



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

MEETING OF THE PARLIAMENT

Thursday 10 February 2011

Session 3

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Scottish Parliament

Thursday 10 February 2011

[The Deputy Presiding Officer opened the meeting at 09:00]

Scottish Public Services Ombudsman

Scottish Parliamentary Standards Commissioner

Scotland's Commissioner for Children and Young People

The Deputy Presiding Officer (Alasdair Morgan): Good morning. The first item of business is consideration of three Scottish Parliamentary Corporate Body motions, S3M-7904 to S3M-7906 inclusive, in the name of Mike Pringle, on the reappointment of the Scottish Public Services Ombudsman, the Scottish Parliamentary Standards Commissioner and Scotland's Commissioner for Children and Young People.

09:00

Mike Pringle (Edinburgh South) (LD): I speak in support of the SPCB's three motions, which nominate office holders for reappointment. In advance of this short debate, the SPCB lodged a report in the Scottish Parliament information centre—it is also available on the Parliament's website—regarding the reappointment of each office holder. Although the office holders' terms in office do not end until April and May this year, we are bringing forward the motions now for the obvious reason that the Parliament will shortly be dissolved.

I turn to the reappointment process. Each office holder has been subject to independent evaluation based on a number of set criteria, including fulfilling the functions of the post, communication, leadership and motivational skills. That was followed by a formal interview with the SPCB.

It is the unanimous view of the SPCB that Jim Martin is the right person for the role of Scottish Public Services Ombudsman. We consider that he has brought about visible and sustained improvements to the case load management of the office. His regular commentaries demonstrate recommendations for public authorities to make improvements to their processes where that is appropriate. He has also introduced a quality assurance process that we believe will continue to drive up the standards that he wants.

Of course, the SPCB is aware that some members have not always agreed with the ombudsman's decisions, and we received some unsolicited representations about the reappointment of Jim Martin. The Parliament has given the ombudsman the independence to make decisions, and in doing so he is not under our direction or control at all. As with ombudsmen around the world, not all parties will be satisfied all the time. That is simply not possible, given the nature of the job. However, we believe that Mr Martin is the right person and that during his next six-year term in office he will continue to build on the considerable improvements that he has already made in his office.

We are also seeking the Parliament's support for the reappointment of Tam Baillie as the Commissioner for Children and Young People in Scotland for a period of six years. Many members will be aware of Mr Baillie, given the number of appearances that he has made before a variety of parliamentary committees.

Mr Baillie has taken a different approach to his role from his predecessor, placing a greater emphasis on personal engagement with children and young people. We are aware from a small number of representations that not everybody agrees with the commissioner's approach. Nevertheless, we believe that it is the role of the commissioner to direct his organisation in the way that he sees fit, provided that it is for the benefit of children and young people in Scotland, and we are nominating Tam Baillie to continue the work that he has started and very much wants to continue.

Finally, it is the SPCB's role to appoint a Scottish Parliamentary Standards Commissioner, but any appointment has to be endorsed by the Parliament. We are therefore seeking the Parliament's agreement to the reappointment of Stuart Allan for a second term.

I move,

That the Parliament nominates Jim Martin to Her Majesty The Queen for reappointment for a second term as the Scottish Public Services Ombudsman from 1 May 2011.

That the Parliament agrees with the recommendation of the Scottish Parliamentary Corporate Body under Rule 3A.1.2 of Standing Orders that Stuart Allan be reappointed for a second term as the Scottish Parliamentary Standards Commissioner from 31 March 2011.

That the Parliament nominates Tam Baillie to Her Majesty The Queen for re-appointment for a second term as the Commissioner for Children and Young People in Scotland from 18 May 2011.

The Deputy Presiding Officer: Mr Johnstone, do you wish to speak?

Alex Johnstone (North East Scotland) (Con): No. [*Laughter.*]

The Deputy Presiding Officer: It is just that a little birdie told me that that might be the case.

As no one else wishes to speak, that concludes the debate on the SPCB's reappointment motions.

Early Intervention

The Deputy Presiding Officer (Alasdair Morgan): The next item of business is a debate on motion S3M-7923, in the name of Murdo Fraser, on early intervention in health and education.

09:04

Murdo Fraser (Mid Scotland and Fife) (Con): We are starting rather earlier than had been expected, but I am sure that the chamber will fill up and that other front-bench members will appear in due course. In any case, it is my pleasure to open this Conservative party debate on early intervention in health and education.

It might seem obvious to say that the early years of children's development provide the basis for all areas of the rest of their lives, but the point is often overlooked in the provision of health and education. Too often, instead of making a concerted effort to provide the best service and care in the initial stages of life, services begin to address problems and issues only when they have developed fully. The importance of early childhood development and the impact of early intervention in determining future health, social wellbeing and educational achievement have been widely recognised, and a large and growing body of empirical evidence has highlighted the importance of child and parental interaction in the early years of life with regard to the child's physical and mental wellbeing and future development path.

The early years have a huge impact on outcomes for the rest of a child's life. Dr Philip Wilson of the University of Glasgow, who provided evidence to the Health and Sport Committee in 2009 and to the Finance Committee's inquiry on preventative spending in October 2010, has highlighted the key role that early intervention plays in the trajectories of young lives. He said:

"there has been an enormous blossoming in the evidence base on ways of identifying early in life the children who are going to follow a problematic and painful trajectory."—[*Official Report, Health and Sport Committee*, 25 March 2009; c 1728.]

Investing early in young people's health and education has been shown to produce a better return on the time and resources spent both in terms of financial capital in skills-based outcomes and having emotionally able young people. Dr Wilson has also said:

"There is robust evidence that expenditure in the preschool years gives the highest rate of return on investment in human capital ... Public expenditure on the under-3s is minimal when compared with expenditure on any other age group ... There is no doubt that early intervention with vulnerable families by nurses is highly effective, and cost-effective."

The later it is left, the less the investment provides. Given the ability to act early to identify issues and potential problems before they impact on the child's development, it remains a great mystery why more emphasis has not been put on resourcing all those who work in intervention to safeguard the future of Scotland's upcoming generations by affording them a solid start in life.

The quality of the child's first years of life is strongly associated with his or her educational achievements later in life, and investing time and resources in the initial months and years of a child's learning reaps many subsequent benefits. Moreover, it is clear that conditions in early life have long-term effects on health and wellbeing. Childhood is the key stage for developing resources to underpin adults' physical and emotional health, social identities and behaviour. For instance, David Olds's seminal work in the United States on home intervention by health professionals shows that around 30 hours of input between mid-pregnancy and the age of 2 can halve the incidence of criminal behaviour, substance abuse, smoking, absconding and high-risk sexual behaviour by the age of 15, all of which are issues that the Parliament subsequently has to try to address through legislation and intervention.

The Scottish Conservatives are committed to providing early intervention to a universally high standard. For too long, the provision of the best supportive care for young children has been a postcode lottery, and indeed has been available only to those whose health boards have chosen to provide regular contact with health professionals as a matter of course or those who are in the additional or intensive support brackets. As such, the Scottish Conservatives have pledged an additional £20 million a year to recruit, train and maintain Scotland's health visitors, who we believe are one of our most valuable assets for effective support and intervention.

Members of other parties will rightly ask how we might be able to afford such a measure in the current climate. We in our party have been clear that we oppose the abolition of prescription charges for people such as MSPs who can well afford to pay, as the move will simply take precious resources out of the national health service budget. Restoring a £5 prescription charge would save £37 million, £20 million of which would be allocated to the vital task of expanding employment of health visitors.

We are also committed to investing in improving parenting skills and support for parents and creating more flexible and accessible nursery education provision. My colleague Liz Smith will expand on those points in a few minutes.

I will take a few moments to explain why sustained investment in health visitors is so

important. Far from being able to provide a universal and comprehensive service to all parents and young children at present, health visitors are having to focus on a narrowing number of cases. The restructuring of services under "Health for all Children 4"—Hall 4—brought a change in emphasis to health visiting, meaning that the only formal assessment that is available to all children is at six weeks and that only children who are in the additional and intensive care bracket are offered an assessment at two years. Follow-up after two, three or fourth months of age is no longer expected, and families are left without regular contact, advice and support—a potentially dangerous development in the provision of early years care. Changing the focus to place it primarily on children in the additional and intensive care bracket has left thousands of parents every year without the expertise and care from which they could benefit under a truly universal system, forcing them to identify early signs themselves and to approach proactively their general practitioners or other health professionals.

The Royal College of Speech and Language Therapists has highlighted the effects of the demise of universal care. Professor Law told the Health and Sport Committee that, for many years, a large proportion of pre-school referrals to speech and language therapists—between 40 and 50 per cent—was from health visitors. A review after the implementation of Hall 4 saw the number drop to only 15 per cent. Fewer problems are being picked up in the crucial early stages, as health visitors' time and resources are being channelled solely into supporting those who are in a particular bracket of care.

Dr Richard Simpson (Mid Scotland and Fife (Lab): I apologise for arriving late for the debate. The point that the member makes about speech and language is even more crucial because of delays in referral. The average age of referral is 15 months older than it was prior to the changes to which he refers.

Murdo Fraser: I welcome Dr Richard Simpson to the debate and thank him for his constructive intervention, with which I agree.

Parents' response to the situation is clear. When asked in a recent survey by Ipsos MORI whether they thought that health visitors should visit only those parents who were having problems with their child, 91 per cent of parents disagreed. Nine out of 10 parents agreed that they found the advice of health visitors reassuring. A significant 76 per cent felt that they would have missed the help that was provided by the health visitor if they had not had it. Far from supporting those parents, all too often we make the advice and assistance that they need available to them for only a brief number of weeks, which rarely allows the all-too-

crucial relational links between parents and health professionals to be made.

