

# **MEETING OF THE PARLIAMENT**

Wednesday 29 April 2009

Session 3

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## Scottish Parliament

*Wednesday 29 April 2009*

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

### Time for Reflection

**The Presiding Officer (Alex Fergusson):**

Good afternoon. As always, our first item of business is time for reflection. I am pleased to welcome our time for reflection leader, who is Father Eoin Patten of St Mirin's Cathedral, Paisley.

**Father Eoin Patten (St Mirin's Cathedral, Paisley):** Presiding Officer,

"This day was made by the Lord;  
we rejoice and are glad."

Two weeks ago, we celebrated the great feast of Easter Sunday, marking the central mysteries of the Christian faith: the passion, death and glorious resurrection of Jesus Christ. Although many people will consider that day to have passed, the church continues to rejoice in the resurrection for another 50 days until the feast of Pentecost. Many prepared solemnly for Easter during the period of Lent by acts of fasting and charity, but the church takes the longer season of Eastertide to rejoice and be glad for the day of resurrection—a day made for and by the Lord.

Another way in which the church marks special days in the year is by praising God through his saints. Indeed, today is the feast of Saint Catherine of Siena. Catherine was the youngest of 25 children, and was born on the feast of the annunciation in 1347, just as the renaissance was beginning to blossom. It was also a period of tumult in the church. The Pope was resident in Avignon in France. Although she had no formal education, Catherine was one of the greatest theological and intellectual minds of her day. She wrote letters to kings, queens and politicians and worked tirelessly for peace. She even managed to persuade Pope Gregory XI to return the papacy to Rome from Avignon. Through her witness to the love and peace of Christ and in the simple way that she lived her life, she transformed the history of the church and Europe.

Along with Saint Teresa of Avila, she was declared the first female doctor of the church by Pope Paul VI in 1970 and, more recently, Pope John Paul II declared her patron of Europe. She died on this day in 1380, but we still celebrate her life and contribution to society more than 600 years later. She was one of the most important women of Europe, and Catherine's gifts of heart

and mind were used in the furtherance of the Christian ideal.

The glory and transforming power of the resurrection is reflected in the life of Catherine. It continues to nourish and sustain Christians everywhere. Every day is made by the Lord because he is the Lord, the giver of life, who came in order that we all may have life and have it to the full.

## Business Motion

14:33

**The Presiding Officer (Alex Fergusson):** The next item of business is consideration of business motion S3M-3998, in the name of Bruce Crawford, on behalf of the Parliamentary Bureau, setting out a revised business programme for this afternoon.

*Motion moved,*

That the Parliament agrees the following revision to the programme of business for Wednesday 29 April 2009—

after

2.30 pm            Time for Reflection – Father Eoin Patten, St Mirin's Cathedral, Paisley

*followed by*      Parliamentary Bureau Motions

insert

*followed by*      Ministerial            Statement:            Swine  
Flu/AH1N1—[Bruce Crawford.]

*Motion agreed to.*

## Influenza A(H1N1)

**The Presiding Officer (Alex Fergusson):** The next item of business is a statement by Nicola Sturgeon, on Influenza A(H1N1). The cabinet secretary will take questions at the end of her statement. Therefore, there should be no interventions or interruptions.

14:34

**The Deputy First Minister and Cabinet Secretary for Health and Wellbeing (Nicola Sturgeon):** I am grateful for this opportunity—the first available to me—to update Parliament on the current situation arising from the A(H1N1) swine flu virus.

I apologise for the delay in distributing copies of the statement to the Opposition parties. Members will be aware that we are dealing with a quickly changing situation, and I wanted to give Parliament information that is as up to date as possible. I have endeavoured to update Opposition spokespeople as regularly as possible over the past few days and will continue to do so in the period ahead.

I want to update Parliament on what we know so far about the global situation, on the up-to-date position here in Scotland and on the extensive and wide-ranging actions that we are taking in response.

Members will be aware that on Sunday, the World Health Organization declared the situation a public health emergency of international concern, and that on Monday evening it raised its pandemic alert to level 4. I want to reassure members, and indeed the public, that that does not mean that we are in a pandemic situation or that a pandemic is inevitable. However, it does mean that the risk has increased and that our actions have to be stepped up in response.

Members will be aware that the outbreak began in Mexico in—as far as we know—March. There is an unknown number of cases in Mexico, although estimates put it at around 2,500. There have also been an estimated 159 deaths in Mexico. It is worth stressing, however, that so far only 26 of the cases in Mexico have been confirmed as being caused by the A(H1N1) virus. It is therefore possible that other causes of infection are also circulating in Mexico and causing illness to people there.

Beyond Mexico, and in addition to the two confirmed cases here in Scotland, more than 60 cases have been confirmed in a number of states in the United States of America. Thirteen cases have been confirmed in Canada, four in Spain, three in Germany, three in New Zealand, one in

Israel, and one in Austria. Members will also be aware that, in the past couple of hours, three cases have been confirmed in England. One of those is a child, whose school has been closed as a result. Suspected cases have also been reported and are being investigated in a number of other countries, and—understandably and rightly—Governments across the world are monitoring the situation very closely. The most disturbing development today is, of course, the tragic report from the US that a 23-month-old child has died, apparently as a result of the virus.

I turn to the up-to-date position in Scotland. Members are aware that two individuals who returned from Mexico on 21 April and presented with symptoms to the national health service on Saturday were confirmed positive for swine flu on Monday. I am pleased to report that both individuals continue to recover well in hospital. A short while ago, I spoke to Iain Askham on the telephone. I passed on what I am sure are the very best wishes of the Parliament, and indeed the whole country, to him and his wife Dawn.

As soon as Iain and Dawn Askham presented with symptoms on Saturday and were admitted to Monklands hospital, action was taken quickly to identify and contact all those who had been in close contact with them since their return from Mexico. They totalled 22 people. All the contact group were given prophylactic antivirals and appropriate advice, and are being monitored. I reported yesterday that nine people from within the contact group were displaying mild symptoms. At the onset of their symptoms, they were treated further with antivirals and advised to stay at home. I am able to confirm that eight of those people have tested negative for influenza A. As swine flu is a strain of influenza A, that means that they do not have swine flu. From that group of nine, one test result remains outstanding. The test results therefore suggest that we have to date, as far as we know, managed to prevent the spread of infection within Scotland. At this stage—I stress “at this stage”—that is encouraging.

I also reported yesterday that 14 further cases were under investigation in a number of health board areas across Scotland. I should clarify that one of those was, in fact, a contact of the two confirmed cases, and not a new travel-related case as I indicated yesterday. The rest were all people who had travelled from Mexico or other affected areas. I confirm that five of those cases have also tested negative for influenza A and that another two have been declassified, which means that they are no longer suspect cases. The results from the remaining seven people remain outstanding, including the one who was a contact of the confirmed cases.

However, I have also to report that, as of 10 am today, a further 24 cases across Scotland are under investigation. They are in the following health board areas: Ayrshire and Arran, Greater Glasgow and Clyde, Grampian, Lanarkshire, Highland, and Lothian. All those cases are people with travel connections to Mexico or other affected areas. That means that, including cases outstanding from yesterday and new cases today, we have 32 cases under investigation. That still includes two of the 10 contacts—as the figure is now—of the confirmed cases that have shown symptoms. I stress, Presiding Officer, that these cases are being treated and investigated on a precautionary basis. They are not confirmed cases of swine flu.

I would now like to outline the action that the Scottish Government has been taking, and is taking, to respond to the situation. As members will appreciate, at this stage our top priority is to prevent and disrupt the spread of infection in Scotland. We are therefore treating all suspected cases in line with the precautionary principle. That means that all cases are assumed to be positive until they are shown to be negative. We are contact tracing for all suspected cases, and we are ensuring that there is appropriate management of all contacts. Based on the test results that we have so far, we are cautiously optimistic that our approach is showing some signs of success. However, we are by no means complacent and we remain absolutely focused and vigilant.

Our second priority is to try to learn as much as we can to contribute to both our own and the international understanding of the epidemiology of this virus. Our extensive contact tracing of suspected cases—something that not all countries do as systematically as we do—puts us in a potentially strong position to learn more about the virus and how it behaves. That, of course, is vital in helping to shape our future response to it. I spoke yesterday to Dr Margaret Chan, the director general of the World Health Organization, who agreed that our work will be important in informing the international understanding of swine flu. Health Protection Scotland continues to work closely with the WHO.

It stands to reason that our overarching priority is to ensure that we as a country are fully prepared for anything that might lie ahead of us. Along with other parts of the United Kingdom, Scotland has been preparing for a flu pandemic for several years. Our pandemic flu framework has been in place since November 2007, and all NHS boards have their own plans in place. According to the World Health Organization, we are among the best-prepared countries in the world.

As part of our wider planning, we have established a stockpile of antiviral drugs. We have

sufficient doses available to us now to treat half the population if necessary—although I stress that we are a long, long way from requiring that coverage. As a result of the decision—to which we have been party—to increase stocks across the UK, our stocks of antivirals will, in the period ahead, increase significantly beyond that. The antivirals Tamiflu and Relenza are proving to be effective against the virus.

We are working with NHS boards and NHS 24 to develop quickly a system that ensures patient access to antivirals where that is necessary and appropriate, and planning is well advanced to move antivirals from central stockpiles to local distribution points. We also have a stockpile of 9 million surgical face-masks and almost half a million high-fidelity respiratory face-masks for use by health care workers. Action is under way at UK level to significantly increase stockpiles of face-masks. We also have advance agreements in place with manufacturers should a vaccine for the virus be developed, although members will appreciate that that may well still be some time away.

We are involved in developing the UK-wide communications strategy to advise people on the actions that they should take to minimise the risk to themselves and others. Television and radio advertisements will start to be aired in the next couple of days, and the leaflet for door-to-door distribution is due to be printed tonight and will be available from Tuesday next week. Updated information is also available to the public on the Health Protection Scotland website and, of course, NHS 24 can provide information to anyone who may be concerned.

We have also been working with the UK authorities to provide appropriate information to travellers arriving in the UK or, indeed, in Scotland. Airport checks have been increased, as the Prime Minister said at lunch time, in order to identify people coming into the country with symptoms. On that point, it is worth noting that the UK Government, as of yesterday, is advising against all but essential travel to Mexico.

I hope that this has been obvious in my remarks so far, but I would also like to assure members that we are working very closely and constructively with colleagues in the UK Government and in the devolved Administrations in Wales and Northern Ireland to ensure that our response is consistent, co-ordinated and effective. I have spoken to Alan Johnson regularly since Sunday and have greatly appreciated his co-operation on a number of issues. The Minister for Public Health and Sport attended the UK ministerial civil contingencies meeting by phone link on Monday, and I did so yesterday and again this morning. Within the Scottish Government, we have activated our own

emergency response procedures and have put in place the necessary resources to ensure that the situation is effectively managed. The Scottish Cabinet committee on civil contingencies has met at least once daily since Sunday.

As a Government, we are working as hard as we can with our partners to respond as effectively as possible to the developing situation. Of course, there are also simple but very effective things that members of the public can do to limit the spread and impact of the virus. Washing hands frequently and using tissues to cover the mouth and nose for coughs and sneezes will be the most effective things that people can do to protect themselves and others from this and any other virus.

I fully understand that people throughout Scotland will be concerned by recent developments. Nonetheless, I reassure Parliament and the public that the risk to the public is, at this stage, low and that we are working very hard to keep it that way. The death of a child in the United States is a tragic and extremely concerning development that requires further investigation. However, the fact remains that, outside Mexico, all other cases of the virus have been mild and have not led to severe illness. That is and should be reassuring to the public.

Nevertheless, we continue to be vigilant in monitoring the situation, and we are taking the threat extremely seriously. The NHS in Scotland, in partnership with other organisations such as local authorities, is already dealing vigorously with this outbreak—I thank the NHS staff who are already involved in the effort—and we are activating our plans to protect the public, which have been developed over a number of years.

I will endeavour to keep Parliament fully updated on what will continue to be a developing situation. At this stage, I am happy to answer the questions that I know members will have.

**The Presiding Officer:** As the cabinet secretary has indicated, she will now take questions on any issues that are raised by her statement. We have around 30 minutes for such questions.

**Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab):** I thank the cabinet secretary for the advance copy of her statement. I appreciate that it may, in an ever-changing situation, have been difficult to circulate the statement as far in advance as she wished. I also thank her for the regular updates that she is prepared to make and her willingness to have that communication with Opposition spokespeople.

I add our best wishes to the Askhams, to whom the cabinet secretary has spoken. We wish them well. We welcome the quick action that was taken by them and the action that was taken by the staff in the NHS and the Scottish Government to



ensure that the prepared plans—which, as the cabinet secretary said, have been developed over a number of years—were put in place. Those of us who have been involved in the process at various stages hoped that we would not have to put those plans into operation, although we recognised the reality that, at some point, it was likely that we would have to use them. I put on record our support for what is needed to ensure that things progress as they need to in order to minimise the risk to the public.

I wonder whether the cabinet secretary can say a bit more about the contact tracing. Is she satisfied that every effort has been made and that the people who needed to be contacted and traced have been?

At what stage would she envisage additional resources having to be made available so that, rather than simply contacting and treating people where possible, other containment measures would be introduced, given the WHO's view on how difficult that will be globally?

Will the cabinet secretary give Parliament further information regarding potential patient access to antivirals, where that is appropriate? She mentioned in the statement that planning is well advanced to move the central stock piles to local distribution points. At what stage does she envisage those movements being authorised? Is she satisfied that it will, given the global situation, be possible to obtain additional antivirals and other items such as face-masks at this point in time?

**Nicola Sturgeon:** I thank Cathy Jamieson for her questions, for her constructive approach over recent days and for the support she has given us as we have tried to deal with this emerging situation. She is absolutely right to emphasise contact tracing. In the early stages of the virus when, as she points out, the WHO thinks it is no longer possible to contain it within Mexico, we should nevertheless strive to contain it and disrupt its spread within Scotland. That is where a considerable degree of our focus has been since the weekend.

The contacts of the two confirmed cases were traced quickly. We are as satisfied as we can be that all their close contacts have been traced. They were then given appropriate management and treatment. As other contacts or new cases become symptomatic, we will go through the same process with them.

Contact tracing and appropriate treatment of contacts is important for two reasons: principally, to try to stop the spread of the virus and secondly, because we are in the early stages of this virus and nobody anywhere in the world fully understands how it works, all the information we can get at this stage will be helpful in developing

that understanding. We are not the only ones who are engaged in contact tracing: the same process is under way in England, but not all countries do it as rigorously as we do, which puts us in a very strong position to learn from this virus and contribute to international understanding of it.

With regard to her point on patient access to antivirals, that is absolutely crucial. At the moment we are treating people who present with symptoms and who are assessed as being at risk. There is a Health Protection Scotland algorithm to help with that process. People are being given antivirals as a prophylactic, and people with symptoms are also treated with antivirals.

As I said in my statement, the process is under way to move stockpiles from central points to local distribution points. That is to ensure that if we need the antivirals to start flowing to people—it is hoped that we will not—it can happen quickly and effectively.

In my statement, I mentioned that we have stocks to treat 50 per cent of the population. We hope to be able to increase that significantly: I hope that we could take our stocks to more than 4 million doses of antivirals, but all this is under constant review as we continue to respond to a situation that is, as Cathy Jamieson rightly said, changing quickly.

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

I thank the health secretary for the advance copy of her statement; for keeping me and my party informed since the outbreak and for the previous briefing from the chief medical officer and Shona Robison on pandemic flu, which has been very helpful.

Why is it likely to take between six months and a year to identify this strain and manufacture the vaccine, as was confirmed in Westminster on Monday? Does that length of time create any further problems for Scotland?

What measures will be taken to ensure that NHS 24 can cope with the significant increase in demand for advice, particularly at peak times? Will there be a national distribution system for the delivery of Tamiflu and Relenza? Will that be planned, given that people are being told not to visit their general practitioners' surgeries?

Given that many oil workers from Scotland are based around the Gulf of Mexico, what is the cabinet secretary doing to work with oil companies to give them advice and support on prevention and treatment?

**Nicola Sturgeon:** I thank Mary Scanlon—as I thanked Cathy Jamieson—for her support during the past few days.

Mary Scanlon raises an important point that is currently of huge interest not only to us in

Scotland, but to people throughout the world: the question of how quickly a vaccine for the virus can be developed. For reasons that she will understand, I cannot answer that question definitively, but I am sure that vaccine manufacturers, working with international experts, will be doing everything they can to expedite that process.

There are a couple of issues. First, the experts have to understand the virus sufficiently to create the vaccine; and secondly—as members on the Health and Sport Committee will be aware—manufacturers are already in the cycle of preparing and producing the seasonal flu vaccine. At some stage—this is a decision that would be guided and taken by the World Health Organization—manufacture will have to be shifted from the seasonal flu vaccination to a vaccination for the new virus.

As I said in my statement, it is important that we in Scotland and throughout the UK have advance agreements in place with manufacturers so that we know that as soon as there is a vaccine, we will be able to access stocks of it. Everything that we can do just now to slow down any spread of the virus buys us time along the road to a vaccine's being ready for use.

Mary Scanlon made important points about the distribution of antivirals. We will oversee the stock and distribution of antivirals nationally, but delivery to patients will be done on a local basis, because it is best managed that way. The member is right that we are advising people who have symptoms—particularly those who have connections to Mexico—to stay at home and not to go to their GPs.

For the cases that are under investigation just now, antivirals will be delivered to them. If the outbreak should become bigger—let us hope that it does not—we will have to seek to encourage people's friends or family members, or people in health boards, or a bit of both, to continue that delivery.

Those issues require great planning, but the work that we have done around pandemic flu has advanced that planning. NHS 24 has more call handlers on duty just now, as there has been about a 25 per cent increase in calls. It is also setting up a dedicated support service, which will be accessed via the regular number, to divert people who have swine flu concerns to people who can give them specialist help. I did not mention that in my statement because we are still working on it—I will update members more fully later. Lastly, we are working with everyone in the private sector to try to ensure that they are prepared and are giving the right advice to their workers.

**Ross Finnie (West of Scotland) (LD):** I thank the cabinet secretary for keeping me and my party advised of developments in the outbreak during the weekend, and for the advance copy of her statement. As I was the minister during the foot-and-mouth disease outbreak, I recall—perhaps like no other member—the very real difficulties that are involved in being able to keep Parliament advised and ensuring that it is given the most up-to-date information.

I and the other Liberal Democrats hope that the frank and measured way in which the cabinet secretary has been dealing with the matter, and the up-front way in which she is giving information to the public, will allow the public to realise that the Government is handling the matter, and that any anxieties that they have should be kept in perspective. That is terribly important in such a situation, in which we know that people who have understandable anxieties can become a little overexcited. I hope that the actions that the cabinet secretary has taken will be recognised by the public in that way.

The cabinet secretary made it clear in her statement that she has a stockpile of surgical face-masks in addition to the antivirals. At the weekend—perhaps unfortunately—one or two people who claimed to have knowledge in health were rather dismissive of the efficacy of face-masks. I am sure that the cabinet secretary is aware of that, and I give her the opportunity to explain the circumstances in which she would deploy the masks and how effective she thinks they might be.

**Nicola Sturgeon:** I thank Ross Finnie for his comments and, as for other Opposition spokespeople, for his support over the past couple of days and, indeed, for his words of wisdom, given his experience.

Ross Finnie puts his finger on an important point about giving the public as much information as possible. I believe that the way to keep the right balance between understandable concern and ensuring a lack of panic and alarm is to treat the public with respect and to give them information. They can judge for themselves the degree of risk. People around the country have—as far as I have been able to judge in the past few days—kept things in perspective, which is very helpful. There is sometimes a tension between wanting to give out information and patient confidentiality. We will require to continue to manage that tension, but I will continue to work on the basis of giving out as much information as possible—certainly to Parliament, as it is Parliament's right to have it, and, by extension, to the wider public.

The point about face-masks is important. Ross Finnie is absolutely right about the limitations of surgical face-masks, even for health care workers.

However, for health care workers who are not in close contact of the kind that a surgeon doing an operation would have, for example—face-masks can provide some protection from patients with symptoms. There is no doubt, however, that high-fidelity respiratory face-masks provide the greatest protection to health care workers. The focus at UK level is very much on increasing the stockpile of those masks. That is important work. There are more general issues about the public's use of face-masks. Our priority is to ensure access to face-masks for health care workers. That will continue to be a priority and the broader issues will continue to be kept under review.

