owners in the area. It is also welcome news for a town that, only the week before, had been labelled in *Prospect* magazine's annual festival of condescension as one of the most dismal places in Scotland.

Property booms do nothing for those who are most in need of housing—the homeless. Increasingly, Coatbridge is facing a housing crisis. The social housing stock has been decimated by 25 years of the Tories' flagship right-to-buy policy, which has reduced the number of homes for rent, creating residual housing of last resort. The housing situation that the Scottish Executive inherited following decades of Tory Government was disastrous. I am proud of the fact that significant action has been taken to try to turn that round. I am particularly supportive of the Executive's stance on homelessness. The Homelessness etc (Scotland) Act 2003 undoubtedly moved the agenda forward dramatically, and it has provided some ambitious and progressive goals for us to work towards. We cannot ignore the fact that the act has posed some serious challenges to local authorities. The legislation's impact on housing allocations policy is an issue on which I am regularly approached by councillors, registered tenant organisations and constituents. Karen Whitefield also spoke about this subject. The current shortage of social housing is undermining the legislation's effectiveness. That can work to the detriment of numerous other disadvantaged groups, which other members have mentioned.

North Lanarkshire Council tells me that its current operational requirements dictate that approximately 70 per cent of lets are made to homeless applicants. Anecdotal evidence suggests that inappropriate housing may be used, such as adapted housing. That is to the detriment of those who are on the waiting list because of health or mobility requirements and families living in overcrowded accommodation. Consequently, there is increasingly a perception in my constituency that the only route to a house is through a declaration of homelessness.

The current situation, in which demand drastically outweighs supply, looks set to spiral further. North Lanarkshire Council anticipates that the total effective social stock will decrease by a further 11,000 by 2011. At the same time, the council expects the demand on social housing to rise by more than 30 per cent. I obtained figures on that just before the debate. Between 2003 and 2004, the total social housing stock in Coatbridge decreased by more than 200 homes. At the same time, the council received an increase of more than 1,000 applicants for social housing in the area.

As a former homelessness officer, and having dealt with people who were not in priority need and with the heartbreak of their situations, I feel that we must abolish priority need. As Cathie Craigie said, a house is a basic human right. It is more houses that we need.

Recent research by Shelter shows that the key concern of the majority is affordability, not ownership, as is frequently suggested. The fact that the right-to-buy policy continues to exist against that backdrop is simply incongruous. The Executive has amended that policy, of course, but if it is to ensure that the 2003 act achieves its objectives, it must seriously consider matching its tenacious approach under that legislation with an equally resolute stand next year on the right to buy.

People's aspiration for home ownership is being placed above the absolute need for people to have a house. Margaret Thatcher encouraged the assumption that everyone aspired to own their home because that suited her political ends. The Tories tried to make that happen through the right to buy, which is of course not a right but a tool of housing policy that is designed to sell off a state-owned collective asset to private individuals. That is what it is all about.

As we have heard, local authorities can apply for exemptions through pressured area status, but questions need to be asked about why few are

willing to apply for that. Perhaps we need to grasp the nettle nationally. I am confident that the Minister for Communities will consider those issues before he reviews the right to buy, but I impress on him the need for urgent and radical action to stop the rot in our social housing stock.

I would like to discuss residualisation, but I do not have time to.

I recognise the Executive's commitment to dealing with homelessness and affordable housing, but I urge it to be bolder and more confident in its attempts to curtail the right to buy. We should replace that with a right to rent. I return to my initial point about the property boom. It is clear that we need more state homes, not more stately homes.

16:26

Alex Fergusson (Galloway and Upper Nithsdale) (Con): I am grateful for the opportunity to participate in the debate, even late in the day. I have been struck by how non-party political the debate has been and by speeches from members of all parties. I look forward to the minister's statement and in particular to finding out the extent to which it reflects concerns from throughout the chamber.

I vividly recall my earliest days in the Parliament in 1999. As an innocent country boy from Galloway, I was genuinely taken aback by the number of homeless people who slept rough on the streets of Edinburgh between our old offices on the Mound and my accommodation in the west end. The contrast between that and the signs of robust economic expansion that were obvious in Edinburgh could not have been starker. No one—and certainly not I—would argue that the action that was taken to address that problem was not fully justified. I welcome the fact that that action appears to have paid off in that someone sleeping rough in a doorway is now a much rarer sight.

That is homelessness in its most basic form. The image of someone sleeping rough is what comes into most people's minds when they are asked what homelessness means. However, that is no longer what we, ministers or officials mean when we talk about homelessness.

The first telephone call that I received in my capacity as a constituency member after the 2003 election was from a young couple with three small children who lived in a two-bedroomed housing association house in Castle Douglas. The two older children, who are of different genders, shared one tiny bedroom, while the youngest slept with her parents. If I remember rightly, they were third on the list for transfer and had a high number of overcrowding and medical points.

Three weeks ago, that family contacted me again—they have done so many times. The two eldest children—I remind members that they are a boy and a girl—are now aged 12 and nine. They still share a tiny bedroom, which is against every guideline in the book. The family are no longer third on the list; they are now seventh. They seem to have virtually no hope of securing the transfer that would transform their lives. We are all familiar with such situations.

Why do such situations arise? It is because every time a suitable house becomes available, people are leapfrogged on the list by someone who is deemed to be of greater need—they may well be—and, more often than not, by someone who qualifies as homeless under the 2003 act. I suggest that the act has led to the situation that John Home Robertson described well in his excellent members' business debate on affordable housing last month. I hope that he will not mind my quoting him—I will do so even if he does mind. He said:

"At present, there is just no hope for people on the waiting list unless they are priority homeless. Sometimes, the only way out of the trap is the degrading and traumatic process of going homeless, whereby families have to be put out of their parents' homes so that they can be housed as homeless people. That is unfair and uncivilised."—[*Official Report*, 28 September 2005; c 19569.]

Patrick Harvie: Will the member give way?

Alex Fergusson: I am sorry; I would like to give way but I cannot, as I have been asked to reduce my speech.

The situation is unfair and uncivilised and I suggest that it has become slightly dishonest, because many of the homeless people are a million light years away from sleeping rough or matching the traditional concept of homelessness.

Redefining priority need will not solve the homelessness problem, because it will lead to almost every available house being allocated to homelessness referrals. People will therefore be encouraged—even more than now—to present themselves as homeless to obtain a house. If the estimates of Loreburn Housing Association in Dumfries and Galloway are correct, more than 90 per cent of people in Dumfries and Galloway will do so once the new measures are introduced. That is hardly the equitable balance that Des McNulty seeks. As a briefing paper by Scottish Churches Housing Action states,

"Redefining priority need does not add to the supply of affordable housing".

That statement points the way forward for us as we try to tackle a growing problem.

As members have said, we must embrace and involve the private sector. We must provide more affordable housing for renting and buying. Sadly,

most estimates show that the Executive's targets are woefully inadequate in that regard. As Mary Scanlon pointed out, the danger is that there will be increasing tensions between homeless applicants and others who are on waiting lists. If the right number of suitable houses is not provided, those tensions will be real.

Regular audits should be undertaken so that people live in housing that suits their needs. There is also room to re-educate young people to benefit from the pleasures of flat sharing for a few years before they get a place on their own. Fewer people are sharing flats, but doing so is a valuable part of people's upbringing.

Most of all, I believe that it is not priority need that should be reassessed; rather, we should seriously consider redefining homelessness because the definition of that status is so wide that there is a danger of its applying to almost anyone who wants a house rather than to people who desperately need and deserve a house. We must focus on the latter. I hope that the minister's statement will reflect that and that the committee will consider that during its post-enactment scrutiny.

The Deputy Presiding Officer: I thank the three members for sticking to their five minutes. We now move to winding-up speeches. I point out to members that I will keep them tight to their times.

16:31

Donald Gorrie (Central Scotland) (LD): As Euan Robson and other members have said, homelessness is simply unacceptable in a civilised society. We must therefore do something about it.

I think that all parties are guilty of not making housing a high enough priority. They may say that they do, but in fact all parties go on about four or five things that are all very important—perhaps health, education, employment and the economy, police and safety on the streets, and drugs—before housing. We must put housing higher up in our priorities. That it is becoming less of a priority is shown by the fact that financial investment in housing as a percentage of overall Scottish Government investment has decreased.

Perhaps the position was falsified in the past because there was hidden homelessness and many people did not make applications. We are improving the system to some extent, so more people make applications because they think that there is a chance of getting a house. Members have mentioned the reverse situation—people who are waiting on housing waiting lists are tending to go down the list because other people who are seen as homeless are going above them. We must sort that out.

We need local solutions. Councils—whatever their faults may be—and local communities must sort things out and we must help them to do so. Things should not be sorted out at the centre, although we must provide the resources to build more social rented houses and homes for affordable purchase. There are simply not enough resources. The Executive has increased resources, but not by nearly enough. We simply must find more money for investing in houses. In my view—I am not terribly clear about what my party's view is—the right to buy must be severely reduced, if not removed, until we have sorted things out.

Mike Rumbles (West Aberdeenshire and Kincardine) (LD): It was made clear at the most recent party conference that we want to end the right to buy for new tenants.

Donald Gorrie: Thank you.

One problem with the Government's system is that people can become too bureaucratic. The Parliament passed housing legislation that included a right for councils to apply for pressured area status, so that they could control the right to buy. However, hard-working and overenthusiastic civil servants have produced so many hoops for councils to jump through before that status can be obtained that, as far as I am aware, nobody has yet gone through all the hoops. It can certainly take a long time to do so. We should examine things on a wide scale and not go mad with bureaucracy. If Parliament says that councils should decide, then councils should decide. If they get it wrong, they can sort that out with their voters.

The planning reforms give us several opportunities. We could put in law what a lot of councils do anyway to ensure that a share of new developments—especially new housing developments—is for affordable purchase or social rent. That would give a real power to the councils. We could also give councils the power to put pressure on the owners of neglected land or business property to use it properly, which might well mean using it for housing. We could put pressure on the owners of empty houses to ensure that they are rented out. We could make it law that councils would have to authorise a change of use before a house could become a second home. There are a lot of things that we could do to reduce the impacts on the supply of houses. We must also sort out the water industry. We may be starting to do that, but it is far too late. There must be serious investment in water and in that context we must boot certain people up the rear.