The Minister for Children and Early Years (Adam Ingram): Is the member aware of my colleague Shona Robison's recent announcement of the revision of Hall 4 guidance, which—among other things—addresses the issues that he raises by providing for regular reviews of children on a universal basis, including the introduction of a 24-month review of the child's development and the nature of relationships? That is an important improvement.

Murdo Fraser: I am aware of the announcement that has been made. My concern is that we need to ensure that it is backed up by resources and the availability of health visitors. If the minister bears with me for a moment, I will expand on that point.

The links between parents and health visitors and between health visitors and GPs are invaluable. Continuous contact must be fostered between GPs and health visitors in working relationships, to provide a universal and non-stigmatising service for communities that links with social work and education to provide a powerful service. Removing health visitors from that equation cannot but limit the reach and scope of the care that is provided.

My concern is highlighted in the statistics, if we look at the number of vital health visitor posts across Scotland. Despite a small increase during 2009-10 in some health boards—notably in NHS Greater Glasgow and Clyde, where there has been an expansion—the overall number of health visitors has fallen across Scotland since 1998.

The Minister for Public Health and Sport (Shona Robison): It is important that we establish the facts. Mr Fraser is right to say that there has been a reduction in seven health boards, but he is not right to say that there has been a reduction across Scotland. Actually, there has been a 6.4 per cent increase in the number of health visitors. It is also important to say that there has been an 82 per cent increase in the number of public health nurses. We need to be accurate.

Murdo Fraser: I am grateful that the minister is attempting to be accurate, because I am referring to a parliamentary written answer that I obtained from her, which gives the figures. The figure that I quoted is very important: I said that there had been a fall since 1998. Between 1998 and 2005, the number of health visitors in Scotland was more or less steady at around 1,500. There was then a substantial drop in 2007 to just over 1,100. The figure has since come back up, but only to 1,200. Therefore, we are better off today than we were three years ago, but much worse off than we were in the period between 1998 and 2005. The

minister should not rest on her laurels, but should accept that there is a serious problem. Even within the period to which she refers, within the past year there has been a fall in the number of health visitors in seven health boards in Scotland.

Each of our 14 NHS boards has a separate strategy on the use of health visitors, which leads to inevitable variation in service delivery across the country. Indeed, some boards—for instance, NHS Highland—are abandoning the training of health visitors altogether, under the belief that the profession may soon become obsolete.

I have been told that the average age of health visitors in Scotland today is 55, and the concern is that, as they retire, they are not being replaced, as health boards try to make savings by not filling vacant posts.

I referred to Dr Wilson earlier. In his evidence to the Health and Sport Committee, he told of the devastating effect that recent policy developments have had on the morale of the remaining health visitors. In its helpful briefing for this debate, the Royal College of Nursing Scotland reports that 61 per cent of health visitors feel underpaid and that 70 per cent say that they are under too much pressure at work.

My colleagues in the chamber will not have failed to notice the emphasis that the United Kingdom Government has placed on the provision of health visitors in health boards across England and Wales. The UK Government has committed to creating 4,200 new positions for health visitors, to revitalising training and recruitment, and to creating a new identity for the profession. That investment south of the border in early years services will result in a doubling of the number of health visitors who are supporting families in England and Wales and will help to secure many healthy and active generations of families and children. This is an area in which Scotland cannot afford to lose out or start to lag behind. Making the effort to invest in these key services now will reduce the need to try to resolve problems that will go undetected if we continue to reduce health visitors' capacity to help families across the country.

The £20 million investment that the Scottish Conservatives propose would go a long way towards redressing the imbalance in the provision of early years care in Scotland. Through the creation of a truly universal service of health visiting, working with all families throughout the early years of a child's life, we would be able to offer the support and advice that parents need, and to work towards combating problems before they take root. That widened provision would not mean a move away from increased care for the most vulnerable. The greater number and provision of fully trained health visitors, working in

partnership with GPs and health professionals across the community, would serve to provide a greater level of care for all and would allow the most vulnerable to receive the care that they deserve, as well as opening up that care for everyone, regardless of postcode or region.

The benefits of resourcing now for the future are clear. Scotland cannot afford to sit back and watch while children in other parts of the United Kingdom are offered a better start in life while we have the ability, the opportunity and the duty to provide them and their parents with the most comprehensive universal service of early years care that we can offer.

I move,

That the Parliament recognises the importance of early childhood development and the impact of early intervention in determining future health, social wellbeing and educational achievement of individuals; notes the large and growing body of evidence that highlights the importance of child and parental interaction in the early years of life; recognises the vital role performed by health visitors in supporting families in the early years; notes with concern that, in seven NHS board areas, there was a fall in health visitor numbers between 2009 and 2010; supports a national health visiting strategy that ensures that all families, regardless of income, area or need have access to a health visitor service that will provide a guaranteed level of support to families until their child reaches the age of five; further believes that there needs to be greater flexibility in how parents use their child care entitlement; supports a more flexible mix of state, partnership and private provision of nursery school places, and believes that more information relating to good parenting should be made available to all parents through maternity units, early years settings, GP practices and on NHS websites.

09:19

The Minister for Children and Early Years (Adam Ingram): We welcome the opportunity to have this debate. However, the motion that we are debating rather implies that we in Scotland have not got the message about the importance of the early years and early intervention—nothing could be further from the truth. The reality is that this Government has already heeded the national and international research on the early years. We have had a well-supported policy in place since 2008. We know that the early years are the most significant period when it comes to making a difference in a child's life. Some of the most powerful evidence focuses on the significance of early years interactions for brain development and the extent to which that can influence future life chances for children. In this context, early years means from conception onwards.

Our aim is to ensure that the health, social and parenting needs of families with young children are identified early and met by adopting the getting it right for every child methodology. Murdo Fraser's motion points out that there has been a

fall in health visitor numbers in seven health board areas between 2009 and 2010. However, as my colleague intimated, I wish to make Parliament aware that, since this Government took office in 2007, the number of health visitors across the whole of Scotland has increased by 6.4 per cent, the number of public health nurses has increased substantially by more than 82 per cent and the number of children's nurses has increased by 238 per cent.

Murdo Fraser: Before we leave the statistics, does the minister share my concern that, since 2007, we have seen a fall of 25 per cent in the number of health visitors who are employed by NHS Lothian? Perhaps more important, we know about the budget pressures that health boards are under. What has the Scottish Government to say to health boards about the future employment of health visitors?

Adam Ingram: NHS Lothian is the test site for our family-nurse partnerships. The member should look at the figures and the situation in the round. In terms of health board commitments, I will allow my colleague to return to the issue in her summing up.

Public health nurses and health visitors are very valued members of the community care team. We remain committed to maintaining their vital contribution to the health of vulnerable groups, particularly children and families. Indeed, the revised Hall 4 guidance to which I referred, which was issued last month, recommends that the public health nurse/health visitor should be the named person in GIRFEC terms for all children until entry to primary school. As members will be aware, the named person's role is to take initial action if a child needs extra help, which is critical for early intervention.

Of course, maintaining the health and wellbeing of children and families requires multiprofessional and multi-agency working. We are therefore asking all NHS boards in Scotland to adopt a multi-agency approach to community care, utilising a wider mix of skills to ensure that those children and families who are identified as requiring additional support receive the care that they need when they need it. Working with NHS boards, we are looking at ways to increase the capacity of community nursing teams to meet Scotland's present and future health care needs. For example, we are developing new roles such as advanced and specialist practitioners. As I indicated earlier, we are also testing a family-nurse partnership approach to support young first-time mothers in NHS Lothian, as we are in NHS Tayside.

We are looking at how health care workers can assist school nurses and health visitors by undertaking more routine work to allow those highly trained professionals to focus on where they

make the most difference to families and children. We are also working with NHS boards through the modernising nursing in the community board, which aims to provide leadership and vision to support NHS boards in developing and delivering high quality, sustainable and person-centred community nursing services. The board has identified the health care needs of children, young people and families as a priority area.

Mary Scanlon (Highlands and Islands) (Con):

In its 2009 report on child and adolescent mental health services, the Health and Sport Committee twice asked for urgent action to introduce regular health and development checks. The Government has brought in one additional health check at 24 months. Despite all the teamwork, still nothing is in place for development checks in the three years pre-school.

Adam Ingram: I take issue with Mary Scanlon's analysis of the situation. CAMHS have been underfunded for decades and we are now looking at increasing their capacity rapidly.

We are piloting a programme to increase health care capacity in schools, particularly in communities with the most vulnerable children and young people. The programme's focus is on early intervention at key transitional stages of the child's life, such as nursery to primary school and primary school to secondary school. I look forward to seeing a report on the programme's outcomes later this year.

The motion highlights the importance of supporting parents, which I am happy to endorse. The vast majority of our children will develop and flourish with support from their parents and from universal health and education services, but some parents and families struggle and need support. Most of our local authorities have local parenting strategies in place, and there are excellent examples of joint working.

We provide direct financial support to the key national parenting organisations in the third sector and to organisations that provide relationship support, counselling and family mediation to families who face difficulties. Through the play, talk, read campaign, we encourage closer bonding and engagement between parents and their children.