**The Presiding Officer:** We come to open questions. I cannot go beyond 19 minutes past 3—the next debate is already oversubscribed. Please keep questions and answers as brief as possible.

**Jamie Hepburn (Central Scotland) (SNP):** The cabinet secretary told BBC Radio Scotland yesterday that those who had developed symptoms of the illness had had “close contact” with Iain and Dawn Askham. That included work colleagues. I wonder what concern there might be that the wider Polmont area, where Mr and Mrs Askham reside, is at particular or greater risk of infection compared with the rest of the general population. Should local people be taking any additional precautions?

**Nicola Sturgeon:** I am guided by clinical and expert advice on this: it is close contact with symptomatic people that presents the greatest risk. That is why our focus is on tracing and identifying close contacts.

On risk to the wider public, first I repeat that it is close contacts that present the greatest risk; also, we should take some encouragement that so many of the close contacts have proved to be negative for the flu. That should reassure us, to some extent, that the wider population in that area were not at risk from those two individuals having the virus.

Beyond that, I reiterate what I said in my statement: to reduce the risk to themselves and others, the general population, in the Forth valley area and anywhere else in Scotland, should wash their hands and not cough and splutter over other people. If there is one consistent message that all of us in the Parliament would do well to go out and give to members of the public, believe me, it is that one—it will probably be more effective than most other things that we try to do.

**Cathy Peattie (Falkirk East) (Lab):** I thank the minister for taking time to keep me up to date regarding the Forth valley situation; it is very much appreciated. Given the World Health Organization's statement that the disease is not

containable, can she confirm that the Government is using all its resources to contact all the relevant people who have been in contact with my constituents and others, including the patients who were attended by the out-of-hours GP on the evening when he visited my constituents?

**Nicola Sturgeon:** Cathy Peattie is right to highlight the opinion of the World Health Organization, which is that the virus is not containable. We are seeing the evidence of that in many countries across the world just now. However, that does not mean that we cannot contain it within Scotland, and indeed within the UK. We cannot, of course, guarantee that we can do so but we should still, at this stage, be doing everything that we can to ensure that the possibility of that is maximised.

I assure Cathy Peattie that we are doing, and did, everything possible to trace all the close contacts of the two people who were subsequently confirmed to be positive. From what we know from the evidence so far, that action may have been crucial in limiting the spread of the virus from them to other people in Scotland. We will continue to take a precautionary approach until things move to a stage at which we think that that is not appropriate, but such an approach is certainly appropriate at the moment.

**Ian McKee (Lothians) (SNP):** In her statement, the cabinet secretary mentioned the health board areas in which people are being investigated for suspected swine flu. Does she have any further information about the pattern of the spread of the infection? Are any groups more at risk than others?

**Nicola Sturgeon:** Those questions are of huge interest not just to us, but to countries throughout the world with which the World Health Organization deals. However, nobody yet knows enough about the virus, its epidemiology, its behaviour and the groups that it affects and impacts on to answer them. That is the honest answer.

Obviously, one thing that we are determined to do should there be any further transmission of the virus—this will be made possible by contact tracing—is to try to establish as much information as we can in Scotland about such matters. I hope that there will not be any more transmission of the virus and that that will not be possible, but if there is, the information that we gather should put us in a position to understand it further. From my discussions earlier in the week with Margaret Chan from the WHO—I think that I discussed the matter with her yesterday—I know that gathering information is a key focus for the WHO in trying to understand the virus further.

**Karen Whitefield (Airdrie and Shotts) (Lab):**

Will the cabinet secretary join me in thanking specifically the staff at Monklands hospital, which is in my constituency, for the professional way in which they have responded to providing care in the only diagnosed cases of the AH1N1 virus? During the severe acute respiratory syndrome outbreak, many medical professionals who treated the individuals who had contracted that virus also became ill. What action has been taken to protect medical professionals at Monklands hospital who are treating cases and may have to treat further cases? What contingencies are in place should medical staff shortages arise?

**Nicola Sturgeon:** I thank Karen Whitefield for thanking the staff at Monklands hospital, which gives me the opportunity to do likewise. It cannot have been easy for anybody in that hospital to have found themselves not only dealing with the first two confirmed cases of swine flu in the UK over the past few days, but doing so in the understandable glare of the media. They have done a sterling job, and I know that all members will want to thank them for that.

Karen Whitefield raises the important issue of the protection of health care workers. It is vital to protect our health care workers for their own sake and because we need to ensure that our health service is equipped to cope at a time of greater pressure. All the staff at Monklands hospital who have dealt with our two cases over the past few days—those two people have, of course, been in isolation at the hospital—will have worn personal protective equipment, which is important. If things develop further, ensuring that we provide the right equipment—including the right face-masks—and perhaps, depending on how things develop, providing routine antivirals for staff working in the NHS, will be vital. All those matters are under review. However, at this stage, I put firmly on the record my thanks to and admiration of NHS staff.

**Jamie Stone (Caithness, Sutherland and Easter Ross) (LD):** As the cabinet secretary is aware, Tamiflu is available over the counter in New Zealand. There may be pros and cons relating to the use of that drug and I am not aware of the inoculation regime that is in place in New Zealand, but will she consider the circumstances and reasoning that lay behind the decision to make that drug available in that manner?

**Nicola Sturgeon:** Given how things are developing and are likely to develop, we will keep all such issues under review, as people would expect us to do. There is probably no issue on which our views should be set and to which we are not prepared to respond as appropriate. We will certainly learn from things that other countries are doing where that is appropriate. However, my view at this stage is that we need to ensure that our

stocks of antivirals are directed at people whom we think most need them to try to prevent and alleviate symptoms or to reduce them once they have started. It is important to target the use of antivirals rather than inadvertently encourage members of the public who do not need treatment with them to try to access them. We will, of course, keep that issue and every issue under review.

**Christine Grahame (South of Scotland) (SNP):**

I welcome the non-alarmist tone of the question-and-answer session. Reflecting on Karen Whitefield's question about hospital staff, will there be any changes in hospital procedures and routines for patients who are in hospital and who might feel particularly vulnerable—we do not know whether they are—or for people who enter hospital in the future?

**Nicola Sturgeon:** Given that the two patients with whom we are concerned have been in hospital, it is right and understandable that the focus is on hospital staff. I set out for Karen Whitefield the protection that has been available to staff in the past few days. It is important to point out to other patients in Monklands hospital or people who are likely to go to the hospital that those two patients are in isolation and are getting better. Their period of infectiousness is probably passing, if it has not already passed.

That said, we should appreciate that it is likely that the biggest initial pressure on the NHS would be on primary care, rather than hospital care. The pattern so far is that people throughout the world outside Mexico have experienced relatively mild symptoms. If that continues—let us hope that it does—we would not expect large numbers of people to be admitted to hospital; instead, people would be treated in the community. At present, we must ensure that primary care services and NHS 24 are properly equipped to cope. However, the valid points that Christine Grahame raises about hospital staff will remain under review, as will other issues.

**Dr Richard Simpson (Mid Scotland and Fife) (Lab):**

As the cabinet secretary said, there are many issues to do with the virus that are not yet clear, such as its degree of contagion and the rates of mortality, so we are at the beginning of something rather than well through it. It is clear that we should work for the best, which is containment, but prepare for the worst. In 2000, the Health and Community Care Committee produced a report on influenza, for which I had the privilege of being the reporter to the committee. Preparation and testing of the system through exercise winter willow put us in one of the best positions in the world, which is excellent.

In preparing for the possibility that things might get worse, does every NHS board have a register of retired NHS staff, including doctors, nurses,

paramedics and porters, all of whom should surely now stand by to be ready to help backfill for staff who fall ill or who are exhausted? Does the cabinet secretary agree that internet purchase of antivirals is not recommended, because the products are often not appropriate or suitable, and that people should not rush to the internet to purchase such products? Does she also agree that we should refer to the virus as an AH1N1 virus and stop using the term "swine flu"? That is in part because we are not sure that it is swine flu and also because the term suggests that pork and pork products might not be completely safe. We should reassure the public that those products are totally safe and that there is no evidence of any problem.

**Nicola Sturgeon:** I stand to be corrected, but I think that I was a member of the Health and Community Care Committee when Richard Simpson produced his excellent report on pandemic flu planning. There is no doubt that much of that informed the subsequent plans that the previous Government and this Government have put in place, which have ensured that we are, as the WHO has said, one of the best prepared countries in the world. Richard Simpson is right that we are working and hoping fervently for the best, but we are preparing for the worst, because it would be irresponsible not to do so.

On Richard Simpson's specific question about whether every NHS board has a register of retired staff, I will check that and get back to him. However, should we get to that worst-case scenario—let us hope that we do not—his point about utilising retired staff would be important. I know that he has raised that issue previously in the Parliament.

Richard Simpson is right about internet purchase of antivirals, which is not necessary for several reasons. If people in Scotland require antivirals, they will be provided by the NHS. I therefore encourage people who feel that they might be at risk or might have symptoms to telephone NHS 24 or their GP. If they need antivirals, they will get them on the NHS.

I know that the WHO has had debates about the terminology. I will go with the expert view on what to call the virus. My main focus is on trying to beat the virus and ensure that it does not do any damage in Scotland. The member's point about pork is absolutely correct. The Cabinet Secretary for Rural Affairs and the Environment was here earlier and he would want me to make this point: pork and pork products are safe and we should not allow any implication that they are otherwise.

**Margo MacDonald (Lothians) (Ind):** I thank the cabinet secretary for keeping me informed about the situation and I congratulate NHS Scotland on its state of preparedness. I, too, am interested in

antivirals and I suggest that it would be worth while issuing a statement that would make people understand what antivirals are. For example, we have said that Tamiflu and Relenza are proving effective against the virus. Was that just good fortune? We did not seem to have the same notice of swine flu that we had of bird flu. It might be worth while explaining to the public what an antiviral is.

**Nicola Sturgeon:** That is an important point. I was just trying to find among my papers the draft of the information leaflet that is due to go door to door to every household in the UK next week. From my memory of reading the leaflet this morning, I am pretty sure that it explains about antivirals and why they are important. I think that it gives all the information that Margo MacDonald helpfully suggests the public should have.

**Shirley-Anne Somerville (Lothians) (SNP):** I welcome the cabinet secretary's confirmation of the positive and constructive engagement on the issue between the Scottish Government, the UK Government and the other devolved Administrations. Now that suspected cases have been confirmed throughout Europe, are discussions taking place with our colleagues in the European Union and those other countries that are affected?

**Nicola Sturgeon:** That is another important point. As we have seen, the virus does not respect boundaries or borders so we have to work together in a UK, European and global sense. Tomorrow in Luxembourg, there will be a meeting of European health ministers. Alan Johnson, the Secretary of State for Health in England, has agreed to the participation in that meeting of the Scottish Government. I cannot yet tell the member whether the Minister for Public Health or I will attend that meeting; as members will appreciate, that will depend very much on the situation at home. However, I assure Shirley-Anne Somerville that one of us will be in attendance because it is important that we are part of those discussions to ensure a co-ordinated European response.

**Helen Eadie (Dunfermline East) (Lab):** I and others acknowledge the on-going hard work of the cabinet secretary, her team and all health care workers in Scotland. I hear what has been said about the stockpiling of the antiviral drugs Tamiflu and Relenza, but there is concern about antibiotics, which have not been stockpiled, as was said on the BBC news this morning. What is the cabinet secretary's view on the need to stockpile antibiotics given the potential for secondary bacterial infection, such as pneumococcal and other bacterial infections, that follow on in many flu cases?

**Nicola Sturgeon:** Helen Eadie raises an important and legitimate point. Before I answer, I

remind members that as well as the stockpile of antivirals that we have, NHS boards have their own supplies of antivirals. Because those will not be sufficient if there is a big outbreak of the virus, we need stockpiles.

The need for antibiotics if, for example, people develop complications from pneumonia, was discussed at the COBRA meeting—Cabinet Office briefing room A—this morning. In that UK context, we are in discussions about the procurement of several items such as antivirals, face-masks and antibiotics. I hope that that gives Helen Eadie an assurance that such considerations are very much on our radar screen.

## Housing

**The Deputy Presiding Officer (Trish Godman):** The next item of business is a debate on motion S3M-3994, in the name of Alex Neil, on housing.

15:19

**The Minister for Housing and Communities (Alex Neil):** As this is my first debate on housing as the minister with responsibility for housing, I will use the opportunity to analyse the challenges that we face in making housing policy and how the Government intends to tackle those challenges.

Looking as far back as the industrial revolution, we have never broken the back of the housing problem in Scotland. Even in the heyday of the 1950s and 60s, when we were building up to 50,000 new houses a year, the emphasis was often on numbers, rather than on quality and community facilities. In some cases, we are now dealing with the consequences of the faceless estates that were built in large numbers during those days. Although we have to increase the numbers of new houses, we should not do so at the price of reduced quality or reduced community facilities.

As well as learning the lessons of that period, we should be conscious of the importance of housing policy not just in its own right, but in relation to the other objectives, which all of us in the Parliament have, of improving health and educational attainment and increasing levels of employment and economic growth. Housing policy makes a significant contribution to all those policy objectives.

My first priority is to increase the number of affordable homes available in Scotland, especially homes for rent. We have to deal with four basic demands, or four pressures around the need and demand for housing. The first is the achievement of the target to eradicate homelessness by 2012. The figures from September last year showed that 83 per cent of homeless people were being treated as priority cases. We will update the figures after we get the results of the interim evaluation of the homelessness target some time in September. We remain committed to straining every sinew to ensure that we meet the homelessness target throughout Scotland.

Waiting lists, along with demographics, are the second major pressure. The number of people per house has gone down dramatically in the past 20 or 30 years, because more people live alone.

Finally, there is the impact of the recession, which is twofold. First, there is the impact of potential repossessions as a result of the credit

crunch. Secondly, more people are likely to want to rent, because they cannot afford the deposit for a new house. Last year, deposits averaged 11 per cent, but they now average 20 per cent in Scotland.

We have a six-pronged approach to tackling the need for new housing. First, there is the record building programme by the housing associations in Scotland totalling well over £500 million this year. I acknowledge the problems that housing associations face in accessing loan capital at the right interest rate and under the right conditions. We are working with the Scottish Federation of Housing Associations and others to tackle those problems.

Some criticism has been made of the housing association grant levels and the changes that we have made. However, as a result of the changes that we made in February, along with the reduction in construction costs resulting from the recession, the HAG contribution as a percentage of total cost is roughly where it was when we came to office two years ago.

**Mary Mulligan (Linlithgow) (Lab):** Clearly, grant has been made in relation to the HAG formula. However, housing associations still have to borrow more than ever before. The minister has admitted that borrowing is difficult. Does that not mean that we will see fewer houses being built?

**Alex Neil:** In fact, housing associations are not borrowing more than ever before as a percentage of total costs. Of course, when we are dealing with a fixed budget, if we increase the HAG level above the amount that it is at, without any increase in the overall budget, we reduce the number of houses that we can build. Those who want to increase the HAG level have to tell us to what level they want it to increase and which budget they would cut in order to fund any increase in the HAG budget.

We have taken a dual approach to council house building. First, we are introducing legislation to reform the right to buy, which will mean that up to 18,000 houses are retained in the social rented sector that would otherwise have been sold over 10 years. Secondly, along with the £50 million that we have committed, that will act as an incentive to subsidise further council housing throughout Scotland. We have had the first round of bids—

**Jamie McGrigor (Highlands and Islands) (Con):** I return to the minister's previous point. He said that the changes that were made in February brought HAG back to its level under the previous Administration. Why did that level fall initially under the current Administration?

**Alex Neil:** We want to look to the future, but I will explain the situation to Jamie McGrigor. Those who gave the warning that a reduction in HAG would result in a collapse in house building by

housing associations will be proved incorrect. I am absolutely confident that, when the final figures for last year are produced, they will show that the number of new houses that housing associations built met our targets. It is untrue to say that reducing the HAG contribution had a detrimental effect on the house-building programme.

In addition to housing associations and councils, we are considering ways of encouraging the private sector to become more involved. We hoped that the reforms that we proposed in the budget—

**Cathie Craigie (Cumbernauld and Kilsyth) (Lab):** Will the minister take an intervention?

**Alex Neil:** I am running out of time, unfortunately.

**Cathie Craigie:** I have just a question.

**Alex Neil:** I will take a quick question.

**Cathie Craigie:** How did the minister calculate that reforming the right to buy would retain 18,000 houses over 10 years? That does not marry up with information that I received from the previous minister about the numbers who exercise the right to buy under the modernised scheme.

**Alex Neil:** The figure is based on our experience of what happens in areas that are designated as pressured, where the right to buy is suspended, and on the pattern of sales in recent years. We have said that between 10,000 and 18,000 houses would be retained—that depends on the outcome of our consultation. We have committed to ending the right to buy for all new council houses, but we are consulting on ending the right to buy for all new tenancies, extending the current term for the suspension of the right to buy and delegating to local authorities the decision whether to suspend the right. Which of those propositions becomes law will affect whether we are nearer 10,000 or 18,000 houses.

We have taken measures to support first-time buyers through the open market shared equity scheme and the new supply shared equity scheme, into which we are putting £60 million this year.

I emphasise that, although we are determined to drive up the number of new houses, we will not compromise quality or energy efficiency in doing so.

The second major challenge, particularly this year, has been dealing with the impact of the recession. We have taken a range of measures to deal with the impact of the recession on the housing market. We have not only increased the investment programme, which helps to sustain and create jobs in the construction sector, but provided £50 million for council house building,

which it is estimated will support 3,000 jobs. We have introduced the home owners support fund, given Shelter and Citizens Advice Scotland additional money for their helpline and advice services and increased funding for legal aid and for in-court and other legal services. We have also introduced a more comprehensive energy assistance package for families with children who are under five and families with disabled children who are under 16.

We face huge funding challenges in the future. The impact of the United Kingdom budget fell well short of what is needed to tackle the housing shortages that we face in Scotland and in the rest of the UK. The prospect of £500 million cuts in next year's budget adds to the problem. As a Government, we could do a lot more if, like local authorities, we had prudential borrowing powers. That said, we are not simply putting up our hands in despair at the financial situation that London has landed on us for next year and the few years thereafter; we are looking actively at innovative ways of leveraging additional investment into the housing sector.

Despite the challenges, we are determined to meet the 2012 homelessness target. We are committed to the 2015 Scottish housing quality standard and we are utterly committed to increasing the housing supply in Scotland to meet demand and need over the short, medium and longer term.

I move,

That the Parliament notes the steps being taken by the Scottish Government to accelerate and increase the supply of affordable housing in response to the current economic downturn; recognises the record investment being made this year; further notes that housing associations still have to secure through borrowing a significant proportion of the money required to build new housing and are facing challenges from the financial sector; also notes the Scottish Government's initiative to kick-start a new generation of council house building and the increasing contribution that this is enabling local authorities to make in meeting housing need, which complements the high level of social housing built by housing associations over the last 10 years, and supports proposals in the consultation on the draft Housing (Scotland) Bill to reform the right to buy to encourage council house building and to safeguard Scotland's stock of social housing for the benefit of future generations of tenants.

15:31

**Mary Mulligan (Linlithgow) (Lab):** As the minister knows, I am a very positive person. In debates such as this, I like to start by recognising the positives. Let me start in that vein. I welcome the opportunity to debate housing issues in the chamber. A person's home is central to their quality of life. Clearly, the actions of Government affect housing provision. It is therefore right that we should discuss the issues today.

I accept that the £644 million that the Scottish Government has allocated to housing issues in 2009-10 is a substantial sum. I welcome it. However, I warn the minister that the Labour Party will watch carefully to see how effectively the money is spent and how quickly it goes out the door to housing providers. That has not been a Government strong point thus far.

Unfortunately, that is where the positives end. The SNP Government's ability to overspin an announcement has left many people incredulous. In its motion, the Government says that it will

"accelerate and increase the supply of affordable housing",

but I say to the minister that it has not done that so far.