We must support people whether they are in a house or not. We must support people so that they do not become homeless but are sustained in their

tenancy and do not get into problems. The supporting people budget has been cut, which has caused great umbrage. I know that there is an official explanation for that, but it is a bad thing. We need more support for advice-giving bodies such as the Citizens Advice Bureau, as they help not only on housing but on debt advice. A lot of other aspects impinge on housing, including social work, employment, helping people who come out of prison, supporting people who have problems with drugs and booze and providing more carers. We need a team approach to helping people to stay in their houses and not to get into problems.

We must support young tenants, especially. There are some good voluntary organisations that do that, but we need to give them more support. Seventeen and 18-year-olds can have problems in running a tenancy. As Barnardo's suggests, we should keep people in care up to the age of 18, instead of 16. That would help to reduce the number of 16 and 17-year-olds who lose their housing. We also need to sort out the housing benefit system—or get Westminster to sort it out.

Finally, we must create communities or help communities to evolve in which there is an atmosphere that people want to live in and in which people support one another. There would not be all these empty houses because nobody wanted to live there. If we had vibrant, well-managed communities, that would solve a lot of the problems.

16:38

Mr David Davidson (North East Scotland) (Con): This has been one of the most stimulating and interesting debates that I have ever witnessed in the chamber. We have heard speeches made with genuine conviction, and a lot of facts and figures have been thrown around. I would not like to be the minister who has to respond to them all.

In my workload, there has been a shift from most cases involving health to more cases involving issues to do with housing, such as antisocial behaviour and access to housing and the archaic and unfair points system. Many members have talked about that today. I have had such cases right across the region: they have not been unique to any one area or any one type of family. I find scandalous the number of empty houses that we have in Scotland. In Aberdeen, which is the city nearest to where I live, we have 7,000 empty houses. In relation to the population of the city, that is scandalous. It is the result of years of neglect of council housing that was built on the cheap, to which people just do not want to go. One of the best things that Aberdeen City Council could do is sell off some of the sites. I know that developers would love to take that land and support other organisations, such as local housing associations, to invest in new property.

The future demand for housing has been mentioned by several members, but I do not think that any research has been done that all members could accept. That is mentioned in some of the briefing papers. I hope that the minister will do something about that.

The targets that the minister has come up with are excessive unless he is somehow going to stimulate growth in the delivery of housing. I did not hear in the minister's opening speech how we will pull together all the potential providers of housing. We heard about councils and housing associations but we did not hear very much about the private sector and its capabilities, particularly in rural areas. We did not hear much about voluntary organisations and we certainly did not hear what the minister identifies as rural problems of affordable housing to rent and purchase.

One of the biggest problems in rural areas is an archaic planning system that does not recognise that, for example, there are barns in Aberdeenshire that could be converted into six affordable houses; instead permission is given for them to be converted into only one house, for some oil executive. That is nonsense because people have work and they want to live near their work. If people get permission, where is Scottish Water? It cannot supply. People in Laurencekirk who have outline planning permission have come to me because they are being told that there is no water and sewerage supply and that the fact that they have had the planning permission for a while is just tough. We have got to get to grips with all this.

Tricia Marwick said that the minister's statement was obviously aspirational. I would be fairer than that and say that I think that the minister is fishing for ideas. I hope that I am wrong, but if that is the case, we will have a long wait before we get any solutions.

Tricia Marwick: In fact I said that the legislation was extremely worthy but that unless the Executive gets to grips with it, the target of 2012 is merely an aspiration. That target must be met.

Mr Davidson: Right; I accept that.

Murray Tosh made an authoritative speech, as he always does on housing. He is acknowledged as one of the experts and if I was being really generous today, I might suggest to the minister that he borrows him as a deputy minister for housing for a few months to see whether we can sort things out. He made the point that there are just not enough available and fit-for-purpose houses. No one person is to blame for that. The blame lies with a lot of people in Government and local authorities who have not seen the need for investment.

Des McNulty was quite passionate about fairness. I could highlight several recent cases that

would show exactly what he was talking about. For example, a person came through the courts and was put into an Aberdeenshire village. He had an alcohol problem and wandered around waving knives about. He went back to the court but remained in the council house and was moved out this week only after everyone in the community signed a petition. The community council and local councillors were involved and I have written to ask for details from the police and the housing authority to find out why the situation was not dealt with when it was first reported. Although there were old people in the village who wanted to downsize, the man was living in a house that had been earmarked for sheltered accommodation. We have to get ourselves organised and look at the situation properly.

Tommy Sheridan made a good point about successful tenancies. Many young people do not know how to be a tenant. I congratulate the foyer movement because it does an excellent job wherever it can to help young people through different stages and enables them to move on.

Several members have talked about the right to buy. If the 400,000 people who bought their council houses did not buy them but just stayed put, there would still be a shortage. The argument against buying is not logical. We must examine how the money that was raised through the right to buy was used and try to learn from that so that we can get it right in future.

Everyone here has talked about fairness in the system and investment in the future, but we need facts and figures. Where will people need to live? Where are the new jobs going to be? Where are the retirement homes? Where are people going to be able to downsize to release a bigger property or upsize their property if they have a family? Those are the issues that the minister has to address.

I ask the minister not to give pat answers, but to listen and to consider carefully everything that has been said today. I ask him to go away and come back with a decent statement in December.

16:44

Linda Fabiani (Central Scotland) (SNP): First, I want to restate how all this started. In February 2002, the homelessness task force recommended setting a target of 10 years for local authorities to be in a position to offer permanent accommodation to all homeless applicants, regardless of their priority need status. I think that at the time Tommy Sheridan said that 10 years—a decade—was too long. However, the Executive agreed with the recommendation, which was endorsed by the Parliament when it passed the Homelessness etc (Scotland) Bill. The 2012 target then became part of the Executive's overall housing policy.

Under the 2003 act, the Executive is required to make a statement by the end of the year on how the target will be met. That is why, like Tricia Marwick, I was bemused to discover that this afternoon's business was to be not that statement, but another subject debate on homelessness. Although the minister assured us that the statement will be made, I was still wondering why we are having this debate, given that only seven weeks are left before recess and the clocks go back this weekend.

Then I listened carefully to Des McNulty, who referred to limiting supply in relation to those who require or desire either to rent or to transfer to more suitable accommodation. That is fair enough; as many members, especially Murray Tosh, have pointed out, we are talking about bricks and mortar. However, to the loud support of some of his Labour colleagues, Des McNulty then called for the 2012 target to be scrapped. Is that why the minister called this subject debate only weeks before having to make his required statement? Is he testing the water to see what might happen if he ditches the target? Does he intend to water down the impact of his statement? I hope not. The Executive has a responsibility to meet that target and the SNP would find it unacceptable if the target were diluted, extended or abandoned. I suspect that, in saying so, I speak for other members in the chamber.

Des McNulty: My point was that the target cannot be isolated from every other priority need. After all, politics is about deciding how to integrate different priorities in order to come up with a balanced solution. I was not arguing for the target to be abandoned; I was simply pointing out that we need to consider the broader issues.

Linda Fabiani: With respect—

Des McNulty: It is not simply a question of resources.

The Deputy Presiding Officer: Please sit down, Mr McNulty.

Linda Fabiani: With respect, it is up to the Government to get things right before the legislation is passed. I hope that that is what the Government did. At the time, I expressed concern that the target might turn out to be only an aspiration and was assured by the minister that there would be no increase in homeless applications. Well, as we know, the current situation is very different.

Patrick Harvie, Tommy Sheridan and other members expressed the view that the target can be met if the political will and resources are there. Indeed, Roseanna Cunningham pointed out that

COSLA asked for assurances that the resources would be made available.

The two strands of the homelessness policy are prevention and supply, the first of which includes housing support. In her opening speech, the deputy minister said that the key was manageability and sustainability. That would be fine but for the fact that the Executive has cut the supporting people fund, which, by supporting vulnerable people in their tenancies, provided one of the cost-effective ways of preventing homelessness. The Scottish Executive must reverse the 12 per cent real-terms cut in the fund in the current year. Another aspect of prevention is housing advice, which must also be funded.

The housing benefit system must be reformed to ensure that it works smoothly and properly. I cannot remember who said that it is unacceptable for landlords to begin repossession action when an outstanding benefit claim is being processed but, whoever it was, they were right.

Tommy Sheridan: Does the member agree that it is well within the Parliament's power to make the legislative demand that such actions should not be started while a housing benefit claim is still being processed?

Linda Fabiani: Right from the start, the SNP has called for responsibility for housing benefit to be brought within the Scottish Parliament's remit. That certainly could happen.

The other strand of the homelessness policy is supply. We talk a good talk in the chamber, but the truth is that, despite the targets that the minister talks up in every housing debate, the number of housing association new builds has consistently fallen over the past four years.

We have heard lots today, as often before, about infrastructure, land use, planning and other such things. Innovative solutions are required to enable the 2012 target to be met and I want to hear about them when the minister makes his statement just before Christmas. I want to hear about innovative solutions, about prevention measures and about the resources that will be put in place to allow councils to achieve the target by 2012. What I want from the minister today is a clear statement that the 2012 target for the eradication of homelessness stands and will continue to stand.

16:50

The Minister for Communities (Malcolm Chisholm): Today's debate has been excellent. It has provided an opportunity for a full and frank airing of the challenges that confront us in delivering our commitments under the Homelessness etc (Scotland) Act 2003. I can, of course, say clearly that the 2012 target remains our target. However, we have to face up to the challenges of meeting that target and come up with appropriate solutions.

The debate has been useful and, on the whole, balanced—although some members failed to acknowledge any of the progress that has been made. Karen Whitefield usefully reminded us of many of the actions that have been taken. For example, all local authorities have local homelessness strategies and there has been broad progress on national health and homelessness standards and on the Scottish homelessness and employability network.

Alex Fergusson reminded us of the progress in this session of Parliament on rough sleeping. Reference has also been made to progress on housing conditions—we have ambitious plans with the Scottish housing quality standard—and on the central heating programme, both of which have done much to improve health. Christine Grahame talked about that. Even the supporting people budget with its current challenges is twice what it was only four years ago. Christine Grahame reminded us of some of the homelessness figures in various local authorities, but I point out that homeless people now have new rights that they did not have in 1999.

Much of the debate has been about housing supply, which is an issue that we take very seriously. Murray Tosh made an interesting speech and said that Bramley did not recognise the backlog. I disagree. Bramley recognises the backlog; the model builds in the clearance of the backlog over 10 years. However, that is not the last word as far as we are concerned. Work to update and improve further the modelling of estimates of affordable housing requirements is already under way—the very research that Murray Tosh asked for.