I am delighted to inform Parliament today that—unlike our counterparts south of the border—we have agreed to continue our support for the excellent and much-valued children's book-gifting programmes that the Scottish Book Trust runs in Scotland. We will provide funding that amounts to £1.05 million, which is a substantial investment in the current financial environment. That is tangible evidence of the importance that we place on children's literacy and on parents taking the time

to read to their children. The Scottish Book Trust has warmly welcomed that investment. Its chief executive, Marc Lambert, said:

"The renewal of Scottish Government support for this universal programme is seriously brilliant news for all children, families and carers right across the length and breadth of Scotland ... It demonstrates how, in contrast to England, the Scottish Government is genuinely committed to ensuring that all children have the best possible start in life."

It is just over two years since the Scottish Government and the Convention of Scottish Local Authorities published the early years framework, which sets out a long-term vision for transformational change in Scotland. We have recently published a comprehensive report on progress on implementing the framework and there are many examples of progress.

The golden thread that knits together all the Scottish Government's policy objectives for children and young people is the transformational change programme called getting it right for every child. If the early years framework sets the agenda, the GIRFEC approach is the methodology for delivering it. GIRFEC has been endorsed by the Parliament and has received support from all parties.

GIRFEC establishes a common language and a shared way of identifying concerns and the needs of children and young people. It operates across all agencies and provides the framework into which specialist and targeted services can be integrated. That is why GIRFEC is a central part of the Scottish Government's commitment to improving outcomes for all children. It articulates clearly the need for transformational change across systems, practice and culture to drive improvements.

The economic case for getting it right in the early years is sound. We have published research—based on data from the Scottish context—that shows the potential cost to the public sector of not intervening early in the lives of disadvantaged children. The research shows that, in the short term, savings from investing in early years services and support, from pre-birth to the age of five, could reach up to £37,400 a year per child in the most severe cases, and approximately £5,100 a year for a child with moderate health and social care needs. In the medium term, the savings—if interventions from pre-birth to age eight are 100 per cent effective—could be up to £131 million a year across Scotland. In the long term, failure to intervene effectively to address the complex needs of children in early life could result in a ninefold increase in costs to the public purse.

I do not underestimate the impact that worsening budget pressures will have on the pace and scale of implementation, at both national and

local levels, across the early years agenda. However, for this Government, the case for driving forward this agenda with our partners is indisputable, and it deserves full support from all parties in the Parliament.

I move amendment S3M-7923.3, to leave out from “with concern” to end and insert:

“the establishment of the Modernising Nursing in the Community Board, which is working with NHS boards to ensure that community nursing services in Scotland are fit for the 21st century, and further notes the increase in public health nurses/health visitors during the current parliamentary session; supports the current flexible use and mix of state, partnership and private provision of nursery school places in line with local needs and circumstances; welcomes the fact that the vast majority of Scottish local authorities and their partners have local parenting strategies in place, and endorses the current financial support to the leading third sector organisations that provide information and support to parents, including family mediation organisations that provide assistance to families in difficulty.”

09:31

Des McNulty (Clydebank and Milngavie) (Lab): I begin by thanking the Conservatives for choosing the topic for debate. It is an extremely important issue, and the debate allows the different parties to put forward their thinking in advance of the election in May. I assure the Parliament that during the election—and thereafter, whether we are in opposition or in government—early intervention in education and health will be a major issue for Labour. We wish to work with other parties and with health organisations, local authorities and the voluntary sector to implement the strategies and policies that we seem to have in such abundance on this issue.

Although I have lodged a lengthy amendment to the Conservative motion, we are not in fundamental disagreement with the Conservatives—or with the other parties that are represented in the chamber—about what we want to achieve. I can also easily endorse the Liberal Democrat amendment. We all support the early years framework and the other strategic documents to which it is linked: the three documents work together.

We all share concerns about the physiological, psychological and social problems that are associated with the impaired development of children before the age of three, which were drawn to our attention so forcefully by Dr Harry Burns, the chief medical officer. The costs of not intervening early were highlighted by Alan Sinclair and other witnesses in their evidence to the recent Finance Committee inquiry, as referred to in the Liberal Democrat amendment.

If there are differences among us, they are more to do with judgments about the relative effectiveness of different types of intervention and the priority that they should be given. There is another level of possible disagreement that people are probably more reluctant to talk about, regarding the volume of resources that should be made available for early intervention, as opposed to other requirements in the budget. To be frank, I do not think that any of us have been entirely honest about it. People are looking for a step change—a significant shift of resources that will make a difference. We all have to agree: first, that we will do that and, secondly, on how it should be done and on what the priorities within that change should be.

It was noticeable that during yesterday's budget debate there was almost no mention of early intervention as an area that requires additional resource but, in theory, all the parties are signed up to the Finance Committee report, which advocates investment in preventive rather than reactive measures, and proposes a long-term shift in resources towards early intervention.

We have all the policies and strategies. What we lack is the will to proceed. In my party's view, that has to change. The report by the Convention of Scottish Local Authorities on progress on the early years framework essentially says that all the ideas are there, but that we are yet to start on the joint working that is needed, and that we still need to get to first base on implementation. Given the scale of the problems that have been identified and the need to take on the issue, that has to change.

We are entering—in fact, we are already in—a period of severely constrained budgets, but it is clear that the social problems that are associated with crime, addiction, worklessness and intergenerational poverty are not going away, but are getting worse. There is a lot of evidence around Scotland to suggest that some of the problems in the worst-affected communities, and for children who are brought up in poor circumstances, are definitely not improving.

We need to do something, and we need to try to stem the tide of young people who are growing up in stressful, chaotic or disadvantaged circumstances. If, as my amendment suggests, we can identify those young people who have serious communication and language difficulties long before they arrive at school, we can take steps to prepare them for education, rather than leaving them to be frustrated, as soon as they get to school, by their inability to learn.

My colleague Richard Simpson highlighted in his intervention that since the changes, children with serious language and communication difficulties are being identified around 15 months

later. That is a step backwards at a time when we need to step forward.

Like the Conservatives, Labour believes that we need to provide a much better service to all mums and that health visitors and GPs are crucial. The changes made to the health visitor service mean that, for many families, visiting stops when the child is eight weeks old. Those changes happened under Labour—let us be honest about that. We need to revisit that service and move it forward.

Shona Robison: I will make the same point that I made to Murdo Fraser. The Hall 4 guidance has been reviewed, and the new guidance was launched last January. It supplements the existing guidance, and—to address the nub of the issue—allows that there must be discretion, which is what health visitors were seeking. They did not want to be constrained by guidance that would not allow them to use their professional judgment. I hope that Des McNulty welcomes that.

Des McNulty: I welcome that, but I believe that we need to go further. The review makes some serious criticisms of what has happened to the health visitor service. As Shona Robison said, the guidance has been reissued, but we need to go a bit further.

Health support and advice need to be available for longer, although perhaps not at a universal level until age five, as the Conservatives argue: until age three might be more realistic. One of the issues is that we cannot focus all the responsibility purely on the health visitor service. We would argue strongly that greater co-ordination and integration of services is needed: it is crucial that education and health work together.

Christine Grahame (South of Scotland) (SNP): In the Health and Sport Committee's report on its inquiry into child and adolescent mental health and wellbeing, we made the point that there is a big role for nursery nurses and nursery schools in integrating with health visitors. As most children now have a nursery place between the ages of three and four, will Des McNulty agree that that is a way forward?

Des McNulty: It is a way forward, but if we look at the distribution of budgets, we can see that there has been a decline in the numbers in nursery education and a reduction in the budget for care staff. We need to pay attention to that. It is about priorities, and young children should be more of a priority than they are at present.

We need integrated resources, particularly for those who require intensive support—or who need more than the norm, if I can put it like that. Murdo Fraser came a bit close to saying that we need a universal service rather than a targeted service, but I think that we need both. We need improvements in the universal service, but we

need integrated and targeted resources that are directed particularly at teenage mothers and harder-to-reach parents who may be living with health difficulties, social issues or learning problems of their own.

Senior social workers have told me that the children who are most at risk of growing up with multiple problems can often be identified at a very young age, but under current arrangements there is too much time before intervention takes place. All too often, intervention is sporadic, with not enough partnership working at the right time between the different agencies.

As well as health and education agencies—

Mary Scanlon: Will the member give way?

Des McNulty: I will just make this point.

It is important that we talk about the voluntary sector too, because it has a major role to play and it could play a much greater part than it does at present.

Mary Scanlon: Does Des McNulty agree that although integration and intervention are critical, identification of the child's need is most critical? He emphasised nursery staff. Does he agree that they need more support, help and training to identify that need?

Des McNulty: I agree with both of those points. Teachers—particularly nursery teachers—make the same point. Intervention is too fragmented and too late. The parents, rather than the children who are brought up in chaotic circumstances, are often seen as the clients of the agency, and the child's interest is not given the consideration that we—certainly, that I—would want it to be given.

I do not pretend that there are any easy answers, but we need better integration between agencies—particularly health and education—a stronger role for the voluntary sector, and more structured provision of parenting support, which should be designed with the active participation of recent parents to ensure that it is relevant to the people to whom it is directed. If we rethink what has gone wrong in service delivery and identify clearly what we want to put right, we can move in the right direction.

We have the policies and strategies—many reams of paper are available on the issue—but we need action, co-ordination, a clear sense of direction and prioritisation. That approach must improve universal services for parents and children, but it must also target resources at the families and children who most need it. As a Parliament, we must give children the highest possible priority and be prepared to act decisively and quickly when we feel that the child's interest merits it.