I also accept that the Scottish Government has brought forward money from the 2010-11 financial year. The hole that has been left in that year's spend will need to be addressed. The accelerated money has not led to increased housing supply thus far. As we make clear in our amendment, figures for the first three quarters of 2008 show a 29 per cent decline in house completions. The figures that I am using were not commissioned by housing pressure groups or the Labour Party; they are Scottish Government statistics.

I will be interested to hear the minister's reasons for that reduction. One reason may be the uncertainty that was caused by changes to the housing association grant. In an answer to a parliamentary question, the minister's predecessor, Stewart Maxwell, confirmed that changes to the HAG calculation would mean housing associations spending on average £10,000 extra per unit. Where are associations to find the extra funding? As I said in my intervention, even the minister accepts that now is not a good time to be looking for additional funding.

Nicola Sturgeon, the Cabinet Secretary for Health and Wellbeing, tried to reverse the damage, but—unfortunately—it was too little, too late. Despite the measures that she announced in February, housing associations still have to find £5,000 to £6,000 additional funding per unit. Even at this late stage, with housing association development plans having been agreed for the year, the right thing for the minister to do would be to make a further shift. That would produce more housing.

**Alex Neil:** By how much does the member want us to increase the HAG? Which budget will she cut to fund any such increase?

**Mary Mulligan:** I have made it quite clear that the Government should return the HAG to its previous level. That would produce additional housing. The minister is in charge of the housing



budget. I am happy to leave it to his ingenuity to find the extra money.

In his motion, the minister tries to hide the dismal house building statistics by trumpeting the funding of new-build council houses. Let me say at the outset that Labour members welcome new council housing. Indeed, all the council housing that has been built most recently—apart from one house in Orkney—was built by Labour council colleagues in Midlothian and planned and funded before the 2007 election. Midlothian Council has built about 300 homes, with another 300 planned. How has the Scottish Government rewarded it for that work? When Midlothian Council bid for £12 million, with a contribution of £25,000 per unit, it was awarded £2.5 million—less than £10,000 per unit. No wonder Councillor Derek Milligan was disappointed. He said:

“Midlothian have a proven track record, they work closely with other RSLs yet other Councils received”

much more. What was it about Midlothian Council's bid that the Scottish Government did not like?

I have said that Labour will support council house building, but I make it clear that we will do so where that is appropriate. Midlothian Council built its first council housing from housing revenue account funding. That may not be possible for councils for which HRA debt is an issue. In my local authority area of West Lothian, new houses are being built, but last year the SNP council in the area increased rents by 6 per cent, at a time when inflation was much lower. Tenants and councils together need to decide whether such costs are fair to the rent payer.

Although we support council house building, it should not be a replacement for housing association development. I do not pit councils and housing associations against one another in a battle for development funding. The best chance of increasing the number of affordable homes for rent is for councils and housing associations to work together.

Labour will not support the Tory amendment. Labour has not changed its position on stock transfer. We need only look at authorities that transferred their housing stock to see the benefit that stock transfer has had; other Labour members will address that issue. Conversely, we can see the problems experienced by local authorities such as the City of Edinburgh Council, which did not transfer its stock, in accessing sufficient funds to build new houses to meet demand.

**Margo MacDonald (Lothians) (Ind):** Given that it is now some time since we had the argument about stock transfer, should we not let bygones be bygones and get on with ensuring that there is an equitable arrangement and that housing debt is

written off for the City of Edinburgh Council, as it is for councils that took the other route? We are in a different ball game.

**Mary Mulligan:** I do not want to tell any local authority whether it should or should not pursue stock transfer. The option of doing so is on the table. If local authorities and tenants decide that stock transfer is the right road to take, I encourage them to take it. However, where they do not favour stock transfer, authorities should continue to build council housing.

Labour cannot support the Tory position on the right to buy. The Tory amendment does not recognise that the right to buy is not perfect and that there have been abuses of the system that may need to be corrected by legislative changes. That option should be considered.

**David McLetchie (Edinburgh Pentlands) (Con):** Does the member acknowledge that the right to buy was modernised by the previous Scottish Executive? Will she kindly articulate for us what failings continue to apply to Labour's modernised right to buy?

**Mary Mulligan:** I will answer Mr McLetchie's question. Clearly, the right to buy has been modernised, but there are still problems. Yet again, the minister overplayed his hand with his grand announcement that changes to the right to buy will be included in a future housing bill. It is clear that the present right-to-buy system is very different from the previous system, as Mr McLetchie indicated, but there are still cases of people buying for family members or buying on others' behalf, which disrupts communities. We need to be open to examining whether further changes are needed.

There are other areas that I would have liked to cover; I will try to address them in my closing speech. The biggest challenge at the moment is that of providing a greater supply of housing. Labour urges the Scottish Government to do more. It should consider the statements that I have made and ensure that it uses the £45.3 million of consequential from last week's budget to increase housing supply.

I move amendment S3M-3994.3, to leave out from “the steps” to end and insert:

“with concern the latest Scottish Government housing statistics showing a 29% decline in the building of housing association houses in the first three quarters of 2008 compared to the previous year; believes that affordable house building has been damaged by the SNP government's decision to cut the Housing Association Grant at a time when borrowing from the financial sector is particularly challenging; further notes the latest available figures showing that all but one council house built since May 2007 have been by Midlothian Council in a programme that commenced prior to the 2007 Scottish Parliament elections; further believes that the Scottish Government has failed to put in place adequate measures for financial

and legal protection for householders facing repossession; further notes the proposals outlined in the consultation on the draft Housing (Scotland) Bill to reform the right to buy as well as the existing restrictions introduced by the Housing (Scotland) Act 2001 but believes that these proposals are in themselves no substitute for building affordable energy-efficient houses, and therefore calls on the Scottish Government to ensure that the £45 million in Barnett consequential for Scotland arising from housing spending in the UK Budget are allocated in full towards more affordable housing for Scotland."

15:40

**Jamie McGrigor (Highlands and Islands) (Con):** The Scottish Conservatives always welcome the opportunity to discuss housing, and we are therefore pleased to take part in today's debate. I congratulate the new Minister for Housing and Communities on his first housing debate as a minister.

The dire state of the economy due to Labour's recession means that housing has, understandably, shot up the political agenda. Figures that have been provided to me by the National House Building Council indicate the extent of the problems that we are facing. In the period to February 2009, there were only 303 registered new homes in Scotland—a decline of no less than 78 per cent compared with the same period in the previous year. The number of actual completions decreased by 54 per cent in the period to February 2009 compared with the same period in the previous year. The decline in the private house building sector also cuts the number of affordable homes that are available, given the requirement by local authorities for a certain percentage of each private development to be made up of affordable homes.

Against that backdrop, the Scottish Government has been right to bring forward money from future years to deliver affordable housing now. However, how confident are ministers that the money that is being frontloaded into this financial year will be replaced in subsequent years, when money will also be needed to deliver the affordable homes that we all want to be delivered? Can ministers explain how much of the money that was announced in last week's UK budget as additional support for homeowners and homebuyers and for housing supply will be earmarked for those purposes in Scotland?

Given the tightness of public spending, which will only get tighter in the next few years, we want all available Government money for affordable housing to be spent in the most efficient way possible. In that context, we question the Scottish National Party Government's much-trumpeted decision to develop a new generation of council houses. Surely Government policy should be evidence based. Many local authorities admit that they are not the most professional developers and

managers of properties, whereas Scotland's housing associations have shown that they have the necessary skill and expertise to build and manage good-quality housing in successful and sustainable communities across the country. Housing associations have been let down by the SNP Government's changes in the HAG, which should be the priority recipient of Government support for affordable housing.

While we are on the subject of the SNP Government getting it slightly wrong on housing policy, let me be clear that we will oppose moves to end the right to buy in relation to new-build social housing in Scotland, as our amendment makes clear. David McLetchie will say more on that later in the debate but I can say that we will never be anything but extremely proud of the unparalleled choice and opportunities that Conservative Governments gave hundreds of thousands of Scots through the right to buy. Why should today's hard-working young families be denied the rights and opportunities that their parents or grandparents enjoyed thanks to the right to buy? Why should this generation have their rights taken away by an SNP Government?

**Alex Neil:** Will the member give way?

**Jamie McGrigor:** I want to make a little more progress.

Our amendment also makes it clear that we continue to believe that any debate about the future of our social housing in Scotland must also consider stock transfer. Again, David McLetchie will say more about that later in the debate. The local authorities that have gone through the stock-transfer process are reaping the benefits, while those that have not are generally seeing only minimal investment in their council housing stock.

Last year, the then Minister for Communities and Sport, the intelligent Stewart Maxwell, to his credit welcomed the result of the successful second-stage transfer in Glasgow. Will Alex Neil or Nicola Sturgeon now follow that logic and engage with Scotland's local authorities to allow tenants from across Scotland to vote for first-stage transfer, with all the benefits that come with it? Given the worsening state of public finances, every right-thinking person in Scotland would expect no less from their Government. The money that HM Treasury has on the table should be accessed without any further delay or obfuscation by the Scottish Government.

Perhaps, however the Government will return to the dismal past of left-wing socialist dogma. John Swinney took that approach on tax, and now ministers appear to be taking that approach on housing.

**Margo MacDonald:** Will the member give way?

**Jamie McGrigor:** I do not think that I have time, I am sorry.

Before I conclude, I wish to raise a further important issue that is of significance for the future delivery of affordable housing in Scotland. Private sector housing stakeholders have recently raised with me their concerns that the lead developer model that emerges from the Scottish Government's investment reform consultation excludes private sector input. However, private sector input was envisaged when the lead developer model was proposed in the discussion document, "Firm Foundations: the future of housing in Scotland", so I would be grateful if ministers could explain the apparent change in tack and address the concerns of private sector stakeholders, who have a massive amount of expertise and a real desire to help registered social landlords and others deliver houses through the proposed new regime. Why does the Government want to isolate the private sector? What possible advantage will be gained from doing so? Will the minister also say when the outcome of the consultation will be published?

I could take an intervention now, Presiding Officer, but I think that I am in the final minute of my speech.

**The Deputy Presiding Officer:** You are in the final minute but you may take an intervention. [*Interruption.*] Ms MacDonald seems to be talking to somebody, so please just finish your speech. There is no longer time for an intervention.

**Jamie McGrigor:** No member would deny that ministers face challenging circumstances as they seek to deliver on the affordable housing targets. However, they could do more. They could take a lead on housing stock transfer throughout Scotland, which could help the situation. We look to ministers to get on with doing that and we are ready to support them, but we do not support further restrictions on the right to buy. I hope that Labour will support the amendment in my name, given that it reflects Labour's stated policy when it was in office.

I move amendment S3M-3994.1, to leave out from "10 years" to end and insert:

"30 years; urges the Scottish Government to engage proactively with the 26 local authorities yet to transfer their housing stock with a view to effecting stock transfers to community-based housing associations with the consent of the tenants of these homes, thus achieving the write-off of Scotland's estimated £2 billion housing debt and facilitating further investment in affordable housing in Scotland, and rejects the further restrictions on the right to buy proposed in the draft Housing (Scotland) Bill as being unfair and failing to meet the aspirations of many of today's tenants."

15:46

**Ross Finnie (West of Scotland) (LD):** I graciously welcome the new Minister for Housing and Communities to his post and to his first housing debate. From the language, tone and tenor of his speech, there was a hint that the rumour that he was required to resign his membership of the hyperbolic tendency on becoming a minister might be true. If so, that is much to be welcomed.

The burst in the housing bubble was a contributory factor in the banking collapse. The impact has been felt most acutely by people who are threatened by repossession, people who were struggling to find a home even before the recession and who are now in a worse position, and everyone who is directly or indirectly associated with or employed by the construction industry. In such circumstances, Liberal Democrats think that the individuals who are worst affected will expect a parliamentary debate on housing to provide a positive and realistic assessment of how the housing market might perform in the short to medium term. Constituents with whom I have spoken are filled with anxiety and are seeking positive evidence and guidance, not political disputation.

When Liberal Democrats talk about rebuilding confidence in the housing market, we are talking not about going back to the position that we were in two, three or four years ago, but about returning to a position in which the nation regards a home as a place in which to live and not as a gambling chip with which to make a speculative capital gain, fuelled by overleveraged debt. We are talking about housing that meets needs rather than satisfying an obsession according to which everyone must own their home and home ownership is the only entry point into the housing market. We are talking about recognising that the people who are least able to cope are always most affected in an economic downturn. Therefore, I welcome the minister's reiteration of the Government's continuing commitment to the homelessness target, notwithstanding the difficulties that we face. That is important.

It is clear to Liberal Democrats that we need to create a new housing model in which the rented sector, which might not exactly mirror the rented sector that we had the past, will play a much more significant part than it did in recent years—hence our amendment to the motion. Liberal Democrats think that the need to pay urgent attention to the rebuilding and re-establishment of the rented sector makes all the more important the need to introduce proportionate restrictions on the right to buy, in particular in the context of proposals in the draft housing bill to target restrictions at new

supply social housing and new tenants in the social rented sector.

I know that those proposals have caused much anxiety to the Conservative members who are, not surprisingly, to my right. Before they get excited again, I remind them that the right to buy—not the right to a discount—was conferred on citizens in 1978 by a most forward-thinking council in Inverclyde, of which I was a member. However, we did not go down the road that the Tories went down.

In his remarks, the minister also mentioned waiting lists. *En passant*, the concept of reasonable preference goes back, I think, to the Housing (Scotland) Act 1966. Changes in social and health circumstances mean that we might talk about getting rid of waiting lists, but we will not necessarily get rid of those who, in today's circumstances, might properly regard themselves as people who are eligible—or who ought to be eligible—to be on a waiting list.

I am glad that the Government appears to have dropped its entirely false distinction between new builds that are funded by the public purse and commissioned by housing associations and those that are funded by the public purse and commissioned by local authorities. There is merit in considering both markets but, whoever is doing the commissioning, the proof of the pudding is, as Mary Mulligan said, in builds and completions on the ground. All members are anxious to see the minister perform on that. As Jamie McGrigor narrated, the reduction in the number of homes completed or under construction, in combination with the state of the construction industry, is bad news for people in the housing sector. Unless the Government levers in the necessary money to get that right, the minister may find that, in certain parts of the country, the construction industry's capacity to deliver homes has been seriously compromised.

I admire the mental dexterity that the minister demonstrated in telling us how the HAG reduction had been a good thing, but normal people would think that it would be useful for housing associations to offset the reductions in the costs that are associated with the depression against the increases in interest rates. However, housing associations find that their percentages remain the same because an earlier minister decided to reduce the HAG. That was regrettable.

The important point is that the housing associations should be able to access money. I welcome the minister's comments on that, because the position that the banking sector is adopting is absurd. Every housing association is faced with a bank official not only asking it to pay increased rates but radically reducing the funding period, which is making the situation impossible.

We simply will not achieve the Government's targets unless the banking sector returns to its principal task of lending money on well-secured properties.

I move amendment S3M-3994.2, to insert, after "financial sector":

"; further recognises the particular need for more high quality affordable housing in the rental sector and the economic imperative of action to support Scotland's beleaguered building industry".

**The Deputy Presiding Officer:** We now move to the open debate. Members will have a tight six minutes. I have already had to tell two members that they will not be called and I may have to tell a third the same, so I ask members to stick to their six minutes.

15:53

**Alasdair Allan (Western Isles) (SNP):** There is no doubting the scale of the task that faces us in tackling Scotland's housing problems. I am sure that other speakers will cite the problems that historical underinvestment has wrought in their constituencies. I could certainly cite plenty of cases in the Western Isles, where fuel poverty affects half the population. That is not unconnected with the state of the housing stock. Only this week, I visited an elderly man whose house must have some of the most stunning views in Europe but who has not been in a position to carry out the most basic repairs to the house for many decades.

With that in mind, I welcome the Scottish Government's draft housing bill, which seeks to rejuvenate and build on recent efforts and investment to kick-start new social house building in Scotland. Although there is still a long way to go, the Scottish Government's refreshing progress and speed in that area certainly cast a telling light on the abject failure to address the chronic housing shortage in the last four years of the Labour-Lib Dem Executive. I know that those parties do not like this statistic being quoted, but only six council houses were built in the whole of Scotland in those years.

**Mary Mulligan:** Will the member tell us how many houses for rent were constructed during that period?

**Alasdair Allan:** As the Minister for Housing and Communities said, the figures are due to be published shortly. His comments indicated that we have reason to be optimistic, not only about council housing but about other areas of the social housing sector. In fact, in the Scottish National Party Government's first year, 420 council homes were started. The minister recently announced a massive funding boost of £6.6 million to enable work to begin on new and improved homes for

rent or low-cost ownership in the isles. The Scottish Government also recently provided funding to the Hebridean Housing Partnership in the Western Isles to purchase land for new housing units in Stornoway and Vatersay.

One of the major advantages of such initiatives in the Western Isles is that they will provide a much-needed incentive to support the local building trade at a time when serious challenges face the construction industry. Those challenges are a feature throughout the country. The various funding packages provide from one small part of Scotland an example of the Government's commitment to help tide the construction and housing sectors over during the recession.

I doubt that I will be the last person today to point out that decades of Labour mismanagement have meant that far too many people in Scotland either have a home that is unsuitable or do not have a home at all. Let us consider the scale of the problem that the Scottish Government has inherited. It is worth remembering that, in Scotland as a whole, more than 200,000 people are on local authority waiting lists. When the SNP Government came into office, it made it clear that addressing that situation was one of its priorities. That is why, last year, the Government launched a £25 million fund to enable councils to build new council houses, and it is why Nicola Sturgeon recently announced that that fund would be doubled to £50 million.

Local authorities have applied keenly for a share of that money, and the first £17 million has been allocated among 14 councils. It allowed 5,700 social sector homes to be started in 2007-08; in 2008-09, an even greater number—6,200 completions—is projected throughout Scotland.

In response to the economic downturn, the Scottish Government—as was referred to by the minister—has accelerated £120 million, I think, of capital expenditure on affordable homes to help the Scottish construction industry. This year, the significant sum of £644 million is being invested in affordable housing.

In the current economic climate, the draft housing bill is a vital step to ensure that we have a thriving social housing sector that meets the needs of new and existing tenants. One of the most welcome measures in the draft bill is surely the scrapping of the right to buy in relation to new-build social housing. At last, social landlords and local authorities will have the incentive and freedom to build new houses without the fear that they will be lost to tenants who exercise their right to buy. Even the Government's most hard-hearted political opponents must be able to find it in those hardened hearts to welcome the ending of that perverse situation, although after listening to Mr McGrigor, I fear that I may be being overoptimistic.

It is estimated that between 2012 and 2022, the reforms to the right to buy would retain between 10,000 and 18,000 homes for low-cost rent that would otherwise be lost to private ownership. That demonstrates the huge advantage to Scotland's social housing stock of changing the way in which the right to buy operates. That was proposed in the Scottish Government's "Firm Foundations" consultation in October 2007, when 94 per cent of those responding to the question agreed that the right to buy should be suspended in relation to new-build homes.

**Margo MacDonald:** To build on the idea of suspending the right to buy, we must look a little further ahead. I wonder whether the member agrees that some of the family homes that will be built will prove too big, given the demographics that are predicted for, say, 20 years' time. Councils will eventually have to have the right to decide whether to sell some of their homes as a management tool, although they must be able to replace what they sell.

**The Deputy Presiding Officer:** Mr Allan, you are now eight seconds over.

**Alasdair Allan:** Far be it from me to strain the Presiding Officer's patience. All I will say is that councils will wish to take that issue into account.

The proposals in the draft bill are a refreshing alternative to cutting Scotland's budget for spending on housing and other matters.

15:59

**Malcolm Chisholm (Edinburgh North and Leith) (Lab):** I want to speak briefly about the overall level of resources available for housing and in more detail about the distribution of that money, with particular reference to Edinburgh.

I welcome Alex Neil to his first housing debate as minister, and I welcome his new ministerial style, as mentioned by Ross Finnie. Of course, I acknowledge the high level of resources that the minister has been able to announce for housing this year, although it is clear that he has been able to make the announcement because of the money that has rightly been brought forward from next year's budget. I do not think that the minister should get too carried away by the figure—or by some of the other figures that he has been quoting recently in relation to approvals and completions.

The downside of bringing money forward—although it was the right thing to do—is that a lot less money will be available for housing next year. That is why it is so important that the Scottish Government earmarks for housing the £45 million of consequential from the UK budget. I was disappointed that the minister did not announce

that in his opening speech; I hope that he will do so in his closing speech.