I have said before that our current projections are not the last word. That is why we are undertaking work nationally and locally to inform the planning of future affordable housing supply beyond the current spending review period. We are working jointly with local authorities on that.

Murray Tosh: Will the minister take an intervention?

Malcolm Chisholm: I will give way in a moment, but I have to make some progress.

Karen Whitefield said that work on the numbers had to be related to funding. Of course, that will feed directly into the next spending review.

A key feature of the debate related to the allocation of houses. Mary Scanlon raised the matter, although her figures were not the official ones that I have for Argyll and Clyde, which are that 48 per cent of new lets and 39 per cent of all

lets go to homeless households. However, of course there is an issue. Elaine Smith and Karen Whitefield talked about it, but Alex Fergusson was exaggerating when he said that there was no hope for people on the waiting list unless they were priority homeless. Currently, 23 per cent of all social rented lets in Scotland go to homeless people, although, of course, the figure is much higher in certain areas.

Homeless people must be given reasonable preference when being allocated housing, but they are not the only category of people to be given such preference. Others who are given the same reasonable preference are people in housing that does not meet the tolerable standard, people who live in unsatisfactory housing conditions, people who have large families and people in overcrowded housing.

I give way to Murray Tosh.

Murray Tosh: I am most obliged. The point that I wanted to put was that the Bramley research identified a net housing shortfall in 15 local authority areas and identified necessary annual building programmes. If we except Edinburgh, where a substantial regeneration programme is planned, do the strategic development and funding packages agreed by Communities Scotland provide for Bramley's target figures to be met in any of the other 14 council areas?

Malcolm Chisholm: They certainly do in general terms, but more work is being done on the issue. I do not regard Bramley's work as the last word on the matter, although it was a useful and important contribution at the time.

Many members raised the issue of the right to buy. Euan Robson said that the exemption to the right to buy in places that have been designated as having pressured area status has never been used, but I recently approved such a designation for East Renfrewshire Council and I know that several other local authorities are considering the possibility. Such designations, which were introduced under the Housing (Scotland) Act 2001, are the way forward. We will publish a report on the right to buy next year, but I feel that there is already scope for action to be taken in areas that have a problem.

Several members mentioned antisocial behaviour. We should remember that the number of people who applied as homeless last year after losing their previous tenancy because of antisocial behaviour was 220. That is a minuscule proportion of all homeless people. Antisocial behaviour is an important issue, but we must keep it in proportion.

As Karen Whitefield reminded us, being tough on antisocial behaviour can sometimes prevent evictions. Des McNulty also raised concerns about antisocial behaviour—we all sympathise with the four constituents to whom he referred. When the provisions in the 2003 act come into force, local authorities will be able to decide whether to offer a short secure tenancy or non-tenancy accommodation to people who become intentionally homeless as a result of antisocial behaviour or because they are subject to an ASBO. The non-tenancy option, which has been called bottom-line accommodation, will be coupled with appropriate support to help to end the underlying problems.

Des McNulty: Does the minister think that the present six-month period for the provisional tenancy is adequate, given the time lag in dealing with antisocial behaviour under the antisocial behaviour legislation?

Malcolm Chisholm: I think that the current period is adequate, but I will be happy to consider any more detailed points that Des McNulty wants to highlight.

Euan Robson raised the issue of advice and information. Again, the provision of advice and information is a requirement under the 2001 act. Proactive advice and information that seeks to reach out to people before they reach a moment of crisis can be key in preventing the crisis from happening. I know that many local authorities are not only developing advice and information strategies but carefully considering what the best means might be for providing and disseminating that effectively. The Scottish national standards that are in place are designed to ensure that such advice and information is of good quality.

Tommy Sheridan mentioned housing benefit problems. Local authority homelessness strategies must include standards for dealing with housing benefit claims and targets for improvement. It is not acceptable that a family should be threatened with homelessness as a result of failures in the administration of housing benefit. Section 12 of the 2003 act requires courts to take into account the impact of any such failure in rent arrears repossession cases. That section came into force in July last year.

David Davidson raised points about the private sector. Increasing use of the private sector was emphasised in the consultation document. Discussion is also well advanced with private rural landowners about their role in the provision of affordable housing on private land that would not otherwise be available.

Mary Scanlon raised points about the suspension of the local connection test. We will not place an unmanageable burden on local authorities as they work to meet already challenging targets; hence, we intend the requirement for a local connection to be suspended, rather than abolished. The enabling

legislation provides for a measured and sensible approach, including the option of reversing a suspension if any problems arise.

A whole lot more could be said about homelessness prevention, which is a big agenda. We want local authorities to do more work on prevention. In the recent local authority projections for 2012, only one local authority factored in the impact of prevention. We are examining those forecasts seriously in the lead-up to the statement to the Parliament, but it is obvious that different local authorities have arrived at their projections by using different methodologies.

Water was mentioned by several members, including Tricia Marwick, Donald Gorrie and David Davidson. However, Tricia Marwick was well wide of the mark in saying that there had been no ministerial intervention, given that Scottish Water has been given the specific objective of providing sufficient strategic water and sewerage capacity to enable all anticipated new housing developments between 2006 and 2014 to be connected to the public networks. If there was time, I could speak at length about the practical action that Scottish Water is taking in its investment programme, which will run from 2006 to 2014. On 3 October, for example, the Executive gave Scottish Water directions on investment that confirmed the investment requirements that it placed on Scottish Water for its next investment programme. Scottish Water has already started work on those with local authorities.

It has been right for this debate to take place before a statement is made to the Parliament in a few weeks' time. As Euan Robson and Patrick Harvie said, homelessness is a phenomenon that should not occur in a modern society. I reiterate and make clear that the 2012 target is still the target. The abolition of priority need is about social justice. It is about fairness, equality and opportunity. It is about providing access for all to a fundamental right—the right to a safe, secure and affordable home. We must not and will not fail to deliver that right to the people of Scotland.

Parliamentary Bureau Motions

17:00

The Presiding Officer (Mr George Reid): The next item of business is consideration of two Parliamentary Bureau motions. I ask Margaret Curran to move motions S2M-3465 and S2M-3466, on committee substitutes.

Motions moved,

That the Parliament agrees that Ms Rosemary Byrne be appointed to replace Carolyn Leckie as the Scottish Socialist Party substitute on the Equal Opportunities Committee.

That the Parliament agrees that Carolyn Leckie be appointed to replace Ms Rosemary Byrne as the Scottish Socialist Party substitute on the Justice 2 Committee.—[*Ms Margaret Curran*.]

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

Decision Time

17:00

The Presiding Officer (Mr George Reid): There are five questions to be put as a result of today's business. The first question is, that amendment S2M-3468.3, in the name of Shona Robison, which seeks to amend motion S2M-3468, in the name of Andy Kerr, on "Delivering for Health", be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Adam, Brian (Aberdeen North) (SNP)
Canavan, Dennis (Falkirk West) (Ind)
Crawford, Bruce (Mid Scotland and Fife) (SNP)
Cunningham, Roseanna (Perth) (SNP)
Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
Ewing, Mrs Margaret (Moray) (SNP)
Fabiani, Linda (Central Scotland) (SNP)
Gibson, Rob (Highlands and Islands) (SNP)
Grahame, Christine (South of Scotland) (SNP)
Hyslop, Fiona (Lothians) (SNP)
Ingram, Mr Adam (South of Scotland) (SNP)
Lochhead, Richard (North East Scotland) (SNP)
MacAskill, Mr Kenny (Lothians) (SNP)
Marwick, Tricia (Mid Scotland and Fife) (SNP)
Mather, Jim (Highlands and Islands) (SNP)
Maxwell, Mr Stewart (West of Scotland) (SNP)
Morgan, Alasdair (South of Scotland) (SNP)
Robison, Shona (Dundee East) (SNP)
Stevenson, Stewart (Banff and Buchan) (SNP)
Sturgeon, Nicola (Glasgow) (SNP)
Swinney, Mr John (North Tayside) (SNP)
Welsh, Mr Andrew (Angus) (SNP)
White, Ms Sandra (Glasgow) (SNP)

AGAINST

Aitken, Bill (Glasgow) (Con)
Alexander, Ms Wendy (Paisley North) (Lab)
Arbuckle, Mr Andrew (Mid Scotland and Fife) (LD)
Baillie, Jackie (Dumbarton) (Lab)
Baird, Shiona (North East Scotland) (Green)
Baker, Richard (North East Scotland) (Lab)
Ballance, Chris (South of Scotland) (Green)
Ballard, Mark (Lothians) (Green)
Barrie, Scott (Dunfermline West) (Lab)
Boyack, Sarah (Edinburgh Central) (Lab)
Brankin, Rhona (Midlothian) (Lab)
Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)
Brown, Robert (Glasgow) (LD)
Brownlee, Derek (South of Scotland) (Con)
Butler, Bill (Glasgow Anniesland) (Lab)
Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
Curran, Frances (West of Scotland) (SSP)
Curran, Ms Margaret (Glasgow Baillieston) (Lab)
Davidson, Mr David (North East Scotland) (Con)
Douglas-Hamilton, Lord James (Lothians) (Con)
Eadie, Helen (Dunfermline East) (Lab)
Ferguson, Patricia (Glasgow Maryhill) (Lab)
Fergusson, Alex (Galloway and Upper Nithsdale) (Con)
Finnie, Ross (West of Scotland) (LD)
Fox, Colin (Lothians) (SSP)
Gallie, Phil (South of Scotland) (Con)
Glen, Marlyn (North East Scotland) (Lab)
Godman, Trish (West Renfrewshire) (Lab)
Goldie, Miss Annabel (West of Scotland) (Con)
Gordon, Mr Charlie (Glasgow Cathcart) (Lab)
Gorrie, Donald (Central Scotland) (LD)
Harper, Robin (Lothians) (Green)
Harvie, Patrick (Glasgow) (Green)
Henry, Hugh (Paisley South) (Lab)
Home Robertson, 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)
Kane, Rosie (Glasgow) (SSP)
Kerr, Mr Andy (East Kilbride) (Lab)
Lamont, Johann (Glasgow Pollok) (Lab)
Leckie, Carolyn (Central Scotland) (SSP)
Livingstone, Marilyn (Kirkcaldy) (Lab)
Lyon, George (Argyll and Bute) (LD)
Macdonald, Lewis (Aberdeen Central) (Lab)
MacDonald, Margo (Lothians) (Ind)
Macintosh, Mr Kenneth (Eastwood) (Lab)
Maclean, Kate (Dundee West) (Lab)
Macmillan, Maureen (Highlands and Islands) (Lab)
Martin, Paul (Glasgow Springburn) (Lab)
McCabe, Mr Tom (Hamilton South) (Lab)
McGrigor, Mr Jamie (Highlands and Islands) (Con)
McLetchie, David (Edinburgh Pentlands) (Con)
McMahon, Michael (Hamilton North and Bellshill) (Lab)
McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
McNeill, Pauline (Glasgow Kelvin) (Lab)
McNulty, Des (Clydebank and Milngavie) (Lab)
Milne, Mrs Nanette (North East Scotland) (Con)
Monteith, Mr Brian (Mid Scotland and Fife) (Con)
Morrison, Mr Alasdair (Western Isles) (Lab)
Muldoon, Bristow (Livingston) (Lab)
Mulligan, Mrs Mary (Linlithgow) (Lab)
Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
Murray, Dr Elaine (Dumfries) (Lab)
Oldfather, Irene (Cunninghame South) (Lab)
Peacock, Peter (Highlands and Islands) (Lab)
Peattie, Cathy (Falkirk East) (Lab)
Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
Radcliffe, Nora (Gordon) (LD)
Robson, Euan (Roxburgh and Berwickshire) (LD)
Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
Ruskell, Mr Mark (Mid Scotland and Fife) (Green)
Scott, Eleanor (Highlands and Islands) (Green)
Scott, John (Ayr) (Con)
Scott, Tavish (Shetland) (LD)
Sheridan, Tommy (Glasgow) (SSP)
Smith, Elaine (Coatbridge and Chryston) (Lab)
Smith, Iain (North East Fife) (LD)
Smith, Margaret (Edinburgh West) (LD)
Stephen, Nicol (Aberdeen South) (LD)
Tosh, Murray (West of Scotland) (Con)
Wallace, Mr Jim (Orkney) (LD)
Whitefield, Karen (Airdrie and Shotts) (Lab)
Wilson, Allan (Cunninghame North) (Lab)