I move amendment S3M-7923.2, to leave out from first “supports” to end and insert:

“believes that NHS boards and local authorities working with third sector organisations and volunteers must give children’s community services more integrated resources; recognises the valuable role being played by Sure Start and Family Centres and expresses concern regarding the impact of funding reductions on low-income families; further believes that health visitors linked with a GP practice and social workers have a key role to play in assessing, advising and supporting the parents of babies and very young children, especially young mums; welcomes the nurse family partnership pilots but proposes that Health for All Children 4 guidance should now be reviewed; considers that families should be partners in determining how services, including parenting support, should be provided; believes that early education and care is vital in providing a positive start for every child as well as in identifying and overcoming barriers to learning such as poor language and communication skills; believes that, where a child is at risk of neglect or abuse, a strict timeline for intervention is required, and welcomes the pilot being undertaken by Glasgow City Council, ensuring that giving every child the best chance in life as well as the protection of the child are the overriding considerations.”

09:42

Ross Finnie (West of Scotland) (LD): I welcome the Conservative motion and the opportunity that it gives us to discuss early intervention. Although the motion and amendments have differences of emphasis, they show a great deal of consensus on the broad approach that we seek to adopt.

Coming from the West of Scotland and an area of traditional deprivation, I am conscious that many of the problems that we seek to address are certainly not new. Indeed, rather tragically for this generation of politicians—that includes me—we have failed to address those problems and, therefore, face problems that do not emerge from a single generation but manifest themselves through two, three or, in some cases, even four generations.

The urgent need for us to stop talking and get on with it, as Des McNulty hinted, seems to be clear. However, if it was that simple, we would have done it before. We must recognise that there have been real changes in thinking and outlook. I will make it clear why Liberal Democrats believe that the issue is important and why the thinking has altered.

I was struck by a passage in the Barnardo’s Scotland briefing for the debate. It reminded me of speeches and policy papers that I had heard and seen earlier from my party, but perhaps the message is more authoritative if I draw on Barnardo’s. The passage concerns the simple, elementary fact of

“the importance of the child’s early development for long-term outcomes”.

More particularly, the briefing states:

“Supporting parents and working with the whole family to improve the quality of parent-child relationships in the early years and beyond, is effective in improving outcomes and tackling problems ... Parenting and family support programmes are effective early intervention because they raise the self-confidence and self-esteem of socially excluded parents”

and the young individuals who are affected.

That idea was missing from much of the investment and political time and effort in the 1960s and 1970s. Members should be in no doubt that political parties of all hues have invested huge amounts of time in trying to solve the problems, but they have done so in a structural way. Their approach has had much to do with the physical environment, and they have rather overlooked the essential need to improve the capacity of the individual to regain the self-confidence and self-esteem that are vital if they are to help themselves by being helped to help themselves out of the problem. That is why Liberal Democrats share with other members a real sense of urgency about having to get things right.

I totally accept what the ministers have said about great improvements having been made, but the fact remains that we still have great problems. Those who deal with and are integrally involved with the problems, and even our Finance Committee’s recent report on preventive spending, have not given all of us a clean bill of health. They have been quite clear that there are still issues to be addressed. There is an interesting point in the Finance Committee’s report about the early years framework. Although the committee subscribes to that framework, it asked whether it should be more targeted at the zero-to-three age group as opposed to the zero-to-eight age group. We are all increasingly asking that question. That assumes that there are mechanisms through which those who require that level of support are identified. Mary Scanlon mentioned that in her interventions.

I think that there is general agreement about where we should go, but it is clear that if we agree that we are going to shift our emphasis on to genuine early intervention, it falls to all the political parties to skew their financial and other commitments to match that political ambition. I share Des McNulty’s view on that. That will require us to think carefully about where we are with some of the structures.

The Conservative motion rightly places great emphasis on the importance of health visitors. Richard Simpson can give members a short lecture on Ronic—the review of nursing in the community—as he is one of the world’s experts on it. If time permits, we may get that from him.

Dr Simpson: There will be a personal seminar later.

Ross Finnie: My serious point is that what was started with the early changes to the health visitor service was done with good intentions. We should not forget that some of the real difficulties that emerged from making those changes, to which the minister and Murdo Fraser have alluded, have caused us real problems.

The service is still under review. The minister has issued revised guidance on Hall 4, and I think that the modernising community nursing board is still due to complete its work, but we know that people throughout Scotland apply things in different ways. We know that NHS Greater Glasgow and Clyde, which does not have a bad record in respect of its employment, does not believe that there is necessarily any relationship between health visitors, GP practices and, much more crucially, the client group—the individual, the young person and the family—for which it might provide that support.

There is disengagement by our respected bodies. As Murdo Fraser said, that calls for a much clearer focus and strategy. The Liberal Democrats support that approach. We have all signed up to GIRFEC, but it is remarkable that, although we want multi-agency support, and for it to sit within the early years framework, people throughout the country still believe that we can simply split up communities and have a disconnect between the GP and the health visitor, but things will still work. I find that remarkable, as do other Liberal Democrats; nobody who has studied the papers could come to that conclusion.

The purpose of our amendment is quite simple. I share the view that it is imperative to have a health visitor framework that is slightly more targeted and seeks to provide holistic support. However, we must widen the debate and recognise that the social, education and health frameworks must be integrated in an holistic approach and that the preventive approach, which was endorsed by the recent Finance Committee report, is how to take that forward. Our amendment is not intended to diminish the importance of the health visitor, but rather to suggest that we take a slightly broader and more holistic approach, and emphasise the critical importance of preventive spending.

We have had to make difficult choices in the current financial climate. If we are to justify to everybody why we should make a bigger investment in the early years, they must see that not only will there be a return for the young people, parents and families, but that we can improve how we spend our money and get a better return.

Liberal Democrats are clear that early intervention is a crucial area of policy. Problems in this area have bedevilled parts of Scotland for many years, which is a tragedy. The people who

suffer are not the politicians who make the decisions, but the young people who, generation after generation, are born in circumstances by which they are permanently disadvantaged. That is a blight on our society that Liberal Democrats feel passionately about because there is certainly no liberty in poverty and no liberty in ignorance. The two matters of health and education are important to me and my party, so we support the general thrust of the motion. However, I hope that we will get support for the amendment in my name.

I move amendment S3M-7923.1, to leave out from first “supports” to end and insert:

“agrees with the conclusions of the Finance Committee’s recent inquiry into preventative spending that the current balance of government spending is skewed too much in favour of reactive, rather than preventative, spending; recognises that early intervention has proven benefits not only in health and education but also in other areas such as crime reduction measures, support for carers and services for older people, and supports a long-term shift to sustained investment in a high-quality, preventative approach to the growing social and economic challenges faced by public services.”

The Deputy Presiding Officer: We now move to the open debate.

09:52

Elizabeth Smith (Mid Scotland and Fife)
(Con): In this hectic season of budgets, election preparation and the endless requests to attend hustings and briefing meetings, there is also the very important business for parliamentarians in interpreting the key messages that come from the main groups that are interested in our respective portfolios. There is a wealth of information in which each group sets out its own manifesto. Reading through those that relate to education, including—interestingly—those that relate to the tertiary sector from where there is perhaps the greatest demand at the moment for additional resources, there is universal acceptance that the early years are paramount, not just because of the health and social aspects that were described by Murdo Fraser in his introduction, but because it is a delicate task to get the balance right between those factors and the child’s education.

It is a given that children invariably fare better when they grow up in a loving, caring and well-balanced environment in which family life is the centrepiece and in which they can flourish, both socially and academically, in the company of their teachers and school friends. It is important to recognise that there is no ready mix of those factors and that success can never be prescribed merely by the actions of Government. That point has been made in each of the thoughtful preceding speeches.

Of course, what Government can do is put in place a raft of policies that help to create a more conducive environment in which parents and their children can thrive and where the education experience, from its earliest stages, is of the highest quality. Apart from ensuring that there is greater support for parents to recognise and adopt their full responsibilities in fulfilling their challenging role in society, we need to find ways of providing a structure of education that can combine excellence with flexibility, greater parental choice and greater diversity, so that the child's needs and the expectations of the parents drive the system, rather than its being driven by any doctrinaire vision that believes that the state knows better than anyone else.

So, what needs to be done on the education front to complement the health policies that were outlined by Murdo Fraser? First, we need to ensure that we do much better in providing parents with greater choice and flexibility in nursery school placing. I suggest that there is a consensus among all the parties that nursery support is invaluable, not only to the wellbeing and development of the 107,000 children in Scotland who attended pre-school education in 2010 but in providing support to parents who live away from their own parents or relatives or who are raising a child on their own and cannot rely on their partner for support.

That is why we think that there is room for improvement in the current system. Many parents want greater flexibility when it comes to using their entitlements. As a result, some—not all—parents want a wider range of providers. A Daycare Trust report that came out yesterday, shows that the average annual cost of 25 hours of nursery care a week for a child under two is highest in Scotland, at £5,220, compared with just more than £5,000 in England and a little more than £4,700 in Wales. Conservatives argue not only that if there is more choice, parents will have more options in choosing which provision best suits them and their child, but that more robust competition between providers will inevitably lead to an overall reduction in costs, in some cases.

Maureen Watt (North East Scotland) (SNP):

Does the member accept that the changes to the child care element of working tax credit that her party's Government in Westminster is introducing will mean that 1,280 families will lose an average of £454 in help with childcare costs in the next financial year? How is that going to help?

Elizabeth Smith: The member has made a reasonable point. There is work to be done in that regard and it is important that child care be included in the package. That is something that we definitely need to think about.