It is right to skew capital expenditure to housing. Harder times are coming for public expenditure, so it will be more important than ever to pick the right priorities. Emphasising capital expenditure on housing over other areas of expenditure is important for three reasons. First, it is socially just and necessary, especially when many people are losing their homes; secondly, it is economically important, as the minister has said; and thirdly, it will be essential if we are to achieve the historic 2012 homelessness target. As I am sure SNP members will acknowledge, of the several important achievements during the first years of the Scottish Parliament, the homelessness commitment is the achievement that is most appreciated and recognised internationally. We should all realise our obligation to meet that commitment in three years' time.

In light of that target, I want to talk about distribution. In the next three years in particular, we will have to skew the distribution of housing resources with the objective of achieving the 2012 homelessness target. First, all local authorities will have an obligation to house all unintentionally homeless people, and we will need to ensure that each local authority has the resources to do that. Secondly, we will have to ensure that local authorities can do that without an excessively high percentage of new lets going to homeless people, because many others will have a clear and legitimate claim to council housing or other forms of social rented housing.

Edinburgh cannot achieve the homelessness target. The council stated that explicitly in its homelessness strategy, and Cathy King repeated it at the Local Government and Communities Committee a few weeks ago: it cannot meet its target with its current resources. I should add that the council is already allocating two thirds of its lets to priority-need homeless people, which is twice the national average. The simple reason for that is the chronic shortage of supply in Edinburgh—a shortage that is by far the worst in Scotland, according to analysis done for the Scottish Government by Bramley a year or two ago.

For every council house that becomes available in Edinburgh, there are 154 people seeking it. The result, of course, is that many people are disappointed. Furthermore, because of the emphasis that has to be put on homelessness, thousands of people in Edinburgh cannot move out of their overcrowded homes. The problem is compounded by the fact that not enough larger houses are available.

The situation is masked to some extent by a successful private sector leasing scheme in

Edinburgh. However, when people are placed in a private sector leasing property, it does not meet the homelessness obligation. Other problems arise too. For example, high rents mean that people cannot move into work—just last Saturday, somebody talked to me about that at one of my surgeries.

**David McLetchie:** Will the member take an intervention?

**Malcolm Chisholm:** I do not have time; I have only one minute and 40 seconds, so I will have to conclude.

I acknowledge that the problem is not new. Although housing resources to Edinburgh increased in the latter years of the previous Administration, that increase had to be built on. Since that time, £1.8 million of the £40 million that was brought forward last year went to Edinburgh; £1 million of the £25 million for council houses went to Edinburgh; and—I acknowledge—£5 million extra went in this year, as well as money that has been brought forward from next year for land at Saughton. There are concerns that that money will be taken off next year's budget. I hope that the minister will be able to reassure us about that.

I actually do have time for an intervention from Mr McLetchie.

**David McLetchie:** I point out to Mr Chisholm that the evidence that Cathy King gave to the Local Government and Communities Committee was that the rents in the private sector-let houses to which the City of Edinburgh Council has access are not above the market level but are, in most instances, covered by housing benefit. The suggestion that, somehow or other, the private sector leasing scheme prevents people from getting proper housing is simply untrue.

**Malcolm Chisholm:** It does not prevent them from getting proper housing; it prevents many of them from moving into well-paid work. That is the problem.

There is cross-party agreement in Edinburgh that Edinburgh needs substantial extra resources. I know that the leaders of the SNP and the Liberal Democrat groups met Alex Neil recently to put that case. I make the case for a substantial amount of the £45 million going to Edinburgh, and more next year. More generally, I make the plea that housing resources over the next three years should be distributed on the basis of supply shortages and with the objective of ensuring that every local authority, including the City of Edinburgh Council, can meet its 2012 obligation.

16:06

**Angela Constance (Livingston) (SNP):** We would all do well to remember that, ultimately, a house is a home and that our homes are the cornerstones of our lives. I firmly believe that the record investment in affordable housing by the SNP Government of £1.5 billion over three years will ensure that more houses are built the length and breadth of Scotland. Combined with the ending of the right to buy, that will put the plug back in the bath, ensuring that the new water—the new resources—are not allowed to drain away or be wasted.

I listened with interest to Mary Mulligan's comments. Like me, Mrs Mulligan represents a West Lothian constituency. She described herself as a positive person, but I am sure that she will forgive me if I beg to differ on that. Given the new house-building programme in West Lothian, I would have thought that there would be more cheer in Mrs Mulligan's speech. Because of the actions of the SNP Government, West Lothian Council will build 700 council houses over the next four years—other local authorities will be able to do likewise. That work started last winter and the first homes are now complete. Out of those 700 houses, 458 will be in Mrs Mulligan's constituency whereas only 242 will be in my constituency. So Mrs Mulligan has 458 reasons to be cheerful in comparison with my 242.

The record of the SNP Administration and local SNP administrations compares very well with what went before. Over a 12-year period from 1995 to 2007, West Lothian Council, under Labour, built 280 houses through a housing partnership; we aspire to build 700. In a third of the time, the combined efforts of SNP members, both local and national, will result in more than double the number of new houses becoming available.

I listened with great interest to the remarks that were made on the subsidy that has been made available to Midlothian Council and how it, unlike other councils, will receive only £10,000 per unit. I say to Mrs Mulligan that there is nothing underhand about that. Like Midlothian Council, West Lothian Council will receive a subsidy per unit of £10,000, and it is apparent that the larger house-building projects will receive a smaller unit-price subsidy. I also remind her that the Convention of Scottish Local Authorities had a pivotal role in the distribution of those funds.

I am sure that members will welcome both the announcement during the recess by the Cabinet Secretary for Health and Wellbeing that she will double the money that is available to local authorities to build new homes from £25 million to £50 million, and the £100 million that the Scottish Government has made available to registered social landlords with a view to securing additional

investment in houses. In my constituency and Mrs Mulligan's constituency, registered social landlords have purchased a number of completed units.

During the 10 years that I was an elected member of West Lothian Council, housing was one area in which there was a degree of political consensus between SNP and Labour councillors. I feel it is highly important for me to remind Labour parliamentarians about the genuine shared angst and anger at the ever-growing waiting lists and rising homeless presentations. With the shrinking housing stock, people were forced to go down the homeless route as opposed to biding their time on a waiting list, and the consequences for housing services, children and community cohesiveness were stark.

The second area that had cross-party unanimity was ending the right to buy. The shrinking stock eventually resulted in council houses becoming the houses of last resort because to get a council house someone had to have huge social needs to gather enough points to meet the demand. That is a very sad reality for our communities, which rely on a much more balanced and cohesive social mix.

The third issue that we always agreed on locally in West Lothian was the need for Westminster to write off the housing debt. I am pleased to say to Labour locally and nationally that we, the SNP, have stepped up to the plate on ending the right to buy, which will, as the minister highlighted, save between 10,000 and 18,000 homes. Will Labour members get the Westminster Government to step up to the plate and write off the housing debt?

Less of an issue for an authority such as West Lothian Council but certainly in the Scottish national interest is that the social and economic arguments for bailing out banks in the current economic climate have the same resonance for housing. What is good for the goose is good for the gander.

16:12

**Patricia Ferguson (Glasgow Maryhill) (Lab):** Like other members, I welcome Mr. Neil to his new position. I look forward to a great deal of dialogue with him in the coming months and years.

As is the case for many members, a great many of the people who come to my surgeries or who contact me do so because they have a problem relating to their housing. For many there is no easy solution, but over the past 10 years housing associations in my constituency have delivered excellent homes: homes with gardens, home with facilities for the disabled, homes that replaced tenements that had long since outlived their usefulness and, most important, homes that people wanted to live in and could take pride in.

For Alasdair Allan's information, the answer to the question posed by Mary Mulligan is that during the eight years of the Labour-Liberal Democrat Administration, 30,000 socially rented houses were built throughout Scotland.

**John Wilson (Central Scotland) (SNP):** Will the member take an intervention?

**Patricia Ferguson:** I do not have enough time, but that is the fact and that is the figure.

A number of those homes were in my constituency and have helped to create change, not just to the lives of individual families but to entire communities.

We need housing associations to continue to build houses. In a time of financial crisis we need their input even more than we did previously. They understand the needs of local communities because they operate at a local level and are accountable to local people for their decisions. In my view, housing associations do not just build homes, they build communities. Therefore, I am disappointed that the Government seems to think that it knows better than local housing associations and that housing associations can be squeezed to do more for less.

In the past year, as Mary Mulligan said, we saw the number of housing association completions fall in the first three quarters by 840 units. The final quarter of that year will have had to have been a bumper one to realise the minister's optimistic predictions. I sincerely hope that he is right, but I find it hard to understand how he could possibly be.

I urge the Government to reinstate the full subsidy to local housing associations and to allow them to get on with what they do best—building houses. It is also time for the Government to drop the idea of the lead developer. Housing associations have made their views very clear: if they are given the resources, they can do the job.

There are other ways of securing economies of scale—for example, Glasgow City Council is working with some of the housing associations in its area to achieve economies in procurement. That is being done without giving one individual association all the power and the responsibility that would come with being a lead developer.

I welcome the recent progress that has been made on the issue of second-stage transfer in Glasgow, but that must be only the start of the process. More local housing organisations must move to the second stage as soon as it is feasible.

Although many tenants have seen great improvements in the condition of their homes as a result of work by the GHA, improvement was only one element of the package. The other was about giving local people more control over the decisions

that affect their homes and communities. I draw the minister's attention in particular to the issues that Maryhill Housing Association has raised with him around the stock that is to be transferred to the association through second-stage transfer.

The Scottish Government must make a greater effort to work closely with the GHA to support the local housing associations that have not yet been able to move towards second-stage transfer. As a member of the Co-operative Party, I want more GHA tenants who are willing and able to exercise real and direct control over their housing stock to be enabled to do so.

The commitment of all the members of the housing association movement, and those who have taken an active role in their local housing associations, must be—and deserves to be—recognised by the Parliament. The Government too must recognise that commitment in acting to support them and resource their organisations appropriately.

There are many challenges for those who wish to buy homes at the present time—the minister might like to comment on any progress that has been made in assisting those who do not have enough funds to secure a mortgage. He will remember that we discussed that issue at committee on 4 March, when he told us that on-going discussions on a range of issues were taking place with the Westminster Government but that he wanted to ensure that everybody in Scotland benefits from similar assistance to that which might become available under the new scheme.

I will raise one final issue. At a time when money is tight for everyone, it is important that people are protected from the actions of unscrupulous factors, and it is our duty to do what we can as legislators to help them. The Office of Fair Trading recently reported on the issue and identified a problem about which people in Scotland contact me on a daily basis. The OFT recommended that there should be a scheme of self-regulation, but frankly that is not good enough: we have a system of self-regulation now, and it patently does not work. That is why I will bring forward draft legislation that will seek to establish a mandatory system of regulation and accreditation and will provide a system of easily accessible mediation so that homeowners can have a resolution to their problems without the expense of going to court.

I hope that members from all parties, the minister and the Government will support that much-needed legislation when it comes before us.

16:18

**Jim Tolson (Dunfermline West) (LD):** I thank Alex Neil and welcome him to his first housing



debate as minister—I hope that we continue to work together on housing on behalf of my constituents and in the wider Scottish context.

I will make a number of points in support of our amendment to the motion. I agree with the minister that, at last, new council houses are being built, and I remind him that the SNP-Lib Dem administration of Fife Council will make the decision tomorrow to purchase 41 homes from Kingdom Housing, which will be the first new council homes in my constituency for 25 years.

The Scottish Government is not making the most of opportunities that have been presented to it by the reduction in land values and the virtual standstill in new-build activity. Those opportunities call for forward thinking, speedy and decisive action and a commitment to put housing associations in the vanguard of the rejuvenation of the construction industry.

The interbank interest rates remain at 6 per cent, and they are likely to rise in the near future, so it is unlikely that the housing market will return soon to anything like its pre-credit crunch position. Therefore, during the next few years, the construction industry will rely on the public sector in a much more significant way. If the Scottish Government wants to ensure the success and future of the construction industry, it will need to do much more than it has done so far.

We all know that, as local authorities and housing associations try to deal with the increased pressure on their housing waiting lists, they will need substantially more support from the Scottish Government. Shelter Scotland has said that 10,000 homes for rent need be built annually. So far, however, the track record of the Government is more like 6,000 per annum.

The reliance of housing associations on the private banking system to fund their activities is not sustainable at the interest rates that are currently being offered. If the Scottish Government was really interested in dealing with the issue, it would be putting its money where its mouth is and coming to the rescue of housing associations, local authorities and, most important, the thousands of people who cannot afford to buy a home and who are let down every day by the Government.

**Bob Doris (Glasgow) (SNP):** Will the member take an intervention?

**Jim Tolson:** I am sorry, but I am a bit too tight for time.

There is some debate across the chamber on the right to buy and its possible amendment or repeal. I have a particularly strong view on the matter, which is that the right to buy is long past its sell-by date.

Before coming to my present post, I spent 15 years as a member of a local authority. Ever since the beginning of my local authority career, I have been shocked by the condition of some local authority housing and by the huge volumes of people waiting for keys to a home that meets their basic family housing needs. Even when I joined Dunfermline District Council in 1992, some people were waiting for more than 10 years for a home in certain areas. There was no doubt that the right to buy, which was brought in by the Conservative Government in the early 1980s, had already severely impacted on the provision of affordable homes to meet reasonable family needs. Now, nearly two decades later, the problem has gone out of control, and local authorities and housing associations can barely scratch the surface of housing needs.

At the crux of the problem is a false premise that people who wish to own their property should be able to buy their rented home—often at a very high discount—from the taxpayer. I bought my first home, a small flat, aged just 19. Before that, I lived with my parents in various council properties in west Fife. There was no way that I would have been considered for a council flat at that time, and I had to buy a small flat in order to move out of the family home. No one subsidised my housing needs, and quite right too.

Removing tens of thousands of homes throughout Scotland from the number that is required to meet social housing need is one thing, but failing to replace them is another. The right to buy acts as a huge disincentive to building replacements. No local authority, housing association or, for that matter, business would build a property if there was a real threat that it could be purchased at a fraction of what it cost to build. The business case for new build simply does not stack up without first removing the right to buy. Local authorities and housing associations in particular have an obligation to provide homes to meet social need. The right-to-buy legislation ties one hand behind the back of providers of affordable homes to rent.

In the latter years that I spent as a councillor, I was the opposition spokesperson on housing. That gave me the opportunity to meet social housing providers, charities and others from throughout Scotland with an interest in affordable housing to rent. Virtually without exception, a strong voice was expressed from all those different perspectives for a repeal of the right-to-buy legislation.

Now, as an MSP, I want to make the change for Scotland that will provide help where it is most needed. It is not only for the 200,000 families who have been waiting far too long to access suitable accommodation; now that we are officially in a

recession, an affordable housing building programme will provide a much-needed boost to the struggling construction industry.

Since 2008 the Lib Dems have made a strong policy commitment to repeal the right to buy. Not only have we committed to remove totally the right to buy for new-build housing, we have gone further than the Government has done hitherto—we have also committed to give more power to local authorities to instruct a protection of existing stock, including measures up to a removal of the right to buy, if they feel that that is warranted.

In conclusion, there is certainly a strong case for the removal of the right to buy for new build; there is also a strong case for repeal or major changes to the right to buy for existing stock. I urge the Parliament to support the Lib Dem amendment today and to back the changes that we need to begin the process of supplying a reasonable number of affordable homes for rent throughout the country. Only then will we remove the inequality for many people in Scotland—

**The Deputy Presiding Officer (Alasdair Morgan):** The member must conclude.

**Jim Tolson:**—who either cannot afford to or simply do not want to buy a home in which to live.

**The Deputy Presiding Officer:** I say to members that there is no point throwing in the phrase “In conclusion” about half a minute before finishing and then going over time. We must try to stick to our time limits.

The last two speakers in the open debate are John Wilson and Duncan McNeil, and I must restrict them to three minutes each—I am sorry.

16:24

**John Wilson (Central Scotland) (SNP):** I will make a very brief speech.

I, too, welcome Alex Neil to his first housing debate as minister. No doubt there will be many debates about housing in the future.

In examining why the Scottish Government has launched its consultation on housing and the right to buy new-build housing, we need to consider the historical backdrop. Over the past 30 years, UK Governments and Scottish Executives have repeated right-to-buy policies and small-scale and large-scale stock transfers and have produced many changes in the housing landscape. That issue links up with the wider issue of housing affordability. People cannot continue to afford rents at the current rates in the rented sector market and the current financial climate, so more people on waiting lists will look to social housing to obtain a house.

With regard to delivery mechanisms, some people might say that the well-established housing lobby should address the ever-increasing pay hikes in the social housing rented sector, especially at the senior management level. Remuneration levels in that sector are high—salaries of £48,000 to £57,000 for a housing association director with a stock of around 300 houses, for example, seem rather excessive. In February 2009, the journal *Social Housing* highlighted the salaries of the top 25 Scottish registered social landlords. On average, staff costs increased by 8.5 per cent in 2008.

The Scottish Government's announcement of a £50 million investment in council housing throughout Scotland and the announcement that North Lanarkshire Council will receive £1 million from that funding stream should be most welcome. I notice that that local authority has not issued a media release that welcomes that expenditure.

What is the point of building council houses that will be sold and of reducing the ability of future generations to house people? The result of the right-to-buy legislation has often been that stock that has been considered to be among the best council housing has been sold. In my experience, houses are even bought by family members in partnership with existing council tenants. The right-to-buy legislation has meant increased waiting lists for council housing. That clearly impacts on the homelessness targets that have been set for local authorities under the current housing legislation.

I welcome the opportunity to participate in the debate and urge the minister, in examining the legislation, to consider whether the right to buy should be removed in circumstances in which local authorities have made major investments in stock through improvements. I urge every member to support the motion in the name of Alex Neil and look forward to future housing debates.

16:28

**Duncan McNeil (Greenock and Inverclyde) (Lab):** I will be brief.

I welcome Alex Neil to his new position. Like Ross Finnie and many others, I have noticed his change in style, but he has maintained his cheeky smile. However, even that cannot hide the grim reality of the failures of the Government's housing policy.

Today, we have received figures from the NHBC that show that the combined number of private and social sector homes that have been started is down 67 per cent; the combined number of new homes that have been completed is down 54 per cent; and the number of homes under construction is down 20 per cent. Obviously, that makes

meeting the target of 10,000 new rented homes a year, which Shelter has said we need, a daunting task.

I want to pick up on a couple of points to do with homelessness. The minister said that homelessness is a continuing and significant challenge. I do not know whether he stopped short of making a commitment on that, but “straining every sinew” does not guarantee that we will meet the targets. Some 9,500 people are in temporary accommodation, of course.

The flip-flop on the HAG subsidies cannot be flicked away. Such flip-flopping has tainted the minister's predecessors and has left housing associations receiving £6,000 less for every new home that they build. The situation is difficult for them, and it will result in the Government failing people of all backgrounds and ages. The Government is failing young people who want their first home, older people who want to stay in their home but not be prisoners in it, and families who are living in overcrowded and unsuitable homes.

Sadly, we know that the situation could have been different. Tenants in Inverclyde had the good sense to vote for housing stock transfer and now enjoy growth, investment, new houses and modernisation. That process also empowered communities and made tenants stakeholders in their neighbourhood. Those tenants had the confidence to take matters into their own hands and they achieved that result and significant investment despite the best efforts of the minister and his colleagues, who fought tooth and nail to oppose the measures. We simply need to look at the situation of our neighbours in Renfrewshire and Lanarkshire to know what our fate would have been if we had not had the good sense to vote for housing stock transfer.

I hope that, in the minister's summing-up speech, he will have the good grace to acknowledge and confirm the Cabinet Secretary for Health and Wellbeing's statement to the Local Government and Communities Committee that finance for housing from the UK Government will be spent on housing. I ask the minister to confirm that that money will be available.

16:31

**Jamie Stone (Caithness, Sutherland and Easter Ross) (LD):** The message that we Liberal Democrats wish to send out is that, although we live in hugely changed days, at the end of the day, we must get on and get people housed. The number of people with housing problems who come to members' surgeries has not lessened and, if anything, the housing problem has got worse. The debate has surely been a tribute to the wealth of experience among members of all

parties. The speeches by Patricia Ferguson and Malcolm Chisholm, and Jim Tolson of my party demonstrated their knowledge of and experience in housing. That is an asset for all of us.