ABSTENTIONS

Swinburne, John (Central Scotland) (SSCUP)
Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)

The Presiding Officer: The result of the division is: For 23, Against 87, Abstentions 2.

Amendment disagreed to.

The Presiding Officer: The second question is, that amendment S2M-3468.1, in the name of Nanette Milne, which seeks to amend motion S2M-3468, in the name of Andy Kerr, on "Delivering for Health", be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Aitken, Bill (Glasgow) (Con)
Alexander, Ms Wendy (Paisley North) (Lab)
Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)
Brownlee, Derek (South of Scotland) (Con)
Davidson, Mr David (North East Scotland) (Con)
Douglas-Hamilton, Lord James (Lothians) (Con)
Fergusson, Alex (Galloway and Upper Nithsdale) (Con)
Gallie, Phil (South of Scotland) (Con)
Goldie, Miss Annabel (West of Scotland) (Con)
McGrigor, Mr Jamie (Highlands and Islands) (Con)
McLetchie, David (Edinburgh Pentlands) (Con)
Milne, Mrs Nanette (North East Scotland) (Con)
Monteith, Mr Brian (Mid Scotland and Fife) (Con)
Scott, John (Ayr) (Con)
Tosh, Murray (West of Scotland) (Con)

AGAINST

Adam, Brian (Aberdeen North) (SNP)
Arbuckle, Mr Andrew (Mid Scotland and Fife) (LD)
Baillie, Jackie (Dumbarton) (Lab)
Baird, Shiona (North East Scotland) (Green)
Baker, Richard (North East Scotland) (Lab)
Ballance, Chris (South of Scotland) (Green)
Ballard, Mark (Lothians) (Green)
Barrie, Scott (Dunfermline West) (Lab)
Boyack, Sarah (Edinburgh Central) (Lab)
Brankin, Rhona (Midlothian) (Lab)
Brown, Robert (Glasgow) (LD)
Butler, Bill (Glasgow Anniesland) (Lab)
Canavan, Dennis (Falkirk West) (Ind)
Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
Crawford, Bruce (Mid Scotland and Fife) (SNP)
Cunningham, Roseanna (Perth) (SNP)
Curran, Frances (West of Scotland) (SSP)
Curran, Ms Margaret (Glasgow Baillieston) (Lab)
Eadie, Helen (Dunfermline East) (Lab)
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)
Fox, Colin (Lothians) (SSP)
Gibson, Rob (Highlands and Islands) (SNP)
Glen, Marlyn (North East Scotland) (Lab)
Godman, Trish (West Renfrewshire) (Lab)
Gordon, Mr Charlie (Glasgow Cathcart) (Lab)
Gorrie, Donald (Central Scotland) (LD)
Grahame, Christine (South of Scotland) (SNP)
Harper, Robin (Lothians) (Green)
Harvie, Patrick (Glasgow) (Green)
Henry, Hugh (Paisley South) (Lab)
Home Robertson, 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)
Kane, Rosie (Glasgow) (SSP)
Kerr, Mr Andy (East Kilbride) (Lab)
Lamont, Johann (Glasgow Pollok) (Lab)
Leckie, Carolyn (Central Scotland) (SSP)
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, Margo (Lothians) (Ind)
Macintosh, Mr Kenneth (Eastwood) (Lab)
Maclean, Kate (Dundee West) (Lab)
Macmillan, Maureen (Highlands and Islands) (Lab)
Martin, Paul (Glasgow Springburn) (Lab)
Marwick, Tricia (Mid Scotland and Fife) (SNP)
Mather, Jim (Highlands and Islands) (SNP)
Maxwell, Mr Stewart (West of Scotland) (SNP)
McCabe, Mr Tom (Hamilton South) (Lab)
McMahon, 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 (South of Scotland) (SNP)
Morrison, Mr Alasdair (Western Isles) (Lab)
Muldoon, Bristow (Livingston) (Lab)
Mulligan, Mrs Mary (Linlithgow) (Lab)
Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
Murray, Dr Elaine (Dumfries) (Lab)
Oldfather, Irene (Cunninghame South) (Lab)
Peacock, Peter (Highlands and Islands) (Lab)
Peattie, Cathy (Falkirk East) (Lab)
Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
Radcliffe, Nora (Gordon) (LD)
Robison, Shona (Dundee East) (SNP)
Robson, Euan (Roxburgh and Berwickshire) (LD)
Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
Ruskell, Mr Mark (Mid Scotland and Fife) (Green)
Scott, Eleanor (Highlands and Islands) (Green)
Scott, Tavish (Shetland) (LD)
Sheridan, Tommy (Glasgow) (SSP)
Smith, Elaine (Coatbridge and Chryston) (Lab)
Smith, Iain (North East Fife) (LD)
Smith, Margaret (Edinburgh West) (LD)
Stephen, Nicol (Aberdeen South) (LD)
Stevenson, Stewart (Banff and Buchan) (SNP)
Sturgeon, Nicola (Glasgow) (SNP)
Swinburne, John (Central Scotland) (SSCUP)
Swinney, Mr John (North Tayside) (SNP)
Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)
Wallace, Mr Jim (Orkney) (LD)
Welsh, Mr Andrew (Angus) (SNP)
White, Ms Sandra (Glasgow) (SNP)
Whitefield, Karen (Airdrie and Shotts) (Lab)
Wilson, Allan (Cunninghame North) (Lab)

The Presiding Officer: The result of the division is: For 15, Against 97, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The third question is, that amendment S2M-3468.2, in the name of Carolyn Leckie, which seeks to amend motion S2M-3468, in the name of Andy Kerr, on "Delivering for Health", be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Baird, Shiona (North East Scotland) (Green)
Ballance, Chris (South of Scotland) (Green)
Ballard, Mark (Lothians) (Green)
Curran, Frances (West of Scotland) (SSP)
Fox, Colin (Lothians) (SSP)
Harper, Robin (Lothians) (Green)
Harvie, Patrick (Glasgow) (Green)
Kane, Rosie (Glasgow) (SSP)
Leckie, Carolyn (Central Scotland) (SSP)
Macintosh, Mr Kenneth (Eastwood) (Lab)
Ruskell, Mr Mark (Mid Scotland and Fife) (Green)
Scott, Eleanor (Highlands and Islands) (Green)
Sheridan, Tommy (Glasgow) (SSP)
Swinburne, John (Central Scotland) (SSCUP)
Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)