Secondly, when it comes to providing greater choice, partnerships need to work properly. Partnership nurseries that involve local authorities and private providers should be true partnerships. Currently, some local authorities are dictating the allocation of places and ignoring official guidelines. Indeed, partnership status has been withdrawn from some private nurseries in Scotland, which means that parents have had to find another partner nursery or risk losing a part-time funded place. In some cases, that is worth up to £1,550 per year for each child. That is a wholly unsatisfactory situation.

Thirdly, we want to work with teachers, support staff and teacher training colleges to ensure that there is greater emphasis on effective training for all teachers and support staff in recognising special needs at the earliest stage. As Mary Scanlon has said, detection is vital. The Scottish Government has done pioneering work in that respect and we give Adam Ingram and his colleagues credit for the Education (Additional Support for Learning) (Scotland) Act 2009, but we need to do more to help teachers and parents to identify problems at the earliest stage, so that there is proper co-ordination of the individual programmes that can help children who have special needs. We need to be aware of the demands from teachers about the important need to address the issue.

Fourthly, we need to address literacy and numeracy at the earliest age. There are many international studies on the theme, the vast majority of which show that an early grasp of literacy and numeracy can heighten a child's confidence and success, and that children are more likely to flourish when teaching methods are consistent. We look forward to further developments in the area.

Children need and want stability. Without doubt, what happens in a child's earliest years has the biggest influence on their future. There is a very fine balancing act for Government to achieve, between standing aside to allow society to place its full trust and faith in parents and the family and legislating, where it must, to provide better welfare. Like many other social debates of the modern era, the debate is highly emotive and complex, but it is one from which we must not shy away. If we do not get parenting and early education right, we will not get our future right.

The Deputy Presiding Officer: For members' guidance, I advise that any excess time that we have in the debate amounts to less than half a minute per member.

09:59

Stewart Stevenson (Banff and Buchan) (SNP):

The tone of the debate suggests that we are heading towards a broad consensus on the issue and a recognition that all members might have lost opportunities to address it. A saying that I have held dear—particularly in recent times—is that someone who never made a mistake never made anything. If we are able to look forward, that is an excellent way in which to go, and I thank Murdo Fraser and his colleagues for giving us the opportunity to debate this important subject.

It is clearly a long-run issue in the sense that we have been engaged in it for decades without having identified everything that we need to do. More fundamentally, it is a long-run issue for our youngsters. Neglect in the early years will result in issues that remain all the way to the end of one's life. Ross Finnie, in particular, captured that when he said:

"there is no liberty in poverty and no liberty in ignorance."

When I was a minister, I had the great pleasure of attending a GIRFEC event on behalf of Adam Ingram on 12 March 2010 in Aberdeen. The room was full of several hundred very enthusiastic people who were very switched on. If they are representative of the professionals in the field, our confidence level ought to be seriously high. The presentation that preceded mine was an interesting one about the role of music and how kids interact with music. We were shown videos of children who, in their first day of life, were beating along with a musical beat, showing a degree of interaction. I have no insight into that; I only report what I saw. However, that illustrates that it is never too early to engage a newly born infant with the world and that learning starts, if not in the womb—although who knows?—certainly from the moment that we leave the womb. We must create an environment in which that learning enables people to develop into well-rounded and capable adults.

The multi-agency approach is important. My father was a general practitioner from the 1940s onward, and even at that time he had to work with other practitioners. That not only made a difference to his ability to support his patients; more fundamentally, he was able to bring professionals to the table, although we must accept that the world was much simpler then than the one in which we live today.

The sort of things from which children benefit are diverse. I was lucky enough to be brought up in a house that was chock-a-block with books. Ironically, my ill health in the first decade of my life—I am an asthmatic—helped me because I spent most of my time at home picking up books and reading them. These days, too many children live in houses with no books. The minister's

comments about the provision of books highlighted an important part of what we must do.

Liz Smith talked about literacy and numeracy. We often talk ourselves into thinking that we are innumerate. Many people say that they do not understand numbers; yet, in any bookie's, we find mathematics that I, a mathematics graduate, am incapable of doing. The guys with the wee pencils behind their ears, working out complex odds on five-way accumulators, can tell one instantly whether to pay the tax in front or behind and how much it will be. People do not realise how numerate they are. I also have a small personal obsession with our failure to utilise the Trachtenberg speed system of basic mathematics, which is a wonderful system for engaging children in mathematics.

We must always support the next generation. I am now almost certainly in the last quarter of my life, and I am conscious—as others should be—of the fact that it is the younger people in our society who will choose the care home in which I will live. If I do not look after them now, there will not be a very good outcome for me. The question that has always engaged us all is that of nature versus nurture. In parts of Scotland, there are generations of people who have not been brought up in a nurturing environment, and there is a clear need to address that.

We have seen that the early years of children's lives are crucial and that successive Governments have sought to engage on the issue. I very much welcome the contributions that have been made to the debate. There has been unexpected humility, so far, and welcome consensus.

In closing, I make the observation to the Labour Party that I am not entirely sure that four-day weeks in school and the mooted proposal that I heard last week to delay entry to school until the age of six will necessarily help, but I am interested to hear what proposals will be made, by Labour and others, in the coming election.

I am happy to support the amendment in Shona Robison's name.

10:05

Karen Whitefield (Airdrie and Shotts) (Lab): I welcome the opportunity to speak in today's debate on the importance of early intervention. The Conservatives are right to bring this issue to the chamber. There has been consensus among all those who have spoken that this is a crucial issue for the future of Scotland's citizens.

I thank all the organisations that provided briefings for today's debate, and particularly thank Barnardo's for the information that it provided to me.

We all recognise the importance of early intervention. In the drive to squeeze ever more value from public spending, early intervention's time may have come. Intervention models, along with shared services, will increasingly become the standard approach to public service delivery.

Properly targeted resources, applied at the right time, can lead to substantial economic and social benefits over the long term. In his opening speech, Adam Ingram pointed out that there are cost-saving benefits to be gained if effective early intervention models can reduce the number of interventions that might be required in the life of an individual by the social work, drug and alcohol addiction services or the criminal justice service, but the issue is not just about saving money. Early intervention is a good thing in itself, not only for the individuals involved but for society. The approach can be relatively costly in the early years of introduction, which is why we need to build a strong case for the view that early intervention delivers cost savings and social improvements over the long term.

Ross Finnie was right to point out that, if the solution to the problem was simple, we would have solved it already. I sometimes think that all politicians are driven by quick fixes, but there is no quick fix for early intervention and no quick return. Politicians of all parties need to recognise that, by refocusing our resources and our efforts into those formative early years, we will get a return, but that return will come not in the next four or five years, but in the next 15 to 20 years. The prize that we will get by directing our efforts towards that end is far greater than most of us can imagine.

I will speak about how the early intervention approach has been used in New Orleans in the area of child protection and child development. I will also briefly mention the pilot project that Glasgow City Council has been developing, which uses the New Orleans approach

The New Orleans intervention model is a foster-care intervention that was developed by Professor Charles Zeanah. The programme is designed to address the developmental and health needs of children under the age of five who have been maltreated, abused or neglected and, as a result, placed in foster care. Sadly, many of our children in Scotland will find themselves in that situation as well. In this model, every child that the courts have found to have been maltreated receives a detailed assessment of each of their attachment relationships and interventions are provided to address the needs that are identified. That includes work on the relationship between the child and its biological parents as well as the relationship with its foster parents. There is a time limit of 15 months, by which time the courts have to make a decision regarding a permanent

placement for the child. The decision is formed by the assessments of the attachments between the child and the parents and the outcomes of any interventions that have taken place.

An evaluation has shown that since the introduction of the programme, there has been an increase in freeing for adoption, but that for the children who go back to their birth families—the number is not insubstantial—there are significant reductions in maltreatment both for them and for subsequent siblings.

A seven-year follow-up of 80 children who received the New Orleans intervention has shown that on virtually all mental health measures, graduates of the intervention, whether adopted or rehabilitated, are similar to the general population.

The intervention has shown considerable promise in an overseas setting, but further evaluation is required to determine whether that approach could fit our circumstances here in Scotland. That is why I am pleased that Glasgow City Council is attempting to try out the approach. It is putting together a funding application to introduce the model. We should examine carefully the results of the project to see whether it benefits children in Glasgow and whether it could benefit the rest of Scotland, too.

I believe that much earlier intervention in relation to child protection is not only the most effective approach but is morally correct. Yes, we must ensure and protect the rights of parents, but those must be carefully balanced against the rights of the child to live free from abuse and neglect. Surely that is the hallmark of a modern, progressive society. Sometimes that might mean intervening at an early stage, which could be controversial, but I believe that we should not shy away from those difficult policy decisions. We need to learn from the best examples of child welfare from across the globe and we need to have the courage to be radical in our approach, because Scotland's children quite simply deserve no less.

10:12

Mary Scanlon (Highlands and Islands) (Con):

I commend Des McNulty for his contribution. Not just the content but the tone of his speech was positive and constructive. It is helpful for us to have joint health and education debates. Too often, we talk about those subjects individually; they are not always as integrated as they should be.

There is no doubt that early intervention, care, advice and support for parents and children can benefit people so much in later years in terms of good health, positive mental wellbeing, self-esteem and life opportunities. We know that—the

evidence base supports it—and yet what we have in Scotland is a muddle of approaches: RNIC pilots combined the role of health visitor, district nurse and school nurse in the new role of community health nurse; the family nurse partnership programme is being piloted in Tayside and Lothian, whereby specially trained family nurses provide intensive support for first-time mothers and their babies in deprived neighbourhoods; some health visitors are still linked with general practitioner surgeries; and some health visitors are now being embedded in social work departments.