I welcome the minister to his new post and to his first debate as a minister. He took us through what he is trying to do. He talked about achieving the 2012 homelessness target and he mentioned waiting lists and the issues of the recession, repossessions and the affordability of deposits. I agree with my colleague Ross Finnie that there were some arithmetical acrobatics on the issue of the HAG. It would have been better if that had not been reduced, but that is in the past and my message is this: let us get on with it.

Mary Mulligan rightly drew attention to the desirability of local authorities and housing associations working together. She was one of the first members to raise that issue. Malcolm Chisholm answered the question that Jamie McGrigor posed, perhaps mistakenly, about the effect on future years of bringing forward expenditure. As Malcolm Chisholm correctly said, the money comes from future years. That is the challenge for ministers, and it is not easy. We must all work together to do the best that we can.

My colleague Ross Finnie mentioned the burst in the housing bubble. That has indeed happened, with repossessions, problems for first-time buyers and an effect on employment in the construction industry. I liked Ross Finnie's expression that a house is somewhere where people live and not a gambling chip. We must get away from that philosophy, which has been extremely destructive to society. Ross Finnie rightly talked about how unhelpful the banks are being. I am sure that all members who have met representatives of local or national housing associations will have heard again and again that banks are not going out of their way to help and that they are making it difficult to borrow against property, which is probably one of the most secure assets that can be borrowed against. That is a disgrace, given that the UK Government assisted the banks and gave them instructions and clear guidance that they were to be helpful. They are not being helpful, which is a big issue for all members.

Towards the end of Alex Neil's speech, I thought that he was going to talk about the private rented sector. I and many others would welcome it if he said something about that sector in his wind-up speech. In my constituency and, as Jamie McGrigor will know, in many other rural constituencies, if a house comes on the market, even in these days of recession, it is often bought as a holiday home at a price that locals cannot possibly afford. I hope that the minister will feel able at least to begin to tell us what might be done to use the private rented sector.

I hear what Patricia Ferguson says in this regard, but the private rented sector does not need to be the bogeyman that it has sometimes been treated as. We could devise methods or incentives through, for example, UK taxation or the grant regime that could encourage private landlords to go into the long-let market. I invite ministers, when considering the issue, to revisit the old block B system that existed when the district councils were to the fore, which involved directing money borrowed under the public sector borrowing requirement at the private housing sector. I am sure that imaginative use of such funding could encourage private landlords to come back into the long-let market rather than continue with short holiday lets. However, for that to happen, we must make it worth while for the private sector landlords, although I am not saying that we should throw huge amounts of money at them. I acknowledge what Patricia Ferguson said, but there are imaginative ways of encouraging private landlords.

I know that the Presiding Officer is not into long conclusions, so I will simply say this: if the minister wants to see a success story, I invite him to look at what the Prince of Wales—or the Duke of Rothesay, as he prefers to be known here—is doing in Caithness. He is bringing ruinous houses back into use as owned or let houses. It would be instructive and useful for the minister to look at that.

16:36

**David McLetchie (Edinburgh Pentlands) (Con):** Not only does the debate mark the arrival of Mr Neil as our new Minister for Housing and Communities, it comes on the eve of the 30<sup>th</sup> anniversary next month of the election of the Conservative Government that Margaret Thatcher led. That Government, through the enactment of the right to buy, did more to make housing affordable for working people in this country than any other Government before or since. In 18 years, over 300,000 homes in Scotland were sold to sitting tenants, fulfilling aspirations that had been thwarted by decades of municipal socialism, which had led to the Scotland of that time having a lower proportion of owner-occupied housing than many countries in the Soviet bloc. For that single act of liberation alone, Mrs Thatcher's Government should be honoured in Scotland as well as the rest of the United Kingdom.

**Margo MacDonald:** Will the member give way?

**David McLetchie:** No, thank you.

The policy of selling council houses not only enabled people to own their own home but encouraged and enabled them to invest in their home. As a result, several billion pounds was

spent on home improvements such as new windows, patio doors, porches, kitchens and bathrooms—expenditure that would otherwise have fallen on the housing accounts of local authorities. On top of that, the receipts from the sale of council houses were available for investment in improving the housing stock for those who chose to remain tenants, building new council homes or reducing the historical housing debt burden.

In the 18 Tory years, 50,000 council houses were built by local authorities in Scotland, compared with fewer than 500 in the ensuing Labour years. In the same Tory years, when we add the contribution of housing associations, more than 91,000 affordable homes were built for rent, compared with fewer than 40,000 in the ensuing Labour years. The argument that the right to buy somehow frustrated the development of affordable social housing in this country is therefore complete and utter nonsense.

**Ross Finnie:** Is it nonsense, given that selling houses below the amount of the outstanding debt crippled councils, because they had to furnish debt for which they had no houses?

**David McLetchie:** In many instances, the sale price was far in excess of the historical debt that built the houses in the first place, as I am sure the member will know.

A Labour Government is never one to leave well alone, so in our first parliamentary session, a new housing act was passed—the Housing (Scotland) Act 2001—to create a single social tenancy and to modernise the right to buy. “Modernise” is of course a typical new Labour word for undermining the rights of the working class. Accordingly, for new tenancies covered by the so-called modernised right to buy, the qualifying period was increased from two years to five years and the maximum discounts were reduced from 60 and 70 per cent to 35 per cent or a maximum of £15,000—whichever was less. We also saw the introduction of pressured area status, which enabled councils to suspend the right to buy in parts of Scotland and which now covers some 16,000 homes.

It is clear that, over time, the number of tenants with a preserved right to buy and the generous Tory discounts will decrease and the number with the modernised right to buy and the miserable Labour discounts will increase as a proportion of all tenant households. It is interesting to note that, in the latest year for which we have figures, there were only 345 sales under the modernised Labour right to buy, compared with 5,672 sales under the preserved Conservative right to buy.

**Margo MacDonald:** Will the member give way?

**David McLetchie:** No.

The only conclusion to be drawn from that is that the modernised right to buy, as it stands, is not an attractive proposition to tenants. On that basis, there seems to be little justification for any further restrictions. Indeed, if the maximum £15,000 discount were adjusted to reflect changes in house prices since 2002, that discount would now be over £27,000, even accounting for recent falls in the housing market.

**Margo MacDonald:** Will the member give way?

**David McLetchie:** No, I will not.

The SNP attack on the right to buy deserves to fail and we Conservatives shall have no hesitation in opposing those mean and petty measures when the bill comes before the Parliament.

However, I have to say that I am somewhat disappointed by the mealy-mouthed Labour amendment. Labour is strangely silent when it comes to defending tenants' right to buy, even in the restricted form that it introduced in 2002. It is a pretty poor state of affairs when the Labour Party in opposition is not prepared to defend the policies that it pursued in government, although we are of course becoming used to that phenomenon, as Labour continues to airbrush the appalling record of its eight years in office.

I would have liked to say more about stock transfer, because the present Government's failure to pursue it in conjunction with local authorities is stupid and foolhardy and is on a par with its unscrupulous opposition to transfer in the ballots that took place in different parts of Scotland. Malcolm Chisholm was quite right that the failure to approve stock transfer in the City of Edinburgh has done untold damage to the city's affordable housing programme, against which the building of 67 council houses in Gracemount is very poor compensation indeed.

More in hope than expectation, I ask members to support our amendment.

16:43

**Mary Mulligan:** I start by putting right my dreadful omission at the beginning of the debate by welcoming Alex Neil to his first housing debate as Minister for Housing and Communities—it must just be in my dreams that I hear him talking all the time.

It is clear that there is still much to debate if we are to meet people's housing needs. A number of members, such as Malcolm Chisholm, raised concerns about whether the 2012 homelessness target would be met. I was surprised to hear in the minister's opening speech that the report on the interim findings on progress towards that target will not be available until September. Given that

the figures were produced by councils at the end of last month, I wonder at the delay.

I will pick up a couple of the points that I did not have time to cover earlier. It would be helpful if we had clearer information on reposessions, which Ross Finnie mentioned, and more accurate data on the situation in Scotland, as opposed to just the UK figures. I know that the minister has picked up that point previously. However, that does not hide the fact that people in Scotland are not as well protected as people are elsewhere in the UK, where pre-court protocols exist. I hope that the expert panel, which is due to report tomorrow, will support that view and that the Scottish Government will act accordingly.

When the minister attended a Local Government and Communities Committee meeting shortly after he was appointed, he and I had an exchange about infrastructure, so I know that he understands the infrastructure problems. At the height of the housing boom, private house building contributed to the necessary infrastructure that is associated with new-build housing. However, as private house building has contracted, we have lost that contribution. We have spoken today about new house building by councils and housing associations, but neither has the resources to fill the infrastructure gap. The Cabinet Secretary for Finance and Sustainable Growth told the Local Government and Communities Committee today that the concordat recognises that new financial burdens could arise. Has the minister spoken with his colleague the cabinet secretary about the infrastructure difficulties? What plans will the minister produce on that issue?

Labour's amendment refers to "energy-efficient houses". It is incumbent on all of us to remember our responsibilities for energy conservation. The Association for the Conservation of Energy's briefing for the debate says that a key barrier to greater uptake of energy efficiency and microgeneration is finance. If we are to make progress, the Government needs to provide more finance for those who are in fuel poverty and to think about loans for others. I acknowledge that the Scottish Government's consultation paper on a new housing bill refers to energy efficiency and I hope that it will encourage people to comment on that aspect.

We have spent a lot of time debating the pros and cons of the right to buy, on which Jim Tolson and others made various comments. I agree with some and less so with others. The right to buy has been a big part of the debate. David McLetchie is right: Labour set about modernising the right to buy. We introduced pressured area status, raised the cost floor, reduced discounts and extended the time before new-build properties could be purchased. Whether that approach is right is still

an issue, particularly given the current circumstances. We therefore reserve our position in order to listen to the responses to the consultation.

Some people still want to buy their properties and do not wish to remain in rented properties, and they need to be given the opportunity to make that step, so issues of shared ownership and shared equity need to be explored further. We need to decide how we support people, whether they are staircasing up or down, as the jargon goes. We must at least ensure that people can maintain their homes without experiencing financial difficulties, as has been said.

Ross Finnie and Patricia Ferguson referred to the present pressures on the construction industry. It is important to recognise that, although that industry has contracted because of the drop in private house building, if we are not to experience problems in building properties of whatever tenure in the future, we need to support the industry and the jobs that it provides. The Government needs to take that into account when commissioning new-build properties.

Stock transfer was the other major issue in the debate. I still believe and reiterate that it is important to ensure that local authorities for which transfer is appropriate are supported if they choose that route. We also need to give adequate resources to local authorities whose debt burden is such that they do not need to consider stock transfer.

In my opening speech, I welcomed the £644 million that has been allocated to housing in this financial year. However, we should recognise that there are winners and losers even in that figure. For example, Highland Council received an allocation of £36.3 million in 2007-08 but will receive £32 million this year. I do not believe that its need has decreased.

I understand that some funding might be provided through the council house initiative, but that highlights a problem with the SNP Government—it has no housing development strategy. Councils and housing associations have been unable to plan, because the Government had no housing investment plan for 2008-09 and—the minister may correct me on this—does not appear to have one for 2009-10.

Whereas the UK Government has set up the UK Homes and Communities Agency, the SNP Government in Scotland has abolished Communities Scotland. The Government's piecemeal approach to housing is not good, and I am not the only one to say that. I have heard such comments from housing agencies as different as NHBC and Shelter.

I ask the minister to make two commitments. First, to develop, with colleagues, a housing strategy to support local authorities, particularly where there is high demand—as Malcolm Chisholm outlined—and/or where there is a proven track record of development such as we have at Midlothian Council. Secondly, to reverse the cuts in the housing association grant and let housing associations do what they do well, which is to build new homes. Such action would bring support right across the chamber.

16:51

**Alex Neil:** The debate has been a good one. In winding up, I will set out some facts and respond to some genuine points that have been made around the chamber.

On housing association grant, I think that I picked up correctly what Duncan McNeil said, which was that the SNP Government is contributing £66,000 less per unit than the previous Administration made available. That would be rather difficult. Last year, the average housing association grant was £78,842—the third highest in 10 years, and that does not take into account the changes that were made in February. In the new tendering rounds, I anticipate that we will give housing associations the second highest level of housing association grant ever, which should be set against a backdrop of reduced land prices and construction costs, as Jim Tolson mentioned.

I have three points for Jamie McGrigor. Along with David McLetchie, he wants the Government to build more council houses and then flog them off at a massive discount. They represent the party of thrift, yet such a policy would destroy the finances of local authorities in Scotland.

**David McLetchie:** Those would be new houses and new tenements that complied with miserable Labour's modernised right to buy, therefore the "massive discount" would be a maximum of £15,000 and tenants would achieve it only after a tenancy of 20 years. The minister is somewhat overegging the pudding. Let us see the return of the non-hyperbolic version of Alex Neil.

**Alex Neil:** Mr McLetchie forgets the new debt that local authorities would have to face up to. They would not have the revenue stream to fund such a policy.

On the myth about the private sector that was raised in the debate, I make it absolutely clear that whatever decision is made on the investment reform proposals—the response to which we will shortly publish—private developers will have a key role in providing affordable housing and driving forward procurement efficiencies.

I have already covered Jamie McGrigor's third point on the housing association grant. I simply reiterate our commitment that housing associations will continue to be the main provider of social housing in Scotland in urban and rural areas.

Ross Finnie made an important point about the burst housing bubble. There should be no return to the days when the housing bubble bubbled away, ready to burst. We have to change the culture to one in which people view a house primarily as a home, not an investment vehicle.

Like Malcolm Chisholm, I am very aware of the pressures on the City of Edinburgh Council. That was reflected in the 30 per cent increase in the council's funding allocation that we announced last month. The City of Edinburgh Council has received funding for phase 1 of its application under the council housing bid, but it remains a candidate to receive additional moneys in the allocation of the balance of £8 million. For the record, I say to Mary Mulligan that allocations were made on the basis of recommendations from COSLA's shared services board. If she is complaining about them, let her complain to the Labour members of COSLA, as the recommendations were as much theirs as they were anyone else's.

I reiterate to Patricia Ferguson our commitment to second-stage transfer in Glasgow from GHA to local housing associations. The Deputy First Minister and Cabinet Secretary for Health and Wellbeing has written to the chancellor about the UK Government scheme for assisting mortgage holders, and we have received confirmation that it will cover Scotland. We will promote that scheme, along with ours, to try to prevent reposessions.

Before a myth is created, I state unequivocally our continued commitment—which I mentioned in my opening speech—to reaching the homelessness target in 2012, despite the difficulty of our not getting from the UK budget the resources that would make it much easier for us to meet that objective.

We have heard a lot of doom and gloom. Mary Mulligan started her speech by saying that she would be positive, but she was full of doom and gloom about building figures in Scotland. She quoted the latest figures that she had, which were for September last year. She obviously does not keep up with the times, because only yesterday the NHBC published statistics up to March 2009, which is six months after September 2008.

What did the NHBC say about affordable homes? First, it said that the number of new homes that were started in the first quarter of 2009 was up by 32 per cent on the same period last year. Secondly, it said that since last year the

number of houses that are finished and ready to be filled has increased—gone up the way, not down the way—by 116 per cent. One questions why Labour spokespeople only quote what they think are the miserable figures. They remind me of a Victorian undertaker, praying for a hard winter and a full churchyard.

**Mary Mulligan:** Given that the minister is so keen on NHBC figures, I note that the figure for completions in the three months to March 2008 was 3,717.

**The Minister for Parliamentary Business (Bruce Crawford):** The member is referring to 2009.

**Mary Mulligan:** I am making a comparison—Mr Crawford may understand that. In 2009, the figure was 1,712. To me, that is a fall.

**Alex Neil:** Mrs Mulligan should wait for confirmation of the figures, which will bear out the NHBC.

The Victorian undertaker wants to look at the bad news, but part of the bad news for Mary Mulligan is that I have been looking at the track record for the past 10 years. I found that the period during which she was Deputy Minister for Communities—the position that I now hold—was the year in which the Lib-Lab pact built the fewest houses in the Parliament's first eight years of existence. Those who criticise the Government should be absolutely sure of their record and wait until the facts come out on 26 May—facts are chieftains that winna ding. I am totally confident that, when the figures appear, the Labour Party will have egg all over its face—not for the first time.

**The Presiding Officer (Alex Fergusson):** Minister, you must close.

**Alex Neil:** I wind up, Presiding Officer, by reiterating our commitment to the future of housing for our people in Scotland.

## Business Motions

17:00

**The Presiding Officer (Alex Fergusson):** The next item of business is consideration of business motion S3M-3999, in the name of Bruce Crawford, on behalf of the Parliamentary Bureau, which sets out a business programme.

*Motion moved,*

That the Parliament agrees the following programme of business—

Wednesday 6 May 2009

2.30 pm Time for Reflection

*followed by* Parliamentary Bureau Motions

*followed by* Stage 1 Debate: Climate Change (Scotland) Bill

*followed by* Business Motion

*followed by* Parliamentary Bureau Motions

5.00 pm Decision Time

*followed by* Members' Business

Thursday 7 May 2009

9.15 am Parliamentary Bureau Motions

*followed by* Scottish Conservative and Unionist Party Business

11.40 am General Question Time

12 noon First Minister's Question Time

2.15 pm Themed Question Time  
Justice and Law Officers;  
Rural Affairs and the Environment

2.55 pm Stage 1 Debate: Climate Change (Scotland) Bill

*followed by* Parliamentary Bureau Motions

5.00 pm Decision Time

*followed by* Members' Business

Wednesday 13 May 2009

2.30 pm Time for Reflection

*followed by* Parliamentary Bureau Motions

*followed by* Stage 3 Proceedings: Flood Risk Management (Scotland) Bill

*followed by* Business Motion

*followed by* Parliamentary Bureau Motions

5.00 pm Decision Time

*followed by* Members' Business

Thursday 14 May 2009

9.15 am Parliamentary Bureau Motions

*followed by* Scottish Government Business

11.40 am General Question Time

12 noon First Minister's Question Time

2.15 pm Themed Question Time  
Finance and Sustainable Growth

2.55 pm Scottish Government Business

*followed by* Parliamentary Bureau Motions

5.00 pm Decision Time

*followed by* Members' Business—[Bruce Crawford.]

*Motion agreed to.*

**The Presiding Officer:** The next item of business is consideration of business motion S3M-4000, in the name of Bruce Crawford, on behalf of the Parliamentary Bureau, which seeks to suspend standing orders for the purposes of consideration of the Climate Change (Scotland) Bill.

*Motion moved,*

That the Parliament agrees that Rule 9.5.3A of Standing Orders be suspended for the purposes of consideration of the Climate Change (Scotland) Bill.—[Bruce Crawford.]

*Motion agreed to.*



## Decision Time

17:00

### The Presiding Officer (Alex Fergusson):

There are four questions to be put as a result of today's business. Members should note that if amendment S3M-3994.3, in the name of Mary Mulligan, is agreed to, the amendments in the name of Jamie McGrigor and Ross Finnie will fall.