AGAINST

Adam, Brian (Aberdeen North) (SNP)
Aitken, Bill (Glasgow) (Con)
Alexander, Ms Wendy (Paisley North) (Lab)
Arbuckle, Mr Andrew (Mid Scotland and Fife) (LD)
Baillie, Jackie (Dumbarton) (Lab)
Baker, Richard (North East Scotland) (Lab)
Barrie, Scott (Dunfermline West) (Lab)
Boyack, Sarah (Edinburgh Central) (Lab)
Brankin, Rhona (Midlothian) (Lab)
Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)
Brown, Robert (Glasgow) (LD)
Brownlee, Derek (South of Scotland) (Con)
Butler, Bill (Glasgow Anniesland) (Lab)
Canavan, Dennis (Falkirk West) (Ind)
Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
Crawford, Bruce (Mid Scotland and Fife) (SNP)
Cunningham, Roseanna (Perth) (SNP)
Curran, Ms Margaret (Glasgow Baillieston) (Lab)
Davidson, Mr David (North East Scotland) (Con)
Douglas-Hamilton, Lord James (Lothians) (Con)
Eadie, Helen (Dunfermline East) (Lab)
Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
Ewing, Mrs Margaret (Moray) (SNP)
Fabiani, Linda (Central Scotland) (SNP)
Ferguson, Patricia (Glasgow Maryhill) (Lab)
Fergusson, Alex (Galloway and Upper Nithsdale) (Con)
Finnie, Ross (West of Scotland) (LD)
Gallie, Phil (South of Scotland) (Con)
Gibson, Rob (Highlands and Islands) (SNP)
Glen, Marlyn (North East Scotland) (Lab)
Godman, Trish (West Renfrewshire) (Lab)
Goldie, Miss Annabel (West of Scotland) (Con)
Gordon, Mr Charlie (Glasgow Cathcart) (Lab)
Gorrie, Donald (Central Scotland) (LD)
Grahame, Christine (South of Scotland) (SNP)
Henry, Hugh (Paisley South) (Lab)
Home Robertson, 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)
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)
Maclean, Kate (Dundee West) (Lab)
Macmillan, Maureen (Highlands and Islands) (Lab)
Martin, Paul (Glasgow Springburn) (Lab)
Marwick, Tricia (Mid Scotland and Fife) (SNP)
Mather, Jim (Highlands and Islands) (SNP)
Maxwell, Mr Stewart (West of Scotland) (SNP)
McCabe, Mr Tom (Hamilton South) (Lab)
McGrigor, Mr Jamie (Highlands and Islands) (Con)
McLetchie, David (Edinburgh Pentlands) (Con)
McMahon, Michael (Hamilton North and Bellshill) (Lab)
McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
McNeill, Pauline (Glasgow Kelvin) (Lab)
McNulty, Des (Clydebank and Milngavie) (Lab)
Milne, Mrs Nanette (North East Scotland) (Con)
Monteith, Mr Brian (Mid Scotland and Fife) (Con)
Morgan, Alasdair (South of Scotland) (SNP)
Morrison, Mr Alasdair (Western Isles) (Lab)
Muldoon, Bristow (Livingston) (Lab)
Mulligan, Mrs Mary (Linlithgow) (Lab)
Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
Murray, Dr Elaine (Dumfries) (Lab)
Oldfather, Irene (Cunninghame South) (Lab)
Peacock, Peter (Highlands and Islands) (Lab)
Peattie, Cathy (Falkirk East) (Lab)
Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
Radcliffe, Nora (Gordon) (LD)
Robison, Shona (Dundee East) (SNP)
Robson, Euan (Roxburgh and Berwickshire) (LD)
Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
Scott, John (Ayr) (Con)
Scott, Tavish (Shetland) (LD)
Smith, Elaine (Coatbridge and Chryston) (Lab)
Smith, Iain (North East Fife) (LD)
Smith, Margaret (Edinburgh West) (LD)
Stephen, Nicol (Aberdeen South) (LD)
Stevenson, Stewart (Banff and Buchan) (SNP)
Sturgeon, Nicola (Glasgow) (SNP)
Swinney, Mr John (North Tayside) (SNP)
Tosh, Murray (West of Scotland) (Con)
Wallace, Mr Jim (Orkney) (LD)
Welsh, Mr Andrew (Angus) (SNP)
White, Ms Sandra (Glasgow) (SNP)
Whitefield, Karen (Airdrie and Shotts) (Lab)
Wilson, Allan (Cunninghame North) (Lab)

ABSTENTIONS

MacDonald, Margo (Lothians) (Ind)

The Presiding Officer: The result of the division is: For 15, Against 96, Abstentions 1.

Amendment disagreed to.

The Presiding Officer: The fourth question is, that motion S2M-3468, in the name of Andy Kerr, on "Delivering for Health", be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Alexander, Ms Wendy (Paisley North) (Lab)
Arbuckle, Mr Andrew (Mid Scotland and Fife) (LD)
Baillie, Jackie (Dumbarton) (Lab)
Baird, Shiona (North East Scotland) (Green)
Baker, Richard (North East Scotland) (Lab)
Ballance, Chris (South of Scotland) (Green)
Ballard, Mark (Lothians) (Green)
Barrie, Scott (Dunfermline West) (Lab)

Boyack, Sarah (Edinburgh Central) (Lab)
Brankin, Rhona (Midlothian) (Lab)
Brown, Robert (Glasgow) (LD)
Butler, Bill (Glasgow Anniesland) (Lab)
Canavan, Dennis (Falkirk West) (Ind)
Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
Curran, Ms Margaret (Glasgow Baillieston) (Lab)
Eadie, Helen (Dunfermline East) (Lab)
Ferguson, Patricia (Glasgow Maryhill) (Lab)
Finnie, Ross (West of Scotland) (LD)
Glen, Marlyn (North East Scotland) (Lab)
Godman, Trish (West Renfrewshire) (Lab)
Gordon, Mr Charlie (Glasgow Cathcart) (Lab)
Gorrie, Donald (Central Scotland) (LD)
Harper, Robin (Lothians) (Green)
Harvie, Patrick (Glasgow) (Green)
Henry, Hugh (Paisley South) (Lab)
Home Robertson, 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)
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)
MacDonald, Margo (Lothians) (Ind)
Macintosh, Mr Kenneth (Eastwood) (Lab)
Maclean, Kate (Dundee West) (Lab)
Macmillan, Maureen (Highlands and Islands) (Lab)
Martin, Paul (Glasgow Springburn) (Lab)
McCabe, Mr Tom (Hamilton South) (Lab)
McMahon, Michael (Hamilton North and Bellshill) (Lab)
McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
McNeill, Pauline (Glasgow Kelvin) (Lab)
McNulty, Des (Clydebank and Milngavie) (Lab)
Morrison, Mr Alasdair (Western Isles) (Lab)
Muldoon, Bristow (Livingston) (Lab)
Mulligan, Mrs Mary (Linlithgow) (Lab)
Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
Murray, Dr Elaine (Dumfries) (Lab)
Oldfather, Irene (Cunninghame South) (Lab)
Peacock, Peter (Highlands and Islands) (Lab)
Peattie, Cathy (Falkirk East) (Lab)
Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
Radcliffe, Nora (Gordon) (LD)
Robson, Euan (Roxburgh and Berwickshire) (LD)
Ruskell, Mr Mark (Mid Scotland and Fife) (Green)
Scott, Eleanor (Highlands and Islands) (Green)
Scott, Tavish (Shetland) (LD)
Smith, Elaine (Coatbridge and Chryston) (Lab)
Smith, Iain (North East Fife) (LD)
Smith, Margaret (Edinburgh West) (LD)
Stephen, Nicol (Aberdeen South) (LD)
Swinburne, John (Central Scotland) (SSCUP)
Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)
Wallace, Mr Jim (Orkney) (LD)
Whitefield, Karen (Airdrie and Shotts) (Lab)
Wilson, Allan (Cunninghame North) (Lab)

AGAINST

Aitken, Bill (Glasgow) (Con)
Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)
Brownlee, Derek (South of Scotland) (Con)
Curran, Frances (West of Scotland) (SSP)
Davidson, Mr David (North East Scotland) (Con)
Douglas-Hamilton, Lord James (Lothians) (Con)
Fergusson, Alex (Galloway and Upper Nithsdale) (Con)
Fox, Colin (Lothians) (SSP)
Gallie, Phil (South of Scotland) (Con)
Goldie, Miss Annabel (West of Scotland) (Con)
Kane, Rosie (Glasgow) (SSP)
Leckie, Carolyn (Central Scotland) (SSP)
McGrigor, Mr Jamie (Highlands and Islands) (Con)
McLetchie, David (Edinburgh Pentlands) (Con)
Milne, Mrs Nanette (North East Scotland) (Con)
Monteith, Mr Brian (Mid Scotland and Fife) (Con)
Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
Scott, John (Ayr) (Con)
Sheridan, Tommy (Glasgow) (SSP)
Tosh, Murray (West of Scotland) (Con)

ABSTENTIONS

Adam, Brian (Aberdeen North) (SNP)
Crawford, Bruce (Mid Scotland and Fife) (SNP)
Cunningham, Roseanna (Perth) (SNP)
Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
Ewing, Mrs Margaret (Moray) (SNP)
Fabiani, Linda (Central Scotland) (SNP)
Gibson, Rob (Highlands and Islands) (SNP)
Grahame, Christine (South of Scotland) (SNP)
Hyslop, Fiona (Lothians) (SNP)
Ingram, Mr Adam (South of Scotland) (SNP)
Lochhead, Richard (North East Scotland) (SNP)
MacAskill, Mr Kenny (Lothians) (SNP)
Marwick, Tricia (Mid Scotland and Fife) (SNP)
Mather, Jim (Highlands and Islands) (SNP)
Maxwell, Mr Stewart (West of Scotland) (SNP)
Morgan, Alasdair (South of Scotland) (SNP)
Robison, Shona (Dundee East) (SNP)
Stevenson, Stewart (Banff and Buchan) (SNP)
Sturgeon, Nicola (Glasgow) (SNP)
Swinney, Mr John (North Tayside) (SNP)
Welsh, Mr Andrew (Angus) (SNP)
White, Ms Sandra (Glasgow) (SNP)

The Presiding Officer: The result of the division is: For 70, Against 20, Abstentions 22.

Motion agreed to.

That the Parliament commends the action plan for NHS Scotland, "Delivering for Health", and its acceptance of Professor David Kerr's report, *Building a Health Service Fit for the Future,* as the basis of NHS boards' future service change proposals; welcomes the report's emphasis on shifting the balance of care to provide more safe and sustainable local services, including intensive case management in the community for the most vulnerable; applauds the commitment to tackle health inequalities by developing anticipatory care in our most deprived communities and applying the approach to benefit people wherever they live; supports the steps to consolidate improvements in waiting times and to put highly specialist services on a sustainable basis, and commends the Scottish Executive's policy of pursuing greater quality and productivity.

The Presiding Officer: The fifth and final question is, that motions S2M-3465 and S2M-3466, in the name of Margaret Curran, on committee substitutes, be agreed to.

Motions agreed to.

That the Parliament agrees that Ms Rosemary Byrne be appointed to replace Carolyn Leckie as the Scottish Socialist Party substitute on the Equal Opportunities Committee.

That the Parliament agrees that Carolyn Leckie be appointed to replace Ms Rosemary Byrne as the Scottish Socialist Party substitute on the Justice 2 Committee.

Looked-after Young People

The Deputy Presiding Officer (Murray Tosh): The final item of business is a members' business debate on motion S2M-3240, in the name of Mary Mulligan, on looked-after young people. The debate will be concluded without any question being put.

Motion debated,

That the Parliament congratulates the looked-after young people of West Lothian who presented "Having Your Say" to MSPs; recognises the work of the young people in producing such a thought-provoking presentation and acknowledges the challenges they face, particularly in relation to education, and believes that MSPs should communicate further with the West Lothian young people, and other looked-after young people, to address the educational needs which they identified.

17:07

Mrs Mary Mulligan (Linlithgow) (Lab): I welcome the young people from West Lothian and their support staff, who are in the public gallery. Their report, "Having Your Say", prompted me to lodge the motion. I will return to the report, but first I wish to thank the MSPs who signed the motion and those who will take part in the debate.

While I am still being nice to people, I would like to congratulate West Lothian Council, and not just because we have councillor John McGinty and the council's chief executive and others with us. It is important that we recognise that the council gave a voice to the young people. I know, as do those who heard their presentation, that having listened to the voice of the young people, the council has already started to act on their views. I feel very strongly that such work is exactly what the new politics of Scotland and the establishment of a Scottish Parliament is all about. We should be listening to all our citizens, acting on their concerns and making life better for everybody, regardless of how old—or, in this case, how young—they may be.