I called the Royal College of Nursing yesterday, because I was getting a little confused by all those titles. It made it quite clear that health visitors now come under the umbrella of public health nurses, along with occupational health nurses and school nurses. So, when the minister says that we have more public health nurses, that does not necessarily mean that we have more health visitors.

The uncertainty over the future of health visiting over the past decade has undoubtedly resulted in low morale, as revealed in the RCN briefing, with most health visitors feeling underpaid, undervalued and under too much pressure at work. We do not have a clear strategy for or approach to a clearly defined role for health visitors. The Government's modernising community nursing board is due to finish its work by the end of this year—10 years after the generalist model of family health nursing was started.

As part of the Health and Sport Committee's child and adolescent mental health services inquiry, we heard about the link between nurseries and health visitors. From my knowledge, in the Highlands, the link is the health visitor's phone number on the wall, which can be called only if the nursery staff think that a child or parent is in need of a health visitor's advice or support. There have been occasions when parents have considered that the nursery is interfering by going behind their backs and calling in a health visitor. The current system of leaving it to parents to call a health visitor if they need to see or talk to one simply does not work. If parents do not realise that the child has a problem, the health visitor will not be alerted and they will be unable to offer help and support.

The fact is that the parents who are most in need of help and support are, in many cases, the least likely to ask for it. It is not good enough for children not to be seen by a health visitor between their MMR vaccination at 15 months and the pre-school check at five years—that is three years and nine months with no check. I welcome the health

check at 24 months, but I would like to know what is involved in it and who will do it.

How different this could all be if a universal health visiting service was established with standard health and development checks on every child at crucial stages in the early years. That is precisely what the Health and Sport Committee recommended two years ago, but the minister's response to the committee's report was disappointing, and I think that the response today is still disappointing. We understand and acknowledge that some parents need much more health visitor input and support, but that should not detract from a basic, universal health service.

In the same report two years ago, the Health and Sport Committee called for urgent action to address

"the problems provoked by changes to the health visiting profession in response to the fourth edition of *Health for All Children*".

I am not aware that the Government has attached any sense of urgency to the issue. The Government publication "Towards a Mentally Flourishing Scotland: Policy and Action Plan 2009-2011" does not even mention nursery staff. That said, I am aware that in Moray Council, at least, nursery staff are attending courses on the identification of development and mental health issues. I would like to think that that is happening throughout Scotland ahead of all staff in pre-school education registering with the Scottish Social Services Council in 2014. However, given that the Scottish Social Services Council was set up in 2002-03, it will have taken 10 years for nursery staff to be required to be registered, trained and qualified. I understand that they will be the last profession in the social services workforce in Scotland to be registered. That says something about the emphasis that we place on pre-school provision. Furthermore, I understand that the registration will be subject to staff holding certain qualifications or gaining them within three years of registering, which will take us to 2017.

Even with a universal health visiting service and interventions, there will still be a need for better trained staff in pre-school education to help to identify general and mental health as well as development issues in all children. I listened carefully to what Adam Ingram said about GIRFEC and all the rest. I looked at the publication "Early Years Framework: Progress So Far", and the section on the workforce states:

"By early 2011 this Group—

that is, the common skills working group—

"will have agreed a draft common core skill-set for the workforce and will enter a period of consultation."

I do not see any urgency there. The evidence from Dr—

The Presiding Officer (Alex Fergusson): You must close, please.

Mary Scanlon: Right. Finally, I will say that health visiting is a non-stigmatising service. It is a positive input and approach to the family unit, unlike social work, which can be perceived as a threat or an accusation. If we all work together, we can do more.

The Presiding Officer: I believe that the Deputy Presiding Officer intimated that members could have about an extra half a minute each. I would be grateful if they could stick to that.

10:19

Christine Grahame (South of Scotland) (SNP): Those statements always seem to be made before I get up to speak. Members will be watching the clock now.

I congratulate Ross Finnie and other members on their thoughtful contributions. However, despite Mr Finnie's extremely interesting point about generational problems, I think that our society has a number of special problems. There are more single parents, more family break-ups, more people with several partners and more siblings who are half related to each other. Parents and, indeed, children have different expectations of relationships. We also have to take into account the pressure on relationships from being part of a materialistic society that puts people into debt and, if we put alcohol and drug addiction into what is already a pretty heady mix, it is clear that we are dealing with a situation that is perhaps worse than it was in previous generations. In that light, I commend to the Parliament the Health and Sport Committee's very thoughtful report on mental health and wellbeing, which was published on 23 June 2009, and will highlight from it two or three issues by way of background. Of course, many of these points have already been addressed by other members.

First, Dr Wilson from the Scottish needs assessment programme—or SNAP—core working group on child and adolescent mental health told us that neglect before the age of two was the strongest predictor of later childhood mental health and also made it clear that

“Early neglect ... can take many forms ...”

and was not limited to

“neglect by parents whose drug and alcohol problems mean that they are so preoccupied that they cannot connect with the child.”—[*Official Report, Health and Sport Committee*, 25 March 2009; c 1737.]

Of course, as we heard in evidence, 100,000 children in Scotland live with a parent with a drug or alcohol addiction. In what is a very complicated situation, we have to tackle parents as well as intervening early with children.

No one has mentioned this yet, but in some cases the child will have to be taken from a parent at a very early age. That happens under the auspices of the children's panel system, in which the child's best interests are always considered.

Karen Whitefield: Christine Grahame is right to raise the point, but does she recognise people's frustration in this matter? The difficulty is that children tend to go back and forth before any decision is taken and children's panels can be reluctant to take the final decision for the child to be permanently adopted out. Chances are given time and again, whereas the New Orleans model prevents that and ensures that the decision taken is the best one for the child.

Christine Grahame: I am not familiar with the New Orleans model, but I am familiar with the children's panel system. I know that children can be taken away from parents at a very early age after a discussion with all parties, because the panel always considers the child's best interests.

I have a great deal of sympathy with what has been said about the important and specialist role played by health visitors, but we must be practical. As we have heard, many of them are in their late 50s. That is not the fault of the Parliament, let alone the Government; it is simply a fact of life that this professional group is reaching the age of retirement. Moreover, the demographics are changing. The Scottish Borders, for example, has a very large elderly population, which means that more district nurses and fewer health visitors are needed. Nevertheless, we still need health visitors. I realise that both specialisms require different skills and know that it is terribly difficult for people to build in flexibility, but the fact is that flexibility will have to be built in here.

Shona Robison: Does the member share my understanding that nurses coming into the profession want that kind of flexibility to allow them to make career choices as they go through their professional life?

Christine Grahame: That might well be the case, but I am talking about existing district nurses and health visitors. They have met the Cabinet Secretary for Health and Wellbeing, who was very sympathetic to the fact that, despite the many years of expertise in their own areas, they would be facing difficulties, but I do not think that we can stay in the same position. That said, we should move from health visitors coming in only when they see difficulties towards a more universal approach, because under the current approach

they are being stigmatised. I never thought that I would see the day when a health visitor who knocked on someone's door would be treated like a social worker and rejected. I am not saying that social workers are to blame for that situation, but the family in question would say to the health visitor, "Why are you at my door? What's wrong?" Previously, it would have been normal for the health visitor to show up. Such an approach was more subtle and less in the face of parents.

In the very brief time that I have left, I will talk about the abolition of prescription charges. I say to Murdo Fraser that, first, most prescriptions are for chronic illness. As we have discussed previously in the chamber, it is impossible to compile a comprehensive list of conditions, so some people would pay for a large number of prescriptions.

Secondly, the Murdo Fraser always cites MSPs' salaries and says that MSPs should not have access to free prescriptions. However, it is necessary to draw a line somewhere and to say that people who are over it will pay. If I recall correctly, in a previous debate in which I participated, Derek Brownlee came up with the figure of £21,000. That is not a lot of money. People who are ill may have additional liabilities, as they must heat their houses more and must travel to clinics. It is not good enough just to cite MSPs' salaries—members should cite the salaries of people who would be just over the barrier.

Thirdly, medication is free if people are in hospital. Why should they be charged for it if they take it at home? What principle is in operation there? Prescription charges are an easy hit, but when we examine them, we find that they are not good.

My final point is directed to Ross Finnie and concerns preventive spending, which the Liberal Democrat amendment advocates. However, as we saw clearly yesterday in the chamber, with a limited budget—I will restrict my comments to health—it is extremely difficult to strike a balance between preventive spending and firefighting. We cannot do that with our limited budget. I think that that is my only controversial point for some people; perhaps there were more. The Parliament must have more financial powers, to give us the flexibility to make real social change in Scotland. All of us would love to target women who are pregnant and need assistance, because troubles often start in pregnancy, but we will not be able to do that within the existing financial constraints.

10:26

Helen Eadie (Dunfermline East) (Lab): Stewart Stevenson said that the tone of the debate is leading to consensus—yes, on fine words by the Tories, but no, if we take a reality check. Early

intervention has always been a priority for Labour, both in Scotland and at Westminster. If I were in the minister's shoes, I would not take any lectures from the Tories today, based on what they have said down south.