The first question is, that amendment S3M-3994.3, in the name of Mary Mulligan, which seeks to amend motion S3M-3994, in the name of Alex Neil, on housing, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

### FOR

Alexander, Ms Wendy (Paisley North) (Lab)  
 Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Baker, Richard (North East Scotland) (Lab)  
 Brankin, Rhona (Midlothian) (Lab)  
 Butler, Bill (Glasgow Anniesland) (Lab)  
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)  
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)  
 Eadie, Helen (Dunfermline East) (Lab)  
 Ferguson, Patricia (Glasgow Maryhill) (Lab)  
 Foulkes, George (Lothians) (Lab)  
 Gillon, Karen (Clydesdale) (Lab)  
 Glen, Marlyn (North East Scotland) (Lab)  
 Godman, Trish (West Renfrewshire) (Lab)  
 Gordon, Charlie (Glasgow Cathcart) (Lab)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (East Lothian) (Lab)  
 Henry, Hugh (Paisley South) (Lab)  
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)  
 Kelly, James (Glasgow Rutherglen) (Lab)  
 Kerr, Andy (East Kilbride) (Lab)  
 Lamont, Johann (Glasgow Pollok) (Lab)  
 Livingstone, Marilyn (Kirkcaldy) (Lab)  
 Macdonald, Lewis (Aberdeen Central) (Lab)  
 Macintosh, Ken (Eastwood) (Lab)  
 Martin, Paul (Glasgow Springburn) (Lab)  
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)  
 McCabe, Tom (Hamilton South) (Lab)  
 McConnell, Jack (Motherwell and Wishaw) (Lab)  
 McMahon, Michael (Hamilton North and Bellshill) (Lab)  
 McNeil, Duncan (Greenock and Inverclyde) (Lab)  
 McNeill, Pauline (Glasgow Kelvin) (Lab)  
 McNulty, Des (Clydebank and Milngavie) (Lab)  
 Mulligan, Mary (Linlithgow) (Lab)  
 Murray, Elaine (Dumfries) (Lab)  
 Park, John (Mid Scotland and Fife) (Lab)  
 Peacock, Peter (Highlands and Islands) (Lab)  
 Peattie, Cathy (Falkirk East) (Lab)  
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)  
 Stewart, David (Highlands and Islands) (Lab)  
 Whitefield, Karen (Airdrie and Shotts) (Lab)  
 Whitton, David (Strathkelvin and Bearsden) (Lab)

### AGAINST

Adam, Brian (Aberdeen North) (SNP)  
 Aitken, Bill (Glasgow) (Con)  
 Allan, Alasdair (Western Isles) (SNP)  
 Brocklebank, Ted (Mid Scotland and Fife) (Con)

Brown, Gavin (Lothians) (Con)  
 Brown, Keith (Ochil) (SNP)  
 Brown, Robert (Glasgow) (LD)  
 Brownlee, Derek (South of Scotland) (Con)  
 Campbell, Aileen (South of Scotland) (SNP)  
 Carlaw, Jackson (West of Scotland) (Con)  
 Coffey, Willie (Kilmarnock and Loudoun) (SNP)  
 Constance, Angela (Livingston) (SNP)  
 Crawford, Bruce (Stirling) (SNP)  
 Cunningham, Roseanna (Perth) (SNP)  
 Don, Nigel (North East Scotland) (SNP)  
 Doris, Bob (Glasgow) (SNP)  
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)  
 Fabiani, Linda (Central Scotland) (SNP)  
 Finnie, Ross (West of Scotland) (LD)  
 FitzPatrick, Joe (Dundee West) (SNP)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gibson, Rob (Highlands and Islands) (SNP)  
 Goldie, Annabel (West of Scotland) (Con)  
 Grahame, Christine (South of Scotland) (SNP)  
 Harper, Robin (Lothians) (Green)  
 Harvie, Christopher (Mid Scotland and Fife) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Hepburn, Jamie (Central Scotland) (SNP)  
 Hume, Jim (South of Scotland) (LD)  
 Hyslop, Fiona (Lothians) (SNP)  
 Ingram, Adam (South of Scotland) (SNP)  
 Johnstone, Alex (North East Scotland) (Con)  
 Kidd, Bill (Glasgow) (SNP)  
 Lamont, John (Roxburgh and Berwickshire) (Con)  
 Lochhead, Richard (Moray) (SNP)  
 MacAskill, Kenny (Edinburgh East and Musselburgh) (SNP)  
 MacDonald, Margo (Lothians) (Ind)  
 Marwick, Tricia (Central Fife) (SNP)  
 Mather, Jim (Argyll and Bute) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 Maxwell, Stewart (West of Scotland) (SNP)  
 McArthur, Liam (Orkney) (LD)  
 McGrigor, Jamie (Highlands and Islands) (Con)  
 McInnes, Alison (North East Scotland) (LD)  
 McKee, Ian (Lothians) (SNP)  
 McKelvie, Christina (Central Scotland) (SNP)  
 McLaughlin, Anne (Glasgow) (SNP)  
 McLetchie, David (Edinburgh Pentlands) (Con)  
 McMillan, Stuart (West of Scotland) (SNP)  
 Milne, Nanette (North East Scotland) (Con)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Morgan, Alasdair (South of Scotland) (SNP)  
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)  
 Neil, Alex (Central Scotland) (SNP)  
 O'Donnell, Hugh (Central Scotland) (LD)  
 Paterson, Gil (West of Scotland) (SNP)  
 Pringle, Mike (Edinburgh South) (LD)  
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)  
 Robison, Shona (Dundee East) (SNP)  
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)  
 Russell, Michael (South of Scotland) (SNP)  
 Salmond, Alex (Gordon) (SNP)  
 Scanlon, Mary (Highlands and Islands) (Con)  
 Scott, John (Ayr) (Con)  
 Scott, Tavish (Shetland) (LD)  
 Smith, Elizabeth (Mid Scotland and Fife) (Con)  
 Smith, Iain (North East Fife) (LD)  
 Smith, Margaret (Edinburgh West) (LD)  
 Somerville, Shirley-Anne (Lothians) (SNP)  
 Stevenson, Stewart (Banff and Buchan) (SNP)  
 Stone, Jamie (Caithness, Sutherland and Easter Ross) (LD)  
 Sturgeon, Nicola (Glasgow Govan) (SNP)  
 Swinney, John (North Tayside) (SNP)

Thompson, Dave (Highlands and Islands) (SNP)  
 Tolson, Jim (Dunfermline West) (LD)  
 Watt, Maureen (North East Scotland) (SNP)  
 Welsh, Andrew (Angus) (SNP)  
 White, Sandra (Glasgow) (SNP)  
 Wilson, Bill (West of Scotland) (SNP)  
 Wilson, John (Central Scotland) (SNP)

**The Presiding Officer:** The result of the division is: For 42, Against 81, Abstentions 0.

*Amendment disagreed to.*

**The Presiding Officer:** The second question is, that amendment S3M-3994.1, in the name of Jamie McGrigor, which seeks to amend motion S3M-3994, in the name of Alex Neil, on housing, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

#### FOR

Aitken, Bill (Glasgow) (Con)  
 Brocklebank, Ted (Mid Scotland and Fife) (Con)  
 Brown, Gavin (Lothians) (Con)  
 Brownlee, Derek (South of Scotland) (Con)  
 Carlaw, Jackson (West of Scotland) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Goldie, Annabel (West of Scotland) (Con)  
 Johnstone, Alex (North East Scotland) (Con)  
 Lamont, John (Roxburgh and Berwickshire) (Con)  
 McGrigor, Jamie (Highlands and Islands) (Con)  
 McLetchie, David (Edinburgh Pentlands) (Con)  
 Milne, Nanette (North East Scotland) (Con)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Scanlon, Mary (Highlands and Islands) (Con)  
 Scott, John (Ayr) (Con)  
 Smith, Elizabeth (Mid Scotland and Fife) (Con)

#### AGAINST

Adam, Brian (Aberdeen North) (SNP)  
 Alexander, Ms Wendy (Paisley North) (Lab)  
 Allan, Alasdair (Western Isles) (SNP)  
 Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Baker, Richard (North East Scotland) (Lab)  
 Brankin, Rhona (Midlothian) (Lab)  
 Brown, Keith (Ochil) (SNP)  
 Brown, Robert (Glasgow) (LD)  
 Butler, Bill (Glasgow Anniesland) (Lab)  
 Campbell, Aileen (South of Scotland) (SNP)  
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)  
 Coffey, Willie (Kilmarnock and Loudoun) (SNP)  
 Constance, Angela (Livingston) (SNP)  
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)  
 Crawford, Bruce (Stirling) (SNP)  
 Cunningham, Roseanna (Perth) (SNP)  
 Don, Nigel (North East Scotland) (SNP)  
 Doris, Bob (Glasgow) (SNP)  
 Eadie, Helen (Dunfermline East) (Lab)  
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)  
 Fabiani, Linda (Central Scotland) (SNP)  
 Ferguson, Patricia (Glasgow Maryhill) (Lab)  
 Finnie, Ross (West of Scotland) (LD)  
 FitzPatrick, Joe (Dundee West) (SNP)  
 Foulkes, George (Lothians) (Lab)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gibson, Rob (Highlands and Islands) (SNP)  
 Gillon, Karen (Clydesdale) (Lab)  
 Glen, Marlyn (North East Scotland) (Lab)

Godman, Trish (West Renfrewshire) (Lab)  
 Gordon, Charlie (Glasgow Cathcart) (Lab)  
 Grahame, Christine (South of Scotland) (SNP)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (East Lothian) (Lab)  
 Harper, Robin (Lothians) (Green)  
 Harvie, Christopher (Mid Scotland and Fife) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Henry, Hugh (Paisley South) (Lab)  
 Hepburn, Jamie (Central Scotland) (SNP)  
 Hume, Jim (South of Scotland) (LD)  
 Hyslop, Fiona (Lothians) (SNP)  
 Ingram, Adam (South of Scotland) (SNP)  
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)  
 Kelly, James (Glasgow Rutherglen) (Lab)  
 Kerr, Andy (East Kilbride) (Lab)  
 Kidd, Bill (Glasgow) (SNP)  
 Lamont, Johann (Glasgow Pollok) (Lab)  
 Livingstone, Marilyn (Kirkcaldy) (Lab)  
 Lochhead, Richard (Moray) (SNP)  
 MacAskill, Kenny (Edinburgh East and Musselburgh) (SNP)  
 Macdonald, Lewis (Aberdeen Central) (Lab)  
 MacDonald, Margo (Lothians) (Ind)  
 Macintosh, Ken (Eastwood) (Lab)  
 Martin, Paul (Glasgow Springburn) (Lab)  
 Marwick, Tricia (Central Fife) (SNP)  
 Mather, Jim (Argyll and Bute) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 Maxwell, Stewart (West of Scotland) (SNP)  
 McArthur, Liam (Orkney) (LD)  
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)  
 McCabe, Tom (Hamilton South) (Lab)  
 McConnell, Jack (Motherwell and Wishaw) (Lab)  
 McInnes, Alison (North East Scotland) (LD)  
 McKee, Ian (Lothians) (SNP)  
 McKelvie, Christina (Central Scotland) (SNP)  
 McLaughlin, Anne (Glasgow) (SNP)  
 McMahon, Michael (Hamilton North and Bellshill) (Lab)  
 McMillan, Stuart (West of Scotland) (SNP)  
 McNeil, Duncan (Greenock and Inverclyde) (Lab)  
 McNeill, Pauline (Glasgow Kelvin) (Lab)  
 McNulty, Des (Clydebank and Milngavie) (Lab)  
 Morgan, Alasdair (South of Scotland) (SNP)  
 Mulligan, Mary (Linlithgow) (Lab)  
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)  
 Murray, Elaine (Dumfries) (Lab)  
 Neil, Alex (Central Scotland) (SNP)  
 O'Donnell, Hugh (Central Scotland) (LD)  
 Park, John (Mid Scotland and Fife) (Lab)  
 Paterson, Gil (West of Scotland) (SNP)  
 Peacock, Peter (Highlands and Islands) (Lab)  
 Peattie, Cathy (Falkirk East) (Lab)  
 Pringle, Mike (Edinburgh South) (LD)  
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)  
 Robison, Shona (Dundee East) (SNP)  
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)  
 Russell, Michael (South of Scotland) (SNP)  
 Salmond, Alex (Gordon) (SNP)  
 Scott, Tavish (Shetland) (LD)  
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)  
 Smith, Iain (North East Fife) (LD)  
 Smith, Margaret (Edinburgh West) (LD)  
 Somerville, Shirley-Anne (Lothians) (SNP)  
 Stevenson, Stewart (Banff and Buchan) (SNP)  
 Stewart, David (Highlands and Islands) (Lab)  
 Stone, Jamie (Caithness, Sutherland and Easter Ross) (LD)  
 Sturgeon, Nicola (Glasgow Govan) (SNP)  
 Swinney, John (North Tayside) (SNP)  
 Thompson, Dave (Highlands and Islands) (SNP)

Tolson, Jim (Dunfermline West) (LD)  
 Watt, Maureen (North East Scotland) (SNP)  
 Welsh, Andrew (Angus) (SNP)  
 White, Sandra (Glasgow) (SNP)  
 Whitefield, Karen (Airdrie and Shotts) (Lab)  
 Whitton, David (Strathkelvin and Bearsden) (Lab)  
 Wilson, Bill (West of Scotland) (SNP)  
 Wilson, John (Central Scotland) (SNP)

**The Presiding Officer:** The result of the division is: For 16, Against 107, Abstentions 0.

*Amendment disagreed to.*

**The Presiding Officer:** The third question is, that amendment S3M-3994.2, in the name of Ross Finnie, which seeks to amend motion S3M-3994, in the name of Alex Neil, on housing, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

**FOR**

Adam, Brian (Aberdeen North) (SNP)  
 Aitken, Bill (Glasgow) (Con)  
 Alexander, Ms Wendy (Paisley North) (Lab)  
 Allan, Alasdair (Western Isles) (SNP)  
 Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Baker, Richard (North East Scotland) (Lab)  
 Brankin, Rhona (Midlothian) (Lab)  
 Brocklebank, Ted (Mid Scotland and Fife) (Con)  
 Brown, Gavin (Lothians) (Con)  
 Brown, Keith (Ochil) (SNP)  
 Brown, Robert (Glasgow) (LD)  
 Brownlee, Derek (South of Scotland) (Con)  
 Butler, Bill (Glasgow Anniesland) (Lab)  
 Campbell, Aileen (South of Scotland) (SNP)  
 Carlaw, Jackson (West of Scotland) (Con)  
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)  
 Coffey, Willie (Kilmarnock and Loudoun) (SNP)  
 Constance, Angela (Livingston) (SNP)  
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)  
 Crawford, Bruce (Stirling) (SNP)  
 Cunningham, Roseanna (Perth) (SNP)  
 Don, Nigel (North East Scotland) (SNP)  
 Doris, Bob (Glasgow) (SNP)  
 Eadie, Helen (Dunfermline East) (Lab)  
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)  
 Fabiani, Linda (Central Scotland) (SNP)  
 Ferguson, Patricia (Glasgow Maryhill) (Lab)  
 Finnie, Ross (West of Scotland) (LD)  
 FitzPatrick, Joe (Dundee West) (SNP)  
 Foulkes, George (Lothians) (Lab)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gibson, Rob (Highlands and Islands) (SNP)  
 Gillon, Karen (Clydesdale) (Lab)  
 Glen, Marilyn (North East Scotland) (Lab)  
 Godman, Trish (West Renfrewshire) (Lab)  
 Goldie, Annabel (West of Scotland) (Con)  
 Gordon, Charlie (Glasgow Cathcart) (Lab)  
 Grahame, Christine (South of Scotland) (SNP)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (East Lothian) (Lab)  
 Harper, Robin (Lothians) (Green)  
 Harvie, Christopher (Mid Scotland and Fife) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Henry, Hugh (Paisley South) (Lab)  
 Hepburn, Jamie (Central Scotland) (SNP)

Hume, Jim (South of Scotland) (LD)  
 Hyslop, Fiona (Lothians) (SNP)  
 Ingram, Adam (South of Scotland) (SNP)  
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)  
 Johnstone, Alex (North East Scotland) (Con)  
 Kelly, James (Glasgow Rutherglen) (Lab)  
 Kerr, Andy (East Kilbride) (Lab)  
 Kidd, Bill (Glasgow) (SNP)  
 Lamont, Johann (Glasgow Pollok) (Lab)  
 Lamont, John (Roxburgh and Berwickshire) (Con)  
 Livingstone, Marilyn (Kirkcaldy) (Lab)  
 Lochhead, Richard (Moray) (SNP)  
 MacAskill, Kenny (Edinburgh East and Musselburgh) (SNP)  
 Macdonald, Lewis (Aberdeen Central) (Lab)  
 MacDonald, Margo (Lothians) (Ind)  
 Macintosh, Ken (Eastwood) (Lab)  
 Martin, Paul (Glasgow Springburn) (Lab)  
 Marwick, Tricia (Central Fife) (SNP)  
 Mather, Jim (Argyll and Bute) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 Maxwell, Stewart (West of Scotland) (SNP)  
 McArthur, Liam (Orkney) (LD)  
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)  
 McCabe, Tom (Hamilton South) (Lab)  
 McConnell, Jack (Motherwell and Wishaw) (Lab)  
 McGrigor, Jamie (Highlands and Islands) (Con)  
 McInnes, Alison (North East Scotland) (LD)  
 McKee, Ian (Lothians) (SNP)  
 McKelvie, Christina (Central Scotland) (SNP)  
 McLaughlin, Anne (Glasgow) (SNP)  
 McLetchie, David (Edinburgh Pentlands) (Con)  
 McMahon, Michael (Hamilton North and Bellshill) (Lab)  
 McMillan, Stuart (West of Scotland) (SNP)  
 McNeil, Duncan (Greenock and Inverclyde) (Lab)  
 McNeill, Pauline (Glasgow Kelvin) (Lab)  
 McNulty, Des (Clydebank and Milngavie) (Lab)  
 Milne, Nanette (North East Scotland) (Con)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Morgan, Alasdair (South of Scotland) (SNP)  
 Mulligan, Mary (Linlithgow) (Lab)  
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)  
 Murray, Elaine (Dumfries) (Lab)  
 Neil, Alex (Central Scotland) (SNP)  
 O'Donnell, Hugh (Central Scotland) (LD)  
 Park, John (Mid Scotland and Fife) (Lab)  
 Paterson, Gil (West of Scotland) (SNP)  
 Peacock, Peter (Highlands and Islands) (Lab)  
 Peattie, Cathy (Falkirk East) (Lab)  
 Pringle, Mike (Edinburgh South) (LD)  
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)  
 Robison, Shona (Dundee East) (SNP)  
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)  
 Russell, Michael (South of Scotland) (SNP)  
 Salmond, Alex (Gordon) (SNP)  
 Scanlon, Mary (Highlands and Islands) (Con)  
 Scott, John (Ayr) (Con)  
 Scott, Tavish (Shetland) (LD)  
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)  
 Smith, Elizabeth (Mid Scotland and Fife) (Con)  
 Smith, Iain (North East Fife) (LD)  
 Smith, Margaret (Edinburgh West) (LD)  
 Somerville, Shirley-Anne (Lothians) (SNP)  
 Stephen, Nicol (Aberdeen South) (LD)  
 Stevenson, Stewart (Banff and Buchan) (SNP)  
 Stewart, David (Highlands and Islands) (Lab)  
 Stone, Jamie (Caithness, Sutherland and Easter Ross) (LD)  
 Sturgeon, Nicola (Glasgow Govan) (SNP)  
 Swinney, John (North Tayside) (SNP)  
 Thompson, Dave (Highlands and Islands) (SNP)

Tolson, Jim (Dunfermline West) (LD)  
 Watt, Maureen (North East Scotland) (SNP)  
 Welsh, Andrew (Angus) (SNP)  
 White, Sandra (Glasgow) (SNP)  
 Whitefield, Karen (Airdrie and Shotts) (Lab)  
 Whitton, David (Strathkelvin and Bearsden) (Lab)  
 Wilson, Bill (West of Scotland) (SNP)  
 Wilson, John (Central Scotland) (SNP)

**The Presiding Officer:** Before I read out the result, I should say that I am sure that someone said “no”. However, the result of the division is: For 124, Against 0, Abstentions 0.

*Amendment agreed to.*

**The Presiding Officer:** The final question is, that motion S3M-3994, in the name of Alex Neil, on housing, as amended, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** I definitely heard a “no” then. There will be a division.