What is the situation for those whom we call looked-after children? In 2001, following the "Learning with Care" report, it was acknowledged that 70 per cent of looked-after children were leaving local authority care without qualifications. Qualifications are important. Do not get me wrong: I firmly believe that education is wider than just passing exams. Nonetheless, we all know that qualifications are the basis on which young people establish their working lives. I acknowledge that some people will continue to need education into their 20s, 30s and beyond. Nevertheless, we must take notice of the figure of 70 per cent, particularly when it is so out of kilter with other young people at the same stage.

Local authorities take on the responsibilities of parents for looked-after children. Therefore, when

West Lothian Council considered the attainment results of its looked-after children, it found that they were just as disappointing as the national average, if not a little worse. The council set itself a target, which was to increase the number of looked-after children who leave local authority care with standard grade English and mathematics. A number of actions were taken to reach that target, including having staffing reviews and awareness-raising and training programmes. The policy paper that supported the target outlined the responsibilities of those who have a corporate parenting role, such as individual carers, teachers, social workers and health workers.

However, the council recognised that, if progress was to be made, it was essential to involve those at the core of the issue—the looked-after children themselves. In 2000, West Lothian Council established a forum for looked-after young people, which brought together a cross-section of looked-after children and young people and provided them with a platform to raise and explore issues that were pertinent to them. The forum was asked to consider the issue of education for looked-after young people, so it undertook a fresh consultation with looked-after children and young people across the county; it was keen to allow everyone to give their opinion. A plan was then established to pilot a programme of discussion workshops that would culminate in a one-day conference.

A pilot group of 12 young people met for an hour across two months for a total of four sessions. The burning issues were established in the final session. Challenges included exclusion, training for teachers and social workers, raising awareness of looked-after children, the role of the school base, homework and support in school. I do not have time to go into each of those areas in detail and I am acutely aware that I could not do them justice in the way that the young people did when they gave a presentation to members in the Parliament a few weeks back on the "Having Your Say" report.

I want to highlight a couple of issues, beginning with raising awareness. The young people clearly felt that it was important for professionals and the public at large to understand that there are significant reasons for the young people being looked after. Assumptions are often made that the young people have been bad or that it is their fault that they are being accommodated. It is important for the looked-after children and young people that others, including fellow school pupils, are sensitive to why they need to leave their families, communities, friends and schools. Misunderstandings can lead to looked-after young people feeling depressed or scared, being bullied, missing their families and feeling unwanted.

The view of many of the children was that it was difficult to concentrate in school while they had to deal with such feelings. Importantly, young people felt that such issues in their lives were forgotten or underestimated by the professionals. The young people's struggles with particular issues and feelings sometimes led to challenging behaviour. The professionals then responded to the behaviour and not to the underlying causes. Therefore, raising awareness of looked-after children and young people is essential.

The young people felt that they could make a positive contribution to the training of teachers and social workers and they identified behaviour management as an important area of training. I had wanted to mention homework and a couple of other issues, but I am aware of time, so I will move to my conclusion.

I do not want anyone to think that the children and young people went through the forum discussion process just to come up with a list of problems. Many positive things were said about the range of services and the level of care that they received. I am sure that that would be true throughout Scotland and not just in West Lothian. However, it is in the nature of our role as MSPs that we focus on challenges. The Parliament has discussed issues of importance for looked-after children on a number of occasions. When I was convener of the Education, Culture and Sport Committee, Cathy Jamieson, as Minister for Education and Young People, raised such issues and Scott Barrie has raised them a heap of times in the chamber. Looking at the members who are present, I sense that there is a will to improve the opportunities for looked-after children and young people. I know that the Education Committee will continue to pursue the matter. I am sure that Fiona Hyslop and others will want to mention that.

In this debate, I wanted to recognise the great work of the looked-after children and young people in West Lothian in producing "Having Your Say". I suggest to my fellow MSPs that, if they have not done so already, they go and speak to the young people who are being looked after in their areas. Finally, I want this Parliament to continue to discuss and seek changes to the lives of looked-after children and young people until their lives include none of the challenges but all the opportunities that they have every right to expect.

17:15

Fiona Hyslop (Lothians) (SNP): I congratulate Mary Mulligan on securing the debate. This could be one of the most important of all members' business debates, because if the Parliament is to do anything it must reach out and speak for those whose voices are perhaps not heard as often as they should be. Mary Mulligan talked about the

debate being a reflection of the new politics and I think that it must be seen as that. Too often, young people's voices are heard only in anger. They are sometimes heard only when there are problems. It is true that young people who are looked after have problems, but the thing that I found most striking about their presentation was their positive attitude and their desire to provide solutions. We should provide a bridge for the young people in West Lothian to help them to make contact with parliamentarians and the Government so that progress can be made.

When the Deputy Minister for Education and Young People was convener of the Education Committee, he was passionate about trying to pursue the agenda for looked-after children. Now that he is in an elevated position, he should take up the issue and pursue it vigorously. We know that there are difficulties with the educational attainment levels of looked-after children and problems with them going into further education or employment when they leave education. The problem is that although we have known about the problems, little progress has been made and there has been no tangible change. It is all very well to have spotted the problems in the past—Jack McConnell as First Minister produced a report in 2001—but there is still no movement.

What is striking about the report is that there are many practical, simple ideas that, if enacted, could make a major difference to young people's experience. Those ideas relate to issues such as transport, the regularity of taxis and the homework club. Another point that was raised is the number of times that young people have to move schools. Councils could seriously consider that issue. When a young person has to move from one set of carers to another, should they have to leave their school? I would be interested to hear from West Lothian Council—which I congratulate on its work in this area—about the challenges that it faced in implementing some of those ideas. Best practice could be shared.

I congratulate the young people on their delivery. I understand that this is their third or fourth visit to the Parliament—the way that they are going, they might get a season ticket. The good thing is that they not only speak on their own behalf, but they speak up for the other looked-after children in Scotland. That is a great responsibility. If we hear what they say and ensure that they give evidence to the Education Committee's inquiry, that will be a valuable contribution and will ensure that the Parliament listens and learns.

One of the most striking things about the presentation was the video. The first scene, in which the young girl wakes up and is not sure where she is, is particularly memorable. We have all done that when we have gone on holiday or have gone somewhere else—there is a moment of panic. I ask members to imagine what it is like to experience that regularly. We owe it to those young people to say that we want to provide some stability and some ways in which they can feel that they are valued and can contribute and that their potential can flourish in Scotland. That would be one of the most valuable things that this Parliament has done.

I thank Mary Mulligan for securing the debate and I thank the young people for their report. Some of the practical, simple proposals that are contained in the report could make a huge difference and I hope that we can support them in the months ahead.

17:18

Bristow Muldoon (Livingston) (Lab): I think that this debate will be one of the occasions in Parliament when most members agree. That is not a problem—it is right that we express agreement with each other every now and again when we recognise a problem in society and agree on the way forward to resolve that problem. I agree with every word that has been said by Fiona Hyslop and by Mary Mulligan, who brought the issue to Parliament.

Before I go any further, I will say how inspiring I think the presentation by the young people from West Lothian is. I have seen it two or three times—first in West Lothian and more recently in the Parliament. The confidence that the young people showed in producing the report and the confident way in which they delivered it to parliamentarians—and prior to that to many local authority staff in West Lothian and other professionals who work with looked-after young people—are inspiring. It is clear that young people have the ability and that parliamentarians and local authorities need to provide the necessary support to allow them to achieve their full potential. I congratulate the young people on the report and the presentation.

Someone who deserves special credit for their support for young people in West Lothian is Wendy Milne, who has worked with young people for many years and has actively tried to ensure that parliamentarians make progress on the issue. She is also due credit for the fact that the presentation attracted MSPs from all the major parties to listen and ask cogent questions, as well as the Deputy Minister for Education and Young People, Robert Brown, who asked for a copy of the report, which he now has.

West Lothian Council has listened to the views of looked-after young people, but I hope that another outcome from the series of events will be that some of the best practice that has been

developed in West Lothian is rolled out throughout Scotland. That would be a significant achievement.

Mary Mulligan referred to educational attainment, which is critical to our response on the issue. Educational attainment is important if young people are to achieve their full potential when they leave school, whether they go to college, university or into work; it is also important in people's daily lives. Therefore, the fact that the attainment levels of looked-after young people fall so far below the average is a huge issue that Scotland must attack. I know that the First Minister and the deputy minister are serious about dealing with the issue, but we must start making substantially greater progress than we have made to date.

As Fiona Hyslop said, many of the issues that have been raised would not be expensive or difficult to resolve. Often, the requirement would be for simple support mechanisms that could easily be adopted throughout Scotland; Mary Mulligan has referred to some of them already. The measures that have been proposed for support in schools include the development of buddy systems in primary and secondary schools; the development of circle time to allow young people to support each other; the possibility of children's rights officers for schools to provide advocacy and support for young people; outreach teaching services at certain points of a young person's education; and the provision of chill-out rooms in schools so that if young people have difficult times they have somewhere where they can take time out from the school day. Those are all practical measures.

I reiterate my thanks to and admiration for the young people who presented the report to Parliament.

17:23

Bill Aitken (Glasgow) (Con): I apologise on behalf of Mary Scanlon, who was meant to speak on behalf of the Conservatives, but has had to leave early.

I congratulate Mary Mulligan on the motion—which is well worth while—and the youngsters of West Lothian, who have produced documentation that is professional in the extreme and which puts to shame many of us who from time to time in our political careers have tried to produce documents of similar quality. Perhaps we have rather a lot to learn.

My interest in the matter was first engendered when I was a councillor in Glasgow. The ward that I represented, which was in the west end, had no great number of difficulties, but one of the recurrent problems that we had was that there were two children's homes in the area, which caused some excitement locally. The issue was not just the Shakespearean adage that

> "Crabbèd age and Youth
> Cannot live together".

There were genuine difficulties on both sides. When I became involved in trying to resolve the difficulties, I realised that the way in which children were being looked after in such situations was far from satisfactory. It gives me great pleasure to record that the situation has changed for the better, not only in West Lothian—I have heard the eloquent testimony on that from Mary Mulligan and Bristow Muldoon—but in Glasgow and, I am sure, in most Scottish local authority areas. However, let us acknowledge that there is still much work to be done.