I find it really concerning that in today's debate the Conservatives cannot or will not protect children's budgets, although they say that early intervention is a good thing. Murdo Fraser talked about the Conservative Government south of the border. I believe that people should and will want to invest in early intervention, because it is a proven public finance saving. However, the Tories just cannot see that, despite their fine words. I shall expand on that point in a moment.

The Conservatives should take heed of the 2005 Nobel prize winner, James Heckman, who has shown that the economic payback of pre-school intervention is three to six times higher than that of any intervention post-school. The same logic applies to health issues. I have always believed that there is no bigger, simpler or more beautiful idea than that of early intervention. As the Jesuits said:

"Give me the child until he is seven and I will give you the man."

The idea of early intervention is to refocus the attention of public spending on the earliest years of life, to give all our children the health, emotional and social skills that they require to make the right choices later. Research in the US into the effects of nurse-family partnerships demonstrated that children who receive that kind of intervention have 81 per cent fewer arrests than their peers and that as 15-year-olds they have 63 per cent fewer sexual partners. In its briefing for the debate, the Royal College of Nursing describes the impact of work that is being done in pilots of that nature in parts of Scotland. I welcome that.

However, according to headlines in our national newspapers, under the Con-Dem coalition Government,

"Cuts will force 250 Sure Start centres to close, say charities".

Murdo Fraser's colleagues at Westminster are responsible for those horrendous cuts. According to a report that was published earlier this week, to which other members have referred, hundreds of sure start centres face closure, and thousands of others are cutting services and have warned of job losses. Maureen Watt was absolutely right to intervene on working family tax credits. The cuts that I have described are a result of the uncaring Tory approach to policy and cutting budgets. I am afraid that fine words from David Cameron and Nick Clegg in the south have led to weasel actions. Their track record is exactly what Scotland would get from the Tories.

Mary Scanlon: Does the member accept any responsibility on behalf of the Labour Party for the huge mega-billion-pound debts that that party has left the Conservatives to deal with?

Helen Eadie: Mary Scanlon knows only too well that the world global financial crisis started with sub-prime mortgages in the States. She is being disingenuous if she says that she does not remember that. Anyone who is in denial about that needs to take a reality check, which is the biggest problem that the Tories have in Scotland today.

The cuts to sure start will affect 60,000 families, including families in Scotland. A joint study by the charity about children and families, 4Children, and the Daycare Trust suggests that 2,000 centres will provide a reduced service and 3,100 will have a smaller budget. Staff at 1,000 centres have been warned about the threat of redundancy, according to the survey, which involved almost 1,000 centre managers in England. Those sure start centres are all about early intervention, so we should not mock them.

Frank Field, the Labour MP who is now a Government adviser on poverty and life chances for the Con-Dem coalition, said:

"It is inconceivable that we can make the foundation years effective if Sure Start ... Centres all over the place are ... slaughtered."

It is claimed that the closures and reduced services as a result of Government cuts could mean that 60,000 families lose their local centre. Frank Field continued:

"Local authorities must seek to employ innovative methods to ensure families—especially the poorest families—do not lose the vital support they need."

I have a particular concern for disabled children and children with special needs. Parents of disabled children tell us that the major challenge for them is not their child's impairment, but the fight to secure the services that they need to support them to lead ordinary lives. I urge the Conservative party to make a clear public statement on its policies for improving services for disabled children in the run-up to the election.

Early intervention applies to children of school age or younger who are discovered to have or to be at risk of developing a handicapping condition or other special need that might affect their development. Early intervention consists of the provision of services for such children and their families to lessen the effects of the condition. Early intervention can be remedial or preventive in nature—it can remediate existing developmental problems or prevent their occurrence.

We have heard about the frustrations of the Royal College of Nursing. I agree with Mary Scanlon's points on that. As a consequence of the

evidence to the Health and Sport Committee inquiry into child and adolescent mental health services, the Scottish Government was influenced to change tack on the health visitors policy. As Des McNulty rightly said, we have reams of paper setting out policy direction. However, the Health and Sport Committee found when it took evidence that, although successive Governments have set a clear policy direction, it is evident to all that health boards have not cascaded the policy to practitioner level. The committee has often found that boards elect not to make child interventions.

10:33

Hugh O'Donnell (Central Scotland) (LD): I am not sure how to follow that consensual contribution from Mrs Eadie.

Helen Eadie: It is the truth.

Hugh O'Donnell: Rather than commenting from a sedentary position now, Mrs Eadie should have made her comments during her speech.

Previous speakers have rightly made observations on what constitutes early intervention and have spoken in chronological terms about age, years and so on. I would like to take a slightly different tack. For most young people, their status can be influenced at various stages in their lives. Children who may be in a loving, warm and stable family unit of whatever composition for the first four years of their lives can have that changed in the blink of an eye. Therefore, to be too prescriptive in saying what constitutes early intervention and when it should occur on a timeline has the potential to work against the child.

There are a number of early intervention projects in Lanarkshire that deal with young people whose lives have changed, getting in at the first manifestation of an issue. At times, the manifestation is a behavioural change in school. Yesterday, with Dr Simpson, I had the pleasure of being at Niddrie Mill primary school for a presentation by a voluntary sector organisation called Place2Be, which provides a place where children can relax in a confident and safe environment and explore the issues that have manifested themselves in behaviour such as verbal aggression, withdrawal and failure to attend. The children are given an opportunity to speak for themselves. In our contributions to the debate so far, we have not addressed this subject. At any given point—subject to age as far as verbal communication is concerned—children have a right to speak up for themselves. There is no question but that giving them the opportunity to do that has to be a constituent part of what we do in getting it right for every child.

My next observation is perhaps a little more controversial. There has to be a much stronger

development of the understanding among the members of the multidisciplinary team of the skills that the other professions bring to the table, including the valuable contribution that the voluntary sector makes. That is a serious concern. We hear—anecdotally at least—that social work and education colleagues collide almost as frequently as party politicians do, because their objectives are different. Perhaps more progress on joint training for social workers and teachers will be helpful. In dealing with early intervention, all parties have to recognise the skills that are brought to the table.

The fly in the ointment of early intervention is that, as Ross Finnie highlighted eloquently, were it simple, we would have done it. One challenge is who holds the purse strings. Regrettably, whether we are in times of financial constraint or plenty, the attitude is, “If it’s no ma budget, it’s no ma responsibility.” As Karen Whitefield rightly pointed out, the short-term approach will not work in this regard. This is an area that I am exploring with my colleague Jeremy Purvis. Our concept of a pupil premium could—with sufficient flexibility—bring together disparate bits of budget and focus them on the child, so that they follow the child at the early stages of intervention and the money is used for the benefit of the child. That would perhaps overcome the problem of people saying, “That’s a health service budget,” and so on.

Christine Grahame: I am delighted to hear that. When I raised the issue of local authority and health board money following the child—I called it backpacking—in the previous session of the Parliament, the coalition Government rejected it.

Hugh O’Donnell: That is an interesting observation. I am not aware of that, as I was not part of the previous Administration. However, we are living in different times.

Christine Grahame: Yes.

Hugh O’Donnell: I would not cast away so readily the suggestion at this stage.

My observation in all this is simple: we need to be very careful that early intervention is seen not only on a timeline—early intervention is not purely chronological. Early intervention should be delivered at the appropriate age and stage, depending on the circumstances of the individual child.

10:39

Nanette Milne (North East Scotland) (Con): Research has shown that the interaction between a child and its parents early in life is key to that child’s physical and mental development, educational attainment, emotional development and social responsibility as it progresses through

childhood. I am in no doubt that investment in child support from birth—indeed, from pre-birth—to school age pays off handsomely in later life.

Those of us who are parents have experienced the joy of early interaction with our children and of seeing their excitement as they discover their surroundings and their responses to the people and things that are around them. We probably did not realise at the time—I certainly did not—how crucial that was for our children’s future welfare and success in life.

I still recall the fun that we had at bedtime sharing with my son the Richard Scarry books that were popular when my son was young—that might date me. My son squealed with delight night after night as he found the little gold bug character that was hidden in the books’ illustrations. I recall, too, the stories that my mother made up for the children when she looked after them—I was lucky enough to have my mother to look after the children on the days when I worked. Her scary introduction to witches and ghosts caused trembling excitement but left the children unscathed, because they were safe in the knowledge that they were secure and would not really be harmed by those wicked creatures. Surely that is how imagination develops and how children learn to come to terms with the world that is around them. To achieve that, they need security and stability.

My children were privileged to have two resident parents and three grandparents who had the time and interest to interact with them. I can only imagine how hard it must be for single parents who live far from their parents and want to do the best for their children but do not have the knowledge, resource or support to give them what they need.

Ross Finnie is right: we face second and third generations of parents who have not received adequate parenting. It is sad that many children live in chaotic households with parents who are addicted to drugs or alcohol and who cannot parent them adequately. That results in many grandparents taking over the care of their grandchildren.

Many such kinship carers do not receive the support that they need emotionally or financially. That applies particularly to informal carers who have rescued their grandchildren from an emergency and who are left literally holding the baby. I know that the Minister for Children and Early Years has engaged with that group of kinship carers, but there is still some way to go to help them. Those people sacrifice much to support their grandchildren and save significant public resources by doing so.

Parenting is not easy. We have not reached the stage at which we can be satisfied that the support for all who cannot give their children the best start in life is adequate.

We have heard from Murdo Fraser about the importance that we attach to a comprehensive health visitor service as part of the primary care team, which can give invaluable support to the parents of babies and young children up to the age of five and can pick up problems quickly when they arise. As a GP, my husband had a high regard for the input of his health visitors, who could identify families who needed extra help or who had problems such as communication difficulties that needed quick investigation. I will not elaborate further on that, other than to say that health visitors are an ideal source of the advice and information that parents need if they are to be the good parents most of them aspire to be.