#### For

Adam, Brian (Aberdeen North) (SNP)  
 Alexander, Ms Wendy (Paisley North) (Lab)  
 Allan, Alasdair (Western Isles) (SNP)  
 Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Baker, Richard (North East Scotland) (Lab)  
 Brankin, Rhona (Midlothian) (Lab)  
 Brown, Keith (Ochil) (SNP)  
 Brown, Robert (Glasgow) (LD)  
 Butler, Bill (Glasgow Anniesland) (Lab)  
 Campbell, Aileen (South of Scotland) (SNP)  
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)  
 Coffey, Willie (Kilmarnock and Loudoun) (SNP)  
 Constance, Angela (Livingston) (SNP)  
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)  
 Crawford, Bruce (Stirling) (SNP)  
 Cunningham, Roseanna (Perth) (SNP)  
 Don, Nigel (North East Scotland) (SNP)  
 Doris, Bob (Glasgow) (SNP)  
 Eadie, Helen (Dunfermline East) (Lab)  
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)  
 Fabiani, Linda (Central Scotland) (SNP)  
 Ferguson, Patricia (Glasgow Maryhill) (Lab)  
 Finnie, Ross (West of Scotland) (LD)  
 FitzPatrick, Joe (Dundee West) (SNP)  
 Foulkes, George (Lothians) (Lab)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gibson, Rob (Highlands and Islands) (SNP)  
 Gillon, Karen (Clydesdale) (Lab)  
 Glen, Marilyn (North East Scotland) (Lab)  
 Godman, Trish (West Renfrewshire) (Lab)  
 Gordon, Charlie (Glasgow Cathcart) (Lab)  
 Grahame, Christine (South of Scotland) (SNP)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (East Lothian) (Lab)  
 Harper, Robin (Lothians) (Green)  
 Harvie, Christopher (Mid Scotland and Fife) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Henry, Hugh (Paisley South) (Lab)  
 Hepburn, Jamie (Central Scotland) (SNP)  
 Hume, Jim (South of Scotland) (LD)  
 Hyslop, Fiona (Lothians) (SNP)  
 Ingram, Adam (South of Scotland) (SNP)  
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)

Kelly, James (Glasgow Rutherglen) (Lab)  
 Kerr, Andy (East Kilbride) (Lab)  
 Kidd, Bill (Glasgow) (SNP)  
 Lamont, Johann (Glasgow Pollok) (Lab)  
 Livingstone, Marilyn (Kirkcaldy) (Lab)  
 Lochhead, Richard (Moray) (SNP)  
 MacAskill, Kenny (Edinburgh East and Musselburgh) (SNP)  
 Macdonald, Lewis (Aberdeen Central) (Lab)  
 MacDonald, Margo (Lothians) (Ind)  
 Macintosh, Ken (Eastwood) (Lab)  
 Martin, Paul (Glasgow Springburn) (Lab)  
 Marwick, Tricia (Central Fife) (SNP)  
 Mather, Jim (Argyll and Bute) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 Maxwell, Stewart (West of Scotland) (SNP)  
 McArthur, Liam (Orkney) (LD)  
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)  
 McCabe, Tom (Hamilton South) (Lab)  
 McConnell, Jack (Motherwell and Wishaw) (Lab)  
 McInnes, Alison (North East Scotland) (LD)  
 McKee, Ian (Lothians) (SNP)  
 McKelvie, Christina (Central Scotland) (SNP)  
 McLaughlin, Anne (Glasgow) (SNP)  
 McMahon, Michael (Hamilton North and Bellshill) (Lab)  
 McMillan, Stuart (West of Scotland) (SNP)  
 McNeil, Duncan (Greenock and Inverclyde) (Lab)  
 McNeill, Pauline (Glasgow Kelvin) (Lab)  
 McNulty, Des (Clydebank and Milngavie) (Lab)  
 Morgan, Alasdair (South of Scotland) (SNP)  
 Mulligan, Mary (Linlithgow) (Lab)  
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)  
 Murray, Elaine (Dumfries) (Lab)  
 Neil, Alex (Central Scotland) (SNP)  
 O'Donnell, Hugh (Central Scotland) (LD)  
 Park, John (Mid Scotland and Fife) (Lab)  
 Paterson, Gil (West of Scotland) (SNP)  
 Peacock, Peter (Highlands and Islands) (Lab)  
 Peattie, Cathy (Falkirk East) (Lab)  
 Pringle, Mike (Edinburgh South) (LD)  
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)  
 Robison, Shona (Dundee East) (SNP)  
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)  
 Russell, Michael (South of Scotland) (SNP)  
 Salmond, Alex (Gordon) (SNP)  
 Scott, Tavish (Shetland) (LD)  
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)  
 Smith, Iain (North East Fife) (LD)  
 Smith, Margaret (Edinburgh West) (LD)  
 Somerville, Shirley-Anne (Lothians) (SNP)  
 Stephen, Nicol (Aberdeen South) (LD)  
 Stevenson, Stewart (Banff and Buchan) (SNP)  
 Stewart, David (Highlands and Islands) (Lab)  
 Stone, Jamie (Caithness, Sutherland and Easter Ross) (LD)  
 Sturgeon, Nicola (Glasgow Govan) (SNP)  
 Swinney, John (North Tayside) (SNP)  
 Thompson, Dave (Highlands and Islands) (SNP)  
 Tolson, Jim (Dunfermline West) (LD)  
 Watt, Maureen (North East Scotland) (SNP)  
 Welsh, Andrew (Angus) (SNP)  
 White, Sandra (Glasgow) (SNP)  
 Whitefield, Karen (Airdrie and Shotts) (Lab)  
 Whitton, David (Strathkelvin and Bearsden) (Lab)  
 Wilson, Bill (West of Scotland) (SNP)  
 Wilson, John (Central Scotland) (SNP)

#### AGAINST

Aitken, Bill (Glasgow) (Con)  
 Brocklebank, Ted (Mid Scotland and Fife) (Con)  
 Brown, Gavin (Lothians) (Con)  
 Brownlee, Derek (South of Scotland) (Con)

Carlaw, Jackson (West of Scotland) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Goldie, Annabel (West of Scotland) (Con)  
 Johnstone, Alex (North East Scotland) (Con)  
 Lamont, John (Roxburgh and Berwickshire) (Con)  
 McGrigor, Jamie (Highlands and Islands) (Con)  
 McLetchie, David (Edinburgh Pentlands) (Con)  
 Milne, Nanette (North East Scotland) (Con)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Scanlon, Mary (Highlands and Islands) (Con)  
 Scott, John (Ayr) (Con)  
 Smith, Elizabeth (Mid Scotland and Fife) (Con)

**The Presiding Officer:** The result of the division is: For 108, Against 16, Abstentions 0.

*Motion, as amended, agreed to,*

That the Parliament notes the steps being taken by the Scottish Government to accelerate and increase the supply of affordable housing in response to the current economic downturn; recognises the record investment being made this year; further notes that housing associations still have to secure through borrowing a significant proportion of the money required to build new housing and are facing challenges from the financial sector; further recognises the particular need for more high quality affordable housing in the rental sector and the economic imperative of action to support Scotland's beleaguered building industry; also notes the Scottish Government's initiative to kick-start a new generation of council house building and the increasing contribution that this is enabling local authorities to make in meeting housing need, which complements the high level of social housing built by housing associations over the last 10 years, and supports proposals in the consultation on the draft Housing (Scotland) Bill to reform the right to buy to encourage council house building and to safeguard Scotland's stock of social housing for the benefit of future generations of tenants.

**The Presiding Officer:** That concludes decision time. As always, it would be appreciated if members who are leaving the chamber would do so quietly.

## Telehealth

**The Deputy Presiding Officer (Trish Godman):** The final item of business is a members' business debate on motion S3M-3847, in the name of Dr Richard Simpson, on developing telehealth in Scotland. The debate will be concluded without any question being put.

I ask the members who are having conversations at the back of the chamber to take their conversations outside.

*Motion debated,*

That the Parliament welcomes the developing role of the Aberdeen-based Scottish Centre for Telehealth and the contribution that it can make to developing telehealth across Scotland; in particular considers that there has been significant investment in angiography facilities for coronary heart disease across Scotland, and considers that a national system of decision support for healthcare professionals would optimise coronary reperfusion for patients suffering an acute heart attack.

17:07

**Dr Richard Simpson (Mid Scotland and Fife) (Lab):** I am grateful to the members who signed the motion and to the Parliamentary Bureau for the opportunity to debate it. The debate is a personal milestone, because although I have spoken in many members' business debates this is the first such debate that I have brought to the Parliament, despite my having spent six years as a member of the Parliament—[*Interruption.*] I assumed that that meant that I would not be interrupted.

Telehealth is hugely important for the health of our nation and holds enormous promise for improved health and improved efficiency of the national health service. I welcome the people in the gallery who have a significant interest in telehealth, who will attend the reception that will follow the debate.

The best place to start is with some definitions. Telehealth is made up of two components: telecare and telemedicine. Telecare is the use of a range of technologies to support people in a home or community environment who would otherwise be at increased risk of coming to harm from a range of causes. Telemedicine is the provision of health care at a distance by using a range of digital technologies, including videoconferencing and mobile telephones, to transmit information such as electrocardiogram results and digital X-rays to clinical professionals and specialists.

The Scottish Executive invested £5 million over the three years from 2000 in the Scottish telemedicine action forum—STAF. The initiative funded a number of telemedicine projects, which confirmed the potential advantages to patients, clinicians and organisations in areas such as

telepaediatrics and tele-unscheduled-care. To build on those successes, the Scottish Centre for Telehealth was established in 2006 and became fully operational in 2007. As many members know, representatives of the centre will be in the garden lobby after the debate, and I hope that members will join us, to meet patients and care providers in telehealth and to find out how the centre will develop telehealth in Scotland.

The centre has been charged with supporting and guiding the development of telehealth throughout Scotland for clinical, managerial and educational purposes. Its prime aims are to increase awareness within the service of telehealth's potential, to provide a centre of expertise to define and disseminate best practice, to provide practical and informed support to telehealth projects in their development phase and to develop interoperable standards, protocols and processes to support telehealth solutions and facilitate the evaluation of their impact on service redesign. We should note that the centre is not a funding body, although its joint improvement side supports telecare with funds.

Building on the STAF projects, the centre's staff initially visit health boards and discuss clinical priorities, the availability of technology and the preparedness to adopt telehealth in support of patient care. That has led to the introduction of a variety of new applications in the past two or three years, such as tele-endoscopy, tele-stroke-care and telehealth in support of patients in remote and rural areas of Scotland. In addition, much interest has been shown in using technology to monitor patients—such as chronic obstructive pulmonary disease patients—in their own homes.

During the past two years, a wide range of telehealth projects have been introduced. Although each brings benefit in its own way, one of the prime objectives for the Scottish Centre for Telehealth is to introduce pan-Scotland services. To that end, it has recently commissioned work in areas of care that support the Government's priorities and in which there is worldwide evidence that telehealth can benefit patient care, clinicians and organisations. The centre is trying to take those up by focusing on mental health, stroke, COPD and unscheduled care. We believe that, by concentrating efforts on those four areas, Scotland can demonstrate leadership in bringing specialised services closer to patients regardless of their location.

The parliamentary reception tonight offers an opportunity to explore the possibilities of telehealth and to hear at first hand how it may benefit people. "Better Health, Better Care: Action Plan" highlights the role of telehealth in improving the patient's experience of care by reducing the need for travel to major cities or hospitals to receive care and

treatment. Funding is targeted at support for sufferers of long-term conditions, with an initial emphasis on COPD, which is basically narrowing of the airways of the lungs.

The most significant risk factor for COPD is cigarette smoking. The efforts of the current and previous Executives to reduce smoking have produced effect, but the COPD occurrence in Scotland today is probably the result of the high smoking rates of 30 to 40 years ago. Increased awareness of the disease and its inclusion in the primary care quality and outcomes framework—QOF—probably contribute to increased diagnosis, but there is still an unrecognised burden.

The COPD programme is already demonstrating the considerable benefits of the linkages that can occur, particularly in reducing readmissions. That is highly significant and has been evaluated as making great savings for patients and great financial savings, so it will contribute to the significant efficiency targets that health boards have to achieve.

Dementia is another area in which telehealth—such as the joint improvement team's work with the dementia services development centre at Stirling University—can reap huge dividends. Monitoring by videophone, pull cords, falls detectors, flood detectors, medication reminders and temperature assessors are only a few of the adaptations that can be introduced to keep people with dementia in their own homes.

Telehealth also provides exciting opportunities for people who live in remote and rural areas, such as phototriage in the diagnosis of skin cancer, which is a fast-growing area of concern. That approach has been shown to be effective in the Highlands, but further work by Dr Morton—a dermatologist in Forth Valley—has demonstrated effective care through phototriage and that more than 100 specialist clinics could be freed up annually once the programme is rolled out.

Currently, a number of health boards and ambulance services are developing or testing protocols for the management of chest pain. The one in Edinburgh is among the most advanced, but those in Grampian and other areas are not far behind. I understand that the first ambulance protocol led to a drop in thrombolysis treatment. That is regrettable but it is important in respect of what I propose. New patient testing with the necessary telelinks to the nearest cardiac catheterisation laboratory would help to ensure that, whatever their geographical situation, every individual patient was given the most appropriate, fastest, safest treatment—either thrombolysis or transfer to a cath lab for primary angioplasty. In that area of care, there is a need for national leadership. The protocols that are being developed are fragmented and, unless they are

joined up, we could end up not improving the situation as much as we might. Telelinks to local cath labs that are diverted to other regional or national centres when the individual labs are closed could give us a total national service that would not be fragmented and would ensure the best outcomes and efficiency.

It is not possible to list all the projects, but I pay tribute to Professor Wootton and his predecessor, Gordon Peterkin, and James Ferguson, who developed the links between the accident and emergency unit in Aberdeen and 15 community hospitals, saving a lot of patient journeys.

While longevity has risen in the past 10 years by about two-and-a-half months a year, we are not seeing a comparable improvement in the quality of health. It is in that context that the time has come to support telehealth pilots that have been developed in Scotland and elsewhere. By rolling the pilots out nationally, we will make Scotland a true world leader in modern health care, in which telecare and telehealth will at last play a full part.

17:15

**Ian McKee (Lothians) (SNP):** I congratulate Richard Simpson on securing a members' debate on this most important topic. I did not realise until he said so that it was his maiden members' business debate, but I am certain that that is not the only reason he was not interrupted—it would be a brave person indeed who interrupted Richard Simpson when he is such an authority on the subject.

I support completely the welcome in the motion for telehealth advances in the cardiovascular field, but I shall use my speech to widen the debate to encompass all the other areas in which telehealth could benefit health care in Scotland, many of which Richard Simpson mentioned. They are legion; indeed, we are limited only by the power of our imagination in describing them.

I first came across the benefits of telemedicine 30 years ago, when I took part in the antenatal care scheme centred on Sighthill health centre in Edinburgh, which is the oldest health centre in Scotland. There is not time today to describe the scheme in its entirety, but it reduced perinatal mortality and other pregnancy risks in the area from four times the Edinburgh average to below that average. Rudimentary telemedicine procedures such as transmitting foetal heart sounds and other data to the specialists at the Simpson memorial maternity pavilion in town, which was then able to give advice, played a part in that success. That was, I believe, the first demonstration that high pregnancy risk was not inevitably associated with what the epidemiologists of the day charmingly termed "low

social class". Since then, I have seen several and varied examples of how modern technology can be harnessed to help patient care. Simply photographing a skin lesion such as a mole with a mobile phone and sending the image to a dermatologist can prevent an unnecessary referral or alter the priority of that referral so that high-risk patients can be seen as soon as possible.

I have a medical colleague who some time ago was told that his newborn son could have some of the outward manifestations of a rare condition but that he would have to wait for a few months before anyone could be certain. Instead of waiting, he sent photographs and a clinical description to the doctor in South America who first described the condition, after whom it was named. A few hours later he learned that he could put his fears to rest; what had been observed was simply a normal variant and there was no reason to believe that the child had other than a healthy future ahead of him. Of course, that is a sort of medical pulling of rank, but clinical descriptions, slides of specimens and X-rays, for example, are regularly sent to specialists throughout the world to help with diagnosis.

It is disappointing that even though the potential is so great, many telehealth initiatives have seen the light of day only to fail. I suspect that one important reason for that sorry state of affairs is that those who need to be involved in such ventures at grass-roots level have not taken—or not been given—ownership of a project. It is no use a community nurse standing by a patient in his or her house in a remote Highland village prepared to point a camera or elicit a clinical sign if the consultant in a faraway hospital is too busy on a ward round to be at the other end. We need well-planned initiatives that involve everyone right at the beginning and from which benefits will flow to all concerned, so that everyone has ownership of the project. I strongly support the Scottish Centre for Telehealth and wish all who work in it well in this and future projects.

17:19

**Marlyn Glen (North East Scotland) (Lab):** I add my congratulations to those that have already been offered to Richard Simpson on securing tonight's debate, on telehealth.

As we have heard, telehealth makes ingenious use of modern-day telecommunications to such a degree that it can monitor the health of workers on North Sea oil rigs, the medical care of scientists at survey stations in Antarctica, and even the health of astronauts far beyond the earth in the international space station. Our own Scottish Centre for Telehealth is an enthusiastic advocate of the benefits that telehealth expertise can provide.

As has been said, the centre is not a funding organisation; its role is to encourage health boards to use telecommunications technology to improve health care, information and education. This debate is a welcome opportunity to hear of the NHS boards, including Tayside and Grampian in the north-east, that have been active in those areas.

Working in conjunction with the centre last year, NHS Tayside became the first board to trial out-of-hours diagnosis by webcam for patients in Dundee, using a newly developed video booth in Blairgowrie community hospital's minor injury and illness unit and the Wallacetown hub in Dundee. The object of the trial was to reduce the number of visits to general practitioners and to reduce travelling by patients. Funding is also now available to provide telemedicine equipment to develop the videoconferencing link between the midwifery unit in Perth royal infirmary and the labour ward in Ninewells hospital in Dundee. The aim is to reduce the number of visits mothers need to make to Ninewells and delays in providing specialist opinion.

When the SCT's Professor Richard Wootton addressed the Health and Sport Committee last year, he stated that his ambition for telehealth in the next few years is for Scotland to become an exemplar of the technique in everyday health service provision. Professor Wootton spoke not just about the technology but about the "human factors and organisation" essential to its success.

There is evidence of real enthusiasm for telehealth among patients and health professionals because it allows earlier intervention and thus prevents the worsening of conditions. The Royal College of Nursing supports the work and points out that patients can be seen more quickly, thus reducing anxiety and changing the way in which care is delivered. The RCN warns, however, that telehealth should not be seen as a cheap option; it makes the point that nursing input is vital at every stage of the development of telehealth.

When the Public Petitions Committee visited Fraserburgh last month, we heard a petition from Jenna McDonald and Fiona Henderson, pupils at the Fraserburgh academy, who asked for an improved NHS in rural areas and spoke quite passionately about the considerable journey from Fraserburgh to Aberdeen royal infirmary. The committee agreed generally on the need to develop telehealth as a solution to such problems and the pupils of Fraserburgh, as well as committee members, look forward to hearing of plans that could make a great difference to those communities.

Success for telehealth, like success for all new techniques, will depend on its acceptance into

mainstream practice. Telehealth involves a constructive partnership between many professionals from different disciplines that go beyond medicine and into information technology and across health boards. I therefore ask how the minister will ensure that sufficient funding is available to allow successful techniques—such as the use of video booths—to progress from being just pilots or trials and move into the mainstream.

As has been stated, technology is not the main key to the success of telehealth; rather, the key is the manner in which organisational changes are established in providing the service. I am thinking about the time, the resources, and particularly the staff available to support it.

I wish Professor Wootton and his colleagues every success in their aim of making Scotland a model in telehealth for others to follow and hope that the minister is in a position to give members some further positive news about the future of telehealth.

17:23

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

I, too, thank Dr Richard Simpson for securing this debate. I am pleased to have the opportunity to speak, and I would like to welcome Liz Pritchard from Wester Ross to the public gallery. Liz is an excellent health campaigner; she is also Rhoda Grant's ex-teacher, so I am sure that Rhoda will be paying attention tonight.

I will definitely stray over the dividing lines between telecare, telehealth, e-health and plain old information technology. It is difficult not to do so, so I hope that Richard Simpson and the Presiding Officer will forgive me.

Nanette Milne has prompted me to commend Grampian NHS Board on its excellent work and its links to local community hospitals.

As others are, I am wholly supportive of more effective use of e-health in the NHS. However, I have to say that I get frustrated, to say the least, and just a little bit angry, at just how slow, confused and unco-ordinated the NHS and the Scottish Centre for Telehealth are when it comes to embracing innovations and technologies. The Government's "eHealth Strategy 2008-2011" sets out three categories of service or system. First, at a national level, there is to be

"mandatory implementation across NHS Scotland".