One of the great concerns that Parliament has had has been about the failure of looked-after children to meet our expectations in educational attainment, which has compared unfavourably with the performance of young people who are somewhat more advantaged. It is right that that has resulted in some thought-provoking debates in Parliament, which makes it all the more praiseworthy that we have had a more than adequate demonstration of what can be done when a group of such youngsters gets together to assemble in an articulate, professional and highly amusing form some of the issues that concern young people today.

We should not be concerned about educational attainment alone, because what is leaving so many looked-after youngsters in a position of such disadvantage is the fact that they lack presentational skills. Those skills are essential to anyone's employment prospects in today's harsh economic world. If youngsters from such a background can have their presentational skills improved and honed, much of the disadvantage that they have suffered can be overcome. That is why the work of the group of youngsters that we are discussing is both praiseworthy and encouraging.

There are lessons to be learned from everything. The lessons that we can learn from the presentation by the looked-after young people of West Lothian should be copied elsewhere, as other speakers have said. I feel strongly that presentation skills are the crux of the matter. When youngsters from a looked-after background go for a job and compete with other youngsters who have had more advantages, they will be more likely to succeed if they are able to demonstrate what they have achieved and what they know in a convincing manner to the potential employer. That is why much more time should be spent on encouraging projects such as the one that the youngsters from West Lothian have been involved

in. Such initiatives will ensure that looked-after youngsters are able to present themselves in the best possible light.

I congratulate Mary Mulligan on securing the debate and the group of youngsters from West Lothian on doing such a professional and worthwhile job.

17:27

Scott Barrie (Dunfermline West) (Lab): As Bristow Muldoon said in his introductory remarks, it is likely that all members who speak in the debate will say similar things, but there is no harm in that. That is a testament to the motion that Mary Mulligan lodged and to the hard work and endeavour of the looked-after young people of West Lothian who, as Fiona Hyslop rightly said, have spoken on behalf not just of themselves, but of looked-after young people throughout Scotland.

As Bill Aitken said, it is tremendous to read such a well-written and witty report as the one that we have before us. The young people concerned have put in a great deal of hard work and it is good to note the hard work that a range of children's organisations, such as the Scottish throughcare and aftercare forum and Who Cares? Scotland, have done over a number of years. They kept the issue of looked-after children alive when it was not getting the attention that it has received in the five or so years since the Scottish Parliament began to meet, first up the road and now in our new building. It was only with the advent of the Parliament that the issues that are faced by young people who live in the care system or who leave it began to receive attention at political level.

I want to focus on those who leave the care system. Those of us who were fortunate enough to go on to university from home did not leave the parental home until we were well into our 20s; we may have left for brief periods, but we went back and forward between home and university. Those who leave school and go into full-time employment tend to do something similar, although perhaps not into their mid-20s. Young people in the care system, whether they are looked after in the parental home or away from it, leave their home, whatever it happens to be, at the age of 16 and a half if they are lucky; quite often, they leave it not long after their 16th birthday. The briefing that Barnardo's provided for members for this afternoon's debate made a number of valid suggestions that we should all think hard about. It argued that

"No young person should leave care to stay independently until they are at least 18 years old"

and that

"All young people should have the ability to return up to the age of 21 years should this prove necessary."

If we are serious about helping young people to make the important transition from adolescence to adulthood appropriately, we should consider those two valuable suggestions. We all make mistakes, but one of the valuable things about making mistakes is that we can learn from them. If we do not provide an adequate safety net for young people when they are leaving the care system—one that allows them to make mistakes but not to suffer unduly as a result—we are not getting the system right for them. It is vital that we provide something, although it may not be strict foster caring in the sense that all of us understand it. Some other means of providing assistance and the physical environment in which the young person could live would go a long way towards helping them to make the important transition from adolescence to adulthood.

Other members talked about education, which I agree is important. However, it is also vital that those of us who have worked previously with young people and those of us who do so at present remember that there is a need to measure positive outcomes. We need to get away from the idea that the absence of negative outcomes is in itself positive. If we hold up the positive outcomes, we will go a long way towards ensuring that young people make the transition successfully.

17:31

Donald Gorrie (Central Scotland) (LD): I congratulate Mary Mulligan on the motion. I apologise for being unable to attend the presentation that the young people gave—obviously, it was extremely good.

I will concentrate on two points, the first of which is that the presentation is a super example of something we should do a lot more of—we should listen. By and large, politicians are not great at listening; we are much better at yakketing away. We need to listen more, including to all sorts of groups who know about particular problems and who can let us know about it. When we listen, it tends to be to the usual suspects who come before us in deputations and so on.

We have to develop a system at local and national government levels that allows us to listen to the groups of people who really know what they are talking about on subjects that can sometimes be very limited. There is a feeling that young people do not know anything about anything, but the feeling is the same about people at the other end; people say that pensioners do not know anything about anything. There is, however, a whole lot of wisdom at both ends of the age spectrum that we should be harnessing.

My second point was also raised by Scott Barrie. It is the question of what happens to young people

when they leave care. I mentioned the subject in my speech in the previous debate this afternoon. I referred to Barnardo's suggestion that the age at which a young person leaves care should be extended from 16 to 18. That leads to the matter of the support that is needed when young people leave care. Everyone needs support, as Scott Barrie said. I shudder to think what a mess I would have made of running a flat if I had had to do so at the age of 17 or 18. Many young people are expected to do so, however, so we have to put a lot more effort into support for young people. Some good organisations do that, but they need more funding and we need more of them.

Bill Aitken made a point about the excellent way in which the young people from West Lothian presented themselves. I agree that the point is an important one. Many people who have had problems in their lives lack self-confidence. One thing that unites politicians is that we have far too much self-confidence; we are all good at being interviewed, otherwise we would not be here at all. We have to give help and support to people who have talent but who, like plants, need a bit of watering to allow the flower to blossom. We need to help young people more when they come out of care. I am thinking of help with jobs, housing support and, more generally, with how they live their lives.

The scheme is a really good one. We must learn from it. I hope that we have hundreds of other debates on groups all across Scotland, just as we have had on this group this evening.

17:34

Trish Godman (West Renfrewshire) (Lab): I thank Mary Mulligan for giving me this opportunity to speak in the debate on looked-after children. I say a big thank you to the children from West Lothian for the hard work that they put into the consultation, their conference and the presentation to the Scottish Parliament.

So—who are looked-after children? There are different reasons why children come into care. Their home lives are not what we want for young people in society. For some, the reason might be illness or the misuse of drugs by their parents. For most of them, it is safer for them to be in care than in their own homes. That is a very sad thought.

I worked for many years as a house mother in a residential home for girls. When I look back at my time there, I realise that we failed to listen to those young girls. They were giving us a clear message that they had something to say and contribute, and that they had a story to tell. Like Donald Gorrie, I am not absolutely sure that we are listening as we should now.

Sometimes things go wrong—of course they do—and individuals and society make mistakes, but looked-after young people should be given an opportunity to have a much better life experience than they might have done under difficult circumstances at home.

What a great but simple idea it is for looked-after young people to collect the views and aspirations of other looked-after young people, which is the essence of what happened in West Lothian. Having read the report of the conference, I am afraid that I experienced several moments of déjà vu. We do not send looked-after children to school in brown uniforms any more, but we still hear them say—as I have heard in the past—"I like school and I'm quite good at it, but I don't think I'll even get a standard grade." Why do they feel that way? Why have we not addressed that? Why, as Bristow Muldoon asked, are they still asking for a chill-out room and support in school, for homework, a buddy system and for the highlights of the education of looked-after children to be recognised in the school system? Those are practical measures that we have still not put in place. Are we making assumptions that looked-after children are bad and that it is their fault that they are in care? They do not wear brown uniforms these days, but they are still being labelled and that is not right.

There is also the continuing use of insensitive language such as "parents night"—I am a single parent and I did not like it, either. Why not call them open nights or something like that? Why do schools still use inappropriate language? There should be sessions in the school curriculum to raise awareness and to provide information about what it is like to be looked after.

Our Minister for Justice, Cathy Jamieson, was one of the founder members of the Who Cares? Scotland project, which Scott Barrie mentioned. It was set up to help kids when they leave care. When Cathy Jamieson set up the project, kids left care at 16—the door was opened and they were sent out to face the outside world without any help and very little support. The result was the throughcare strategy that is now in place. Although it is not perfect and mistakes are made, it is much better.

I found the West Lothian report rather disturbing in some ways. I had hoped that our progress in looking after children would be better. I know that the situation is much better than it was, but it looks as though we still have a long way to go. We have to remember that if a child is looked after, we, as the state, are the parents and it is our duty to ensure that they have positive experiences in school. We must make sure that when they leave school, proper support systems are in place to give them the best possible start as independent young adults.

Here we have a group of young people who are pleading to be recognised for who they are, not how they got there. They are pleading to take part in all school activities, academic or other. As for those of us who are parents—oh dear, do we not wish that our kids were so enthusiastic? I say well done to all the young people from West Lothian who contributed to the report. As individual MSPs, we should ensure that looked-after children in our constituencies are heard and that what they say is acted on. Children have that right.

17:39

Robin Harper (Lothians) (Green): I add my congratulations to Mary Mulligan on securing the debate this evening. I also congratulate the young people who are present in the public gallery on their report and the presentation that I attended. It was moving, interesting, hard hitting on occasion and full of good ideas.

I will provide a quick review of the presentation. I noted down ideas such as a buddy system; chill-out rooms; circle-time support; homework support; a drop-in service for carers; the revision of exclusion policies, which is an important idea; teacher training; support for awareness raising for teachers; the introduction of children's rights officers in all local councils; and funding for flexible transport.

I wish to pick up on a point that was raised earlier. It is so important that, if somebody who is looked after or cared for is settled in a school, they do not have to change schools when, for one reason or another, they have to change carers. Whenever possible, the necessary transport arrangements should be made, whatever the expense, so that those young people can attend the school that they want to stay at and do not have to move.

Robert Brown and I both attended an extremely hard-hitting throughcare and aftercare forum in Glasgow. Those who attended were singularly unimpressed with the services that are available for young people when they leave care. That was not true for individuals, however: the young people knew that there were all sorts of people and organisations that could help them, but felt that there was a lack of co-ordination. I believe that some steps forward have been taken in that respect in Dunbartonshire, where there is a one-stop shop for young people. That is something that councils elsewhere could pick up on. Indeed, there are lots of good ideas for councils to pick up on. Perhaps the Education Department could issue councils with guidance or an advice note so that they can learn from the various examples of best practice.