Secondly,

"NHS Boards will adopt the software application if and when functionality is required, or when existing alternative licence expires".

Thirdly, there is to be "full choice" locally. The strategy states that



"Certain programmes may be organised at a regional level rather than national, where this makes sense from both a clinical/ business need and to achieve best value for money".

The strategy also states:

"We aim to contribute eHealth expertise to existing collaboratives, so that benefit gained from existing and new IT systems can help with the overall improvement objectives. ... Local eHealth development projects will be supported from national funds where there is clear benefit to all of NHS Scotland",

and that

"An eHealth function has been established within the Scottish Government, the structure and staffing of which are intended to provide central governance, direction and support for the delivery of the eHealth Strategy."

Then, we have the Scottish Centre for Telehealth, which Nanette Milne and I visited recently. It states that it

"evaluates the impact of telehealth on service redesign".

Added to that, we have the recent £700,000 telehealth personal health care system, which is to be evaluated by the University of Edinburgh in a randomised clinical trial. So, already we have three levels of the e-health strategy, two separate organisations evaluating, the Government providing governance, direction and support, and the Scottish Centre for Telehealth providing practical and informed support to telehealth projects in their development phase, including interoperable standards, protocols and processes. It also facilitates evaluation of the impact of telehealth solutions on service redesign. I hope that other members agree that that is, undoubtedly, a cluttered landscape of confusion.

I ask the minister, where should the new innovators go when they have developed sometimes incredibly effective and wonderful solutions that will benefit patient care? In recent months, I have seen excellent products that have been developed by several companies, including Telehealth Solutions, and I had a well-attended reception in the Parliament. On my most recent visit to Orkney, I was told of a health visitor who took a full day to visit an island to take a patient's blood pressure. That and many other procedures could easily and effectively be carried out by Telehealth Solutions.

As Rhoda Grant has, I have met DanMedical in Inverness, which has done incredible work with cardiac consultants in Raigmore hospital. It has proved that the number of hospital visits can be reduced by up to 80 per cent. There is also a bed management and hospital-acquired infection recording system. But how do those organisations get through a single door to have their products evaluated so that they can be utilised in the NHS?

Jackson Carlaw and I attended an e-health meeting at Victoria Quay yesterday on hospital-acquired infection and bed management systems. It is obvious that all health boards are pursuing a variety of IT approaches for bed management and hospital-acquired infection recording. We were told that

"the e-health road map varies for each health board".

I was shocked to hear that it can take six weeks for a discharge letter from a hospital to get to a GP and to a care home.

I commend NHS 24 for its excellent cognitive behavioural therapy helpline for mental health patients, which is an excellent example of the strategy.

17:29

**Liam McArthur (Orkney) (LD):** I am delighted to be able to participate in this evening's debate on telehealth. Like others, I look forward to meeting many of those involved in telehealth provision at the reception that will follow this debate. In that regard, I warmly congratulate Dr Richard Simpson, not simply on securing this important debate—which is his debut members' business debate—but also on ensuring that there is an opportunity for our discussion to continue afterwards in the more informal and convivial setting of a parliamentary reception.

Being able to access that insight and expertise is particularly welcome for those of us who might generously be described as happy amateurs in this field. Unlike Dr Richard Simpson, Ian McKee and others, I can lay no great claim to a track record, far less a career, in medicine. However, I represent, and was brought up in, a part of the world where the development of telehealth can have a real impact. We are already seeing evidence of this, as Mary Scanlon indicated.

Until recently, patients in Orkney who are suspected of having suffered a stroke would have been referred to Aberdeen for consultation with a stroke physician. This would involve cost, inconvenience and probably some discomfort. Invariably, however, it would also involve time—the thing that suspected stroke patients can least afford after the onset of symptoms. Current evidence suggests that the first 24 hours are critical and that appropriate secondary prevention treatment ought to start immediately. For logistical reasons, this has simply not been possible in the past for Orkney patients. However, since July 2008, telemedicine has enabled some of those problems to begin to be addressed. Dr Mary Joan Macleod, the clinical lead in Aberdeen, and Dr Bob Hazelhurst, the GP lead in Orkney, have been instrumental in developing the stroke telemedicine service for Orkney over recent months.

By using video consultations, access to specialists is now possible for my constituents, without the immediate need to leave the islands. The technology that allows this to happen is now in place in GP practices across the islands and in the remote consulting site at Aberdeen royal infirmary, which I was delighted to visit last year. The results since July last year have been so impressive that the team, which also includes Nickie Milne, the project co-ordinator; Andy Keldy, the IT lead; and Anne Duthie, the project manager, was awarded the innovation and improvement award that was presented by the minister at the Scottish health awards in November.

Undoubtedly, there is potential to do more. Unfortunately, however, there is no computed tomography scanner on Orkney, so thrombolysis following a stroke is not an option at this stage. Although the costs involved in locating, but particularly in operating, such a scanner in the islands would be considerable, the potential benefits are enormous, and not just for stroke victims. I understand that the technology increasingly also allows for a range of neurological and other conditions to be dealt with.

My concern, which I have expressed to ministers over recent months, is that in carrying out a cost benefit analysis for a CT scanner in Orkney, no account can be taken by Orkney NHS Board of the cost savings to NHS Scotland and the Scottish Ambulance Service as a result. Reduced costs for transport, admissions, overnight stays and emergency transfers are all savings that would accrue outside NHS Orkney's budget. However, I understand that it would still bear the full capital and on-going costs of a locally-based scanner.

There is also scope for telemedicine to provide support and access to professional advice and development for health professionals operating in some of the smaller islands in my constituency and in other remote parts of the country. It has been welcomed by many practitioners in Orkney. The benefits of this for staff and patients in the islands are obvious and considerable. However, care needs to be taken to reassure the public that the technology will not be used as a Trojan horse for centralising services. Telemedicine can enhance and extend the services that are available to patients, but we must recognise that it will raise concerns in some communities that it could be used as an excuse to either remove or reduce the presence of medical practitioners. Those concerns need to be taken seriously and not dismissed as unfounded.

Telemedicine is making a real contribution in improving the services that are available to my constituents. It has a greater role to play, not least—as Dr Richard Simpson suggested—as we deal with the consequences of an ageing

population. I reiterate my congratulations to Dr Richard Simpson for securing his maiden members' business debate and I look forward to continuing the debate in the garden lobby shortly.

17:34

**Angela Constance (Livingston) (SNP):** I add my thanks to Dr Richard Simpson for lodging the motion and securing the debate this evening. While I knew of telehealth, and of its existence within my constituency, I am afraid to say that finding out more about it was on my list of many things to do. Prompted by Dr Simpson's motion, I found out more about telehealth developments in West Lothian and beyond, and I was pleasantly surprised. However, I agree wholeheartedly with Liam McArthur that telehealth is about the quality of care, and enhancing the patient's experience and access to medical care. It is certainly not a Trojan horse for the centralisation of health services.

During my investigation I found out that NHS Lothian, with West Lothian community health and care partnership, has been developing telehealth capacity by working with GPs and identifying health clinicians who would be willing to contribute. I am told that that £700,000 project is one of the biggest telehealth projects in Europe. It focuses on the use of telemetry in chronic obstructive pulmonary disease, high blood pressure, diabetes and stroke; smaller projects are examining childhood obesity and congestive cardiac failure. An innovation of particular interest is the exploration by West Lothian CHCP and NHS Lothian of the use of technology in mental health and palliative care. I will certainly look at that work closely as it develops.

Thirty patients in West Lothian have telehealth equipment in their homes. The pilot work throughout the Lothians has shown that the technology is extremely popular with patients, in terms of improving their self-confidence, reassuring carers and improving access to care.

One patient who was involved in the pilot said:

"I've never felt so well looked after in my life. I think it is like a godsend".

The spouse of a 75-year-old patient said:

"I don't worry about him the same as I used to. It's all taken care of before it can get to an uncontrollable level. This machine tells Alec he's ill even before he knows it himself."

Another patient said:

"Sometimes you phone up for an appointment and you can't get one, so I feel that if I've got the telehealth device, I therefore have a chance of seeing a doctor anyway."

That remark was reiterated by another patient, who said:

"My doctor phoned me up to say that he had been monitoring my health system and wanted to visit me as they thought I had become unwell. It was great, as I was just about to phone him and ask for an appointment anyway—the system works."

Health managers tell me that it is too early to say whether the technology has had beneficial effects on hospital admissions, although the international work suggests that that is a possibility. I know that the Lothians project will examine closely the impact of telehealth on the length of hospital admissions and the number of unplanned admissions. The aim is to reduce hospital days by 3,000.

I was delighted to note that in February this year an investment of £1.6 million was announced for e-health, and that more than £0.5 million of that money had come from private partners—including a company called Atos Origin, which is in my constituency and to which I pay tribute.

Before Christmas, I spent a Saturday night with the Scottish Ambulance Service in Livingston, to see at first hand some of the technology—which Dr Simpson mentioned—that is used in responding to the needs of patients with chest pain and suspected heart attacks. That work is to be commended; I will be watching it closely, and I hope that the Scottish Government will pursue it with all its heart.

17:39

**Rhoda Grant (Highlands and Islands) (Lab):** I congratulate Richard Simpson on securing this valuable debate, and—as Mary Scanlon did—I welcome Liz Pritchard, who is in the public gallery.

Each time we talk about telehealth, it is as if it is a new concept but, as Ian McKee told us, it has been around for a long time. Unfortunately it has not been mainstreamed in the way that it should have been, and it depends on a few enthusiasts alone to push it forward.

Representing the Highlands and Islands, I am acutely aware of the benefits that could be gained from telehealth. Travel to and from hospitals and health care appointments is the norm—sometimes days of work are lost—and people who suffer from chronic conditions can have much of their lives taken over by travel. We need to deliver health care as locally as possible to allow people in remote rural areas to have the same standard of care as their urban counterparts.

Mary Scanlon mentioned DanMedical, the Inverness company that has developed a machine that can monitor the heart, lung capacity, blood pressure and pulse. The readings can be transferred electronically, to be examined remotely

by experts in real time, or stored, to be looked at by a consultant whenever is convenient. The machine could be made available in GP surgeries, meaning that those with real health concerns could have their conditions checked without a lengthy wait for an out-patient appointment. The company has also pioneered a portable machine that health professionals could take to patients at home. I, too, recently visited DanMedical, and I was fascinated by the work that the company is doing. It is a small company, but it has some really practical solutions.

Recently, I met Professor Grant Cumming in Moray. He is pioneering another, very different, aspect of telehealth. When we talk about telehealth, we think about video consultations and the electronic transfer of information to specialists, which DanMedical is working on. Professor Cumming is looking into the use of social networking techniques to provide health care. He meets patients with complex conditions, whose needs vary as they progress through their recovery or condition management. To ensure that patients had the right information at the right time, he started by providing them with CD-ROMs; that has allowed them to look at information at a time to suit them and their condition. Professor Cumming's work has progressed to developing websites on which patients can add their experience and share what has worked for them. Such sites allow patients to gain knowledge of their condition. They enable them to self-manage to a much greater extent, leaving clinicians with time to deal with more complex cases, and indeed to deal with hard-to-reach cases, of which we are all well aware.

In Shetland, as in Orkney, surgeries are equipped with videoconferencing facilities, which are already being used on the islands to cut down on travel. Although videoconferencing is used within the islands, people sometimes struggle to get clinicians from outwith the area to work on that basis. Where possible, videoconferencing is also used to deliver training and to allow people to take part in meetings. The saving in staff time from holding meetings and providing training electronically is enormous in remote rural areas, where a member of staff can be away for a day or more to attend an hour-long meeting.

I have difficulty in understanding why we are so slow to develop this way of working, given the obvious benefits to patients and professionals and the opportunity to save money. Telemedicine should be part of the training curriculum for all health disciplines. That would create familiarity and demonstrate the advantages that it can bring. We always fear what we do not understand, and change brings resistance because of that. However, if the needs of patients are paramount, we need to harness fully the creative potential of

information technology. For those who live in rural areas, it can be a win-win situation.

17:43

**Jamie Stone (Caithness, Sutherland and Easter Ross) (LD):** I, too, warmly congratulate Richard Simpson on securing the debate. What he was doing for the first few years of his existence in the Parliament, we wonder—of course, as we remember, he was busy being a minister. Well done to him—he gave a most interesting speech, too.

The issue is of enormous interest to me, as it is to Mary Scanlon and Rhoda Grant, because it is about distance. It is partly about inclement weather, too. Sometimes, people simply cannot get from remote parts of Sutherland and Caithness down to Inverness.

The Royal College of Nursing, as has been mentioned, rightly highlighted in its communication with us the importance of allaying anxiety—old Mrs Mackay might have real fears that she will not be able to see somebody with a suitable level of expertise in time. Telehealth is a major step forward in allaying people's fears, and I think that all of us who represent remote constituencies have the basic belief that everyone, regardless of where they live, has the same right to health diagnosis and treatment.

The point that the RCN and others have made about peer support and training is of immeasurable value. There has been an issue in some parts of Sutherland and Caithness about the peer support that nurses and professionals have been getting. It is simply about their having somebody alongside them. Now, that can be done by e-mail, or indeed video link. Dr Ian McKee referred to the diagnosis of skin lesions. That is a perfect example of where modern technology can work extremely well.

I think that Dr Simpson referred to laboratories and to a pan-national service. That would be hugely powerful. I hope that we would see a pan-national service as including services across the board. The best expertise should be used, wherever it might be—in the United Kingdom or the wider world. Telehealth gives us instant access.

There is one slight caveat. Telemedicine or e-medicine can work well, but it does not help that the best efforts of the NHS are, unfortunately, sometimes undermined by the ambulance service's failure to deliver. All Highland members know about that, and it is an old bugbear of mine. People in ambulances do their best to get to places, but the service is not yet where it should be. Constituents who have been offered an appointment but for whom there is no transport

service still come to us. One constituent from Bonar Bridge was told that she could not get a transport service to Caithness general hospital in Wick and that she could get to Raigmore hospital only. That piece of nonsense needs to be sorted out, as it undermines the good work that is being done.

I think that Liam McArthur said that there will be savings as a result of the more efficient use of resources and savings in professionals' time. I make the plea that those savings be applied to bring real medical services and real people closer to the patients. I think that he made the plea that the technology should not be seen as a Trojan horse to centralise services. I think that members of all parties would say amen to that. I see the savings that can be made as an opportunity to deliver further services that are appropriate out there in communities such as Wick and in all our constituencies. Such services should not necessarily be centralised in a hospital.

I have run short of time. I thank Dr Simpson for securing a most interesting debate, which has been valuable to me and, I am sure, to us all.

17:46

**The Minister for Public Health and Sport (Shona Robison):** I thank Richard Simpson for lodging the motion and giving us a chance to debate telehealth. I am surprised that this is the first members' business debate that he has brought to the Parliament; the fact that it is on such an important issue makes it all the more important.

I look forward to taking part in the reception after the debate, as many others will do. The reception has been jointly sponsored by the Scottish Centre for Telehealth, and I welcome everyone from there to the gallery. The Cabinet Secretary for Health and Wellbeing and I have visited the centre and seen the valuable work that it is doing. Indeed, the cabinet secretary spoke at its annual conference in February.

Like many members, I have been impressed by the range of projects in which the centre is involved. Those projects include the very successful minor injury telemedicine initiative, to which Marlyn Glen referred. That initiative grew out of the videolinks between the North Sea oil platforms and the accident and emergency department at Aberdeen royal infirmary. It is now part of normal service delivery in NHS Grampian and it is being developed in NHS Tayside. The system is already providing better pre-hospital care to patients and treatment closer to home. It has considerable benefits for accident and emergency departments through preventing unnecessary admissions, which in turn, of course,

helps us to meet one of our HEAT—health improvement, efficiency, access and treatment—targets.

The centre works effectively with NHS boards on improving access to specialist services. One example in that context is the Scottish telestroke network. By linking stroke consultants to a conventional videoconferencing system with access to computed tomography images, it enables more stroke patients to receive potentially life-saving thrombolysis.

Telehealth is playing an increasing role in the care of children and young people throughout Scotland by linking facilities without specialist paediatric units to Scotland's children's hospitals. A good example is the Scottish paediatric telemedicine project. The centre is responsible for developing a telemedicine infrastructure that links all the key sites that provide paediatric services in Scotland. That is supported by Government funding of £307,000 as part of the implementation of the national delivery plan for children and young people's specialist services.

We also recognise the great potential of telehealth to improve the health and wellbeing of people who live with long-term conditions, especially in remote areas. "Better Health, Better Care" highlights the role of telehealth in improving people's care experience by reducing the need for travel to larger cities or hospitals.

Thanks to our national telecare development programme, a range of projects is benefiting people with long-term conditions. Richard Simpson referred to some of them. One example that I will single out is the NHS Lothian initiative for people with conditions such as heart failure and chronic obstructive pulmonary disease. Equipment is installed in people's homes to take regular readings, which are then sent to a health professional, who contacts the person if necessary. GPs have been heavily involved in delivering that project. Other examples are the videoconferences that link a consultant in Aberdeen with people in Orkney who have diabetes, which I am sure will interest Liam McArthur, and the pain management courses that the Pain Association Scotland has developed in conjunction with the Scottish Centre for Telehealth and which are delivered to Shetland by remote link.

There is also the renal patient view project, which allows people with kidney disease to log on to a secure website and view the results of their latest blood test. In the area of mental health, cognitive behavioural therapy is provided over the telephone by NHS 24, following a referral by a GP. Members mentioned several other projects, including the NHS Forth Valley dermatology telehealth system, which has reduced dramatically

the board's extensive waiting times for dermatology. I have seen that first-class project at first hand.

The motion deals with the early management of people who have had an acute heart attack. The main aim of immediate treatment in those cases is to restore the flow of blood in the heart. That is done either by administering a thrombolytic drug to dissolve the clot, or through angioplasty, a procedure in which a balloon is inflated to reopen the blocked coronary arteries. The recommendations on which approach to use and in which circumstances are set out in SIGN—Scottish intercollegiate guidelines network—guideline 93, which is on acute coronary syndromes. The main recommendation is that patients with the most acute heart attacks should be treated immediately with angioplasty, which is known in those circumstances as primary percutaneous coronary intervention, which members will be happy to know I will refer to as primary PCI. When primary PCI cannot be provided within the optimal timeframe of 90 minutes from the time that the heart attack is diagnosed, the guideline recommends that the patient should receive immediate thrombolytic therapy. That pre-hospital thrombolysis would usually be done by an ambulance paramedic.

In its response to the consultation on the updating of our heart disease and stroke strategy, the Scottish Centre for Telehealth gave considerable thought to the arrangements that should apply throughout Scotland for managing acute heart attacks. The centre suggests that the overall aim must be to develop facilities so that any health care professional who is faced with a patient complaining of a chest pain can seek decision support, either verbally or through the ability to transmit an electrocardiogram. The centre has identified two main options: setting up a national advice centre, which Richard Simpson favours, or developing a decision support centre in each region. Those regional centres would support their catchment area during normal working hours but, out of hours, they might in turn take responsibility for the whole country.

I give an assurance that the issue will be covered in our heart disease and stroke action plan, which we expect to publish in the near future. It is essential that we bring together all the key agencies to ensure that we have the best possible strategy for the whole of Scotland, including the most effective telemetry component to underpin the strategy. We might also be able to draw on the work that is already being done to develop thrombolysis services for stroke cases at regional level.

Members have commented on the fact that many of the examples that we have talked about

are still pilots. I take on board what members have said, but I believe that we have got beyond the stage of being wary of telehealth, which has more than proved itself. I want Scotland genuinely to lead the way on mainstreaming telehealth care into routine service delivery. I want us to use telehealth in association with other e-health applications to contribute towards shifting the balance of care in Scotland by allowing people to receive care closer to home and by delivering health care to underserviced areas. Mary Scanlon raised several issues to do with e-health services. There are probably too many issues to deal with in the time allowed, so I will write to her in response.

It is important that we recognise that telehealth is integral to our work on long-term conditions, especially in relation to self-management. I do not need to tell members about some of the demographic challenges that we have ahead. Mainstreaming telehealth and telecare is essential, as they are at the heart of our aim of ensuring that people get the highest quality of health services, wherever they happen to live in Scotland. I thank members for their contribution to this important debate.

*Meeting closed at 17:54.*

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