Trish Godman and Bill Aitken both picked up on the important issue of participation—illustrated by the involvement of the young people from West Lothian in the report that they produced. The important element is not just what they said, but their involvement in producing the report. If councils are really going to listen to children, that is the sort of approach that they should be taking. They should all be setting up appropriate forums so that they do not just listen to young people but get them to participate in the decisions that will affect their lives, not so much for now but for the future.

There are two levels: one involves listening, writing down and sharing best practice. The other, which is by far the more important—I want to impress this upon the Executive—means encouraging all councils to set up forums of a similar nature to the one that I have described, if they have not already done so, so that young people can participate in making the decisions.

17:42

Paul Martin (Glasgow Springburn) (Lab): I congratulate the youth group from West Lothian. They have reached out to many other parts of Scotland, including Glasgow, and have shown their peers and other people in society how to use local elected members, such as Mary Mulligan, to make their case constructively and creatively.

Scott Barrie made a powerful point about the need to recognise that, just because someone is cared for, that does not mean that they will not have opportunities to further their own expectations. There are positives.

I agree with Fiona Hyslop on one point, but I am afraid that I have to disagree with her on another. The idea of a season ticket for the public gallery is a positive one, although we might not get the same queues that we see at Parkhead or Ibrox—or Livingston. However, I disagree with her about the need for a radical overhaul of the current system for looked-after children. In particular, I refer to how we can support young people so that they do not end up in care in the first place, for example by giving them opportunities to be with the family network that surrounds them and which could prevent them from going into care. That is where I would wish to place the focus.

I am dealing with three cases relating to the drug issues that people in my constituency face. The aunts, uncles and grandparents concerned have ended up having to support the young people involved in their families. The current social work support network is appallingly inadequate in many ways. A number of families have raised issues involving not only financial assistance but the very basics of support that are needed to allow them to care within the family for the young people who find themselves in difficulty.

Fiona Hyslop: The former Social Justice Committee produced recommendations on that point when it reported on drug misuse and deprived communities. It said that family support needed to be identified, particularly for young children of drug-misusing parents. The Parliament has already supported that point.

Paul Martin: I thank Fiona Hyslop for that helpful intervention.

I ask the minister to accept that, for financial reasons and to ensure that young people can, where possible, remain within the family network, we should support the various organisations that can support people in that process. A top-to-bottom review is needed of how we deliver social services throughout such networks to ensure that we give those young people the opportunity to remain with their families, because many young people who end up in care could have been supported by their families.

I congratulate again the group from West Lothian from whom we have heard and Mary Mulligan. I hope that we can build on the positive and creative subjects that the group raised and on the speeches that have been made.

17:46

The Deputy Minister for Education and Young People (Robert Brown): The debate has been excellent. Like others, I congratulate Mary Mulligan on securing this members' business debate and more particularly on organising with Bristow Muldoon the event in the Parliament a few weeks ago with the young people from West Lothian, which I attended for part of the time.

I echo other members in thanking the young people in the having your say forum for producing their report, which is professional, as Bill Aitken said, and for having the drive and enthusiasm to involve themselves in a groundbreaking and innovative project. It is groundbreaking because of its success in bringing to our attention a series of important and constructive representations and it is innovative because of the extent to which young people have led and taken ownership of the process. The report is inspiring, to use Bristow Muldoon's word. Like all members, I have met many young people as a back bencher and latterly as a minister and I have always taken something away from the discussion. That echoes the point that Trish Godman and Donald Gorrie made about the importance of listening to young people and profiting from our discussions with them and the decisions that are made.

Everyone in the chamber wants all our young people to have the best start in life and the opportunity to fulfil their potential, for themselves and for the contribution that they can make to Scotland. Sadly, as members have said, looked-after children often have atrocious beginnings to their lives and face challenging problems in their home situations from an early stage. It is an enormous tribute to their personal qualities that people come through such experiences successfully. I wish that I could isolate the special potion that makes that happen and use it to benefit others who have greater difficulties.

Too often, lack of educational attainment, special learning difficulties, mental health problems, a greater risk of substance abuse, homelessness and alienation are the lot of such young people. Paul Martin was right to say that we must tackle such matters from the beginning and, if possible, prevent people from moving out of the normal situation of care in their families. Against that background, we are reviewing the children's hearings system and integrated children's services.

In the past two years, I have had the privilege of meeting young people at the Scottish throughcare and aftercare forum—Robin Harper touched on that. Most recently, I had the pleasure of opening the debate project event in Glasgow. The Executive has provided financial support to that project, which held an event that was for and run by young people, at which they had the opportunity to talk about the issues that are significant and relevant to them, as with the having your say project. That project involved many young people who had daunting early family lives but who have huge potential, which many of them are realising. The challenge for all of us is to ensure that the life chances of young people whom the state has entrusted to our care as a society—as corporate parents—are greatly boosted and enhanced. Several members referred to that.

I was struck by several points in the excellent report. First, West Lothian Council recognised challenges in its area, took action, invested heavily in staff and support and significantly raised levels of attainment for the target group. I mention that because it is easy to say that something is too difficult, that whatever we do is doomed to failure—that standard grades will not be attained, as Trish Godman and others said—and that nothing will make a difference. West Lothian Council and the young people of West Lothian have shown that a difference can be made.

Secondly, I was impressed by the fact that most looked-after children like school—or at least do not dislike it. Only 9 per cent of looked-after children do not like school or do not like school at all. We have always known how central well-led, well-organised and highly motivated schools are for our children, but there is direct evidence of that important truth from those who are most affected.

In some cases, there are barriers that prevent children from doing as well as they can. Transport, time pressures on homework and home factors are dominant barriers. Therefore, the third point that I was struck by was the importance of dealing with feelings about stuff that prevents children from concentrating at school—I mean, for example, the stigma of being and feeling looked after and different; children missing their mums or being bullied; the stress of attending children's hearings; anger, changing placements and genuine fear. None of us would do well if we were in such circumstances, so it should not be a surprise that young children in such circumstances do not always do too well. We must be able to build in things such as buddy systems, chill-out time and circle-time meetings to support those young people in school. Indeed, there are such things in a number of places in Scotland.

In passing, I would like to deal with two points that have been made. The throughcare and aftercare regulations that were introduced in 2004 state the general principle that young people should remain in the care system until at least the age of 18, and later where that is appropriate. The Scottish Executive and many local authorities are actively encouraging that principle to ensure that life skills develop and that the successful transition to independent living is supported. Most people will rely on their parents at the end of a telephone line or when they go back home occasionally, or they will rely on them to pay for driving lessons or to give other support as they move out into a wider life. It is important for that concept to come through in what society is trying to do.

Secondly, we are doing quite a lot to fund and support organisations such as Columba 1400, which is running a two-year pilot project that aims to assist young people between 16 and 25 who are preparing to make the transition from the care system to independent living. We try to support such initiatives. There is also support for the fostering network.

Another point that I want to make concerns the importance of the children's rights officer who was appointed by West Lothian Council. I am sure that that officer helps to give a much-needed focus on young people's perspectives and points of view.

Driving up outcomes for looked-after children is probably one of the most challenging policy areas for the Executive. There are no simple or simplistic answers, but that is a high priority for the Executive, as has been said.

Besides what I have mentioned, ministers have announced a pilot programme of educational support for looked-after children. We are making available £6 million to pilot and evaluate new models of educational support for them. Proposals from seven local authorities have been successful and work is progressing on pilots in East Ayrshire, Highland, Midlothian, North Ayrshire, South Lanarkshire, Stirling and Glasgow. We are also in the process of appointing development workers to support authorities—including West Lothian Council—that submitted proposals that were not successful in the earlier tranche.

We have established a working group on looked-after children, which my colleague, Peter Peacock, chairs. The group is intended to focus and drive forward our agenda on looked-after children and it is extremely important because, as members said, it is difficult to move towards outcomes. We must bring everybody on board.

The debate is on an important matter and it has been extremely worth while. I say to the young people who are here today that I read and thought about their report and I am instructing education officials to ensure that its recommendations are taken on board in the various pieces of work that are being done across the Executive to improve opportunities for young people. I believe that the work and experiences that went into the report will help to make things better for other young people. I have said a number of times before that we have a fantastic generation of young people in Scotland. We need all of them to contribute their talents to Scotland's future.

I thank the young people who have been involved and I thank members for contributing to the debate, which has been a first-class run around the territory.

Meeting closed at 17:54.

Members who would like a printed copy of the *Official Report* to be forwarded to them should give notice at the Document Supply Centre.

No proofs of the *Official Report* can be supplied. Members who want to suggest corrections for the archive edition should mark them clearly in the daily edition, and send it to the Official Report, Scottish Parliament, Edinburgh EH99 1SP. Suggested corrections in any other form cannot be accepted.

The deadline for corrections to this edition is:

Thursday 3 November 2005

PRICES AND SUBSCRIPTION RATES

OFFICIAL REPORT daily editions

Single copies: £5.00
Meetings of the Parliament annual subscriptions: £350.00

The archive edition of the *Official Report* of meetings of the Parliament, written answers and public meetings of committees will be published on CD-ROM.

WRITTEN ANSWERS TO PARLIAMENTARY QUESTIONS weekly compilation

Single copies: £3.75
Annual subscriptions: £150.00

Standing orders will be accepted at Document Supply.

Published in Edinburgh by Astron and available from:

Blackwell's Bookshop
53 South Bridge
Edinburgh EH1 1YS
0131 622 8222

Blackwell's Bookshops:
243-244 High Holborn
London WC1 7DZ
Tel 020 7831 9501

All trade orders for Scottish Parliament documents should be placed through Blackwell's Edinburgh

Blackwell's Scottish Parliament Documentation Helpline may be able to assist with additional information on publications of or about the Scottish Parliament, their availability and cost:

Telephone orders and inquiries
0131 622 8283 or
0131 622 8258

Fax orders
0131 557 8149

E-mail orders
business.edinburgh@blackwell.co.uk

Subscriptions & Standing Orders
business.edinburgh@blackwell.co.uk

RNID Typetalk calls welcome on
18001 0131 348 5412
Textphone 0845 270 0152

sp.info@scottish.parliament.uk

All documents are available on the Scottish Parliament website at:

www.scottish.parliament.uk

Accredited Agents
(see Yellow Pages)

and through good booksellers

Printed in Scotland by Astron