We also want other sources of helpful, clear and concise information to be made available and readily accessible in all maternity units, early years settings and GP surgeries. We are committed to providing information about good parenting websites via trained staff and information through leaflets and other explicit publicity material.

All three and four-year-old children are legally entitled to 12.5 hours per week of pre-school education, but Liz Smith has explained why more flexible provision and a wider range of providers are needed. Parents should be able to choose the nursery provision that best suits their needs and those of their children.

When children are under three, mother and toddler groups and playgroups are invaluable organisations for bringing parents together and allowing them to share their problems and for allowing children to learn to socialise and play together before they enter the more structured world of pre-school nursery. Many parents enrol their children in those groups. Such groups would benefit from enlisting the help of older people, who could share with younger parents their experiences of parenting and of life and could help them with storytelling, teaching nursery rhymes and playing with the youngsters. They would bridge the generation gap and act almost as surrogate grandparents. That might not be feasible in the current climate of child protection and disclosure, although I have seen excellent intergenerational contact with an older group of children in a community cafe in Aberdeenshire, where the youngsters help the oldies with the internet and in return learn about the history of their village from the first-hand experience of the older generation.

On a different note, and in line with what Karen Whitefield covered in her speech, Barnardo's Scotland has highlighted for us some of its

continuing work to support dysfunctional families, and it has called for more decisive action in responding to people in cases where the support that is available does not appear to be improving outcomes for children. That includes proper consideration of removing the child from the family at an early stage. Barnardo's has also highlighted the problems that arise from failed attempts to reunite families and the need for timely decisions about a child's permanent future, such as adoption, which can be a very positive outcome for a child who is permanently removed from its birth family. We would do well to heed the advice of an organisation such as Barnardo's, which has very practical experience of the problems that are faced by all too many young people.

There is general agreement that early intervention has a positive impact on a child's ability to achieve its potential, but its provision needs to be more strategically planned and delivered, and in a more integrated way. Scottish Conservatives regard early intervention as a positive and productive investment in our country's future, which we will treat as a priority, and we will work with other parties to ensure its effective delivery.

10:46

Christina McKelvie (Central Scotland) (SNP):

I was delighted to read Murdo Fraser's motion. It is good to see that he has joined the SNP and others in recognising the importance of early intervention. I was almost persuaded that he was praising the SNP Government for the work that it has done so far in early years provision—and that he was looking forward, as we all are, to a second term of the SNP in government.

I take it that Mr Fraser has read the early years framework as interestedly as I have, and that he is entirely in favour of the fine ideas and concepts that are embodied in it. I know that he reads everything that is produced by this Government, and that he is always persuaded by the fine arguments and eloquent debating style of SNP members, so I know that he will agree with everything that I say today.

It is no exaggeration to say that what happens to children in their earliest years says much about our society and is key to outcomes in adult life. As Helen Eadie has already said, the Jesuits had it in the phrase, "Give me a boy until he is seven, and I will give you the man." Over the past few decades, research has tended to suggest that there is enormous truth in that. Evidence from education, health, justice and economic experts has leaned towards the earliest years of life as being the most critical for development—much of it suggesting that the Jesuits were in fact taking too long over things.

The Scottish early years framework is about giving children the best start in life. It lays out the journey that the Scottish Government, its partners in local government and practitioners in early years services need to take for the benefit of Scotland's new and small citizens to ensure that they get the very best and that they grow into the best adults they can be. Just as important is that they can enjoy their time as children. That is something that we seem to forget. Some of us took part in a debate not that long ago on children's play and the importance of developing that.

In fact, the framework starts even before those wee citizens put in their first personal appearance. It starts in the pre-birth period, which is a recognition of the importance of pregnancy in influencing later outcomes and of the mother and child having a healthy relationship right at the start, so that birth and the beginning of independent life becomes a critical stage of development.

Stewart Stevenson spoke about the impact of music on babies when they are born. Any of us here who has had the privilege of carrying a baby will realise that the baby will usually recognise music and voices before they are born, too.

The framework takes the child to eight years old, covering the transition into primary school—through the infant classes into mainstream schooling. There is a good argument that much of the framework is just as relevant to older children, extending into the transition into secondary school and perhaps even beyond that.

Sometimes, the first intervention that is recognised for a child comes through the children's hearings system, and it is generally on welfare grounds. Sometimes, issues are picked up not through health or education but through the children's hearings system. The reforms to that system will allow that to be recognised earlier and some of the reforms in the Education (Additional Support for Learning) (Scotland) Act 2009 also help with the early identification of problems.

As Murdo Fraser will have seen during his lengthy examination of the framework, it is about the very things that he mentions in his motion: the provision of good professionals and their excellent professionalism, the broad interpretation of needs and the provision for those needs in a wide range of settings.

The framework recognises the right of young children to high-quality relationships, environments and services that offer an holistic approach to meeting their needs. That runs across the whole spectrum from play, through learning and social relationships, to emotional and physical wellbeing.

It is recognised in the framework and the underlying approach that, although such an approach is important for all children, it particularly benefits those children and families who require higher levels of support. Providing support at the intensity required and ensuring that children and their parents are neither left in limbo without help nor smothered by the state is a job that must be done on a case-by-case basis. It cannot be decided here in Parliament, nor can it be prescribed in a textbook or seminar. That is where the professionals are at their most valuable, helpful and effective.

The Scottish Government realises that, although we can have as many frameworks, strategies and working groups as we like, it is always the people who are right on the scene who make the difference, as I have found from my experience. We are in a position to create the right frameworks, and the Scottish Government has done that, but that is about the extent of what we can do. We must create the framework, provide the resources and leave those who know what they are doing to get on with it.

I agree with Des McNulty—he may not hear that again in the chamber—that a true holistic approach is the most effective way forward. The strategy, the other frameworks and the legislation that we have created on a cross-party basis in Parliament will enable that approach to work and allow the support to be put in place.

One of the most important things about the framework—and the one area in which the motion may stray from the path of righteousness—is that a big part of the strategy aims to ensure that professionals enable parents, families and communities to develop their own solutions using the public services as required. Remedies are not imposed, nor does anyone take the decisions for those whom they help. Independence is as important here as it is anywhere else, and I am sure that Murdo Fraser has a deep appreciation of exactly how important independence is.

The framework is about ambition—about wanting more for our children, our communities and our nation, and about wanting them all to be better and to be better served. It is about making children's lives better today so that we all have better lives tomorrow. The changes that had to—and still have to—come in the delivery of our public services reflect that.

I congratulate all those who have been involved in developing all the frameworks, the additional support for learning legislation, the reforms to the children's hearings system and every piece of legislation that we have put in place to support children, and in bringing all those things to this point. I look forward to seeing continuous improvements in our early years provision.

10:52

Rhoda Grant (Highlands and Islands) (Lab): I welcome this debate on early intervention in health and education, which is crucially important to future generations. Every child deserves a good start in life regardless of where and to whom they were born.

When we took evidence in the Health and Sport Committee on spending priorities a couple of years ago, I remember that the evidence was stark. We were told that the health budget should be targeted towards the early years, as those years will impact on a child's mental and physical health throughout their lives. The children who face the biggest disadvantage are those whose parents are drug or alcohol dependent. Without support, their future mental health suffers because they do not learn resilience. As a society, we have a big job to do to protect those young people.

There is always a dilemma about what form intervention should take. There are those who would remove children from their home where their parents are drug or alcohol dependent, and I have some sympathy with that view. However, history has shown us that looked-after children can be more vulnerable than those who are left at home. A child may be reluctant to seek help and confide in adults if they are afraid that speaking out will lead to them being taken into care and removed from their parents. Parental love is probably the most important thing for a child when they are growing up, but wider family support is also crucial.

Children of addicted parents are likely to suffer from poverty, poor housing and poor nutrition, and they are less likely to participate fully in education. Those are dangerous conditions for a child's development and welfare, and we often see several generations of the same family suffering from the same problems. Children need the state to intervene to help them to break the cycle, and it will never be a cheap option. The best way of doing that is working with the family. That work must be intensive and continuous, because a lifestyle that has been learned over generations cannot be put right by a couple of short parenting classes. Resources are tight, and finding funding for such intensive intervention is not easy. However, if we do not fund it, the costs to us will be even higher, because it is also clear that the later the intervention, the greater the cost.

I remember the discussion in the Health and Sport Committee in which it was suggested that we should concentrate all our efforts on children and forgo any intervention with the parents, but I find that approach difficult because parents are the most important influence on a child's life. Helping the parent will ultimately help the child. However, the later in a person's life that intervention

happens, the higher the cost to the person and to wider society. If the intervention comes only when the child grows up and becomes a parent, the problem has doubled.

Therefore, it is imperative that at-risk groups are identified quickly. Other issues besides living in poverty and having parents with addiction problems indicate which children are most at risk. They include living in disadvantaged areas, being brought up in households in which there are poor parenting skills or in which there is conflict and domestic abuse, and living in a home where they are not provided with adequate support, perhaps because of illness or disability.

Health visitors have their part to play, as their intervention with the family during the early years will pick up those issues and they are able to guide parents towards solutions. However, we cannot leave it to one group of professionals alone. If we do that, we will fail. For example, midwives interact with women in pregnancy. Early intervention should start at that stage. Drug and alcohol consumption, as well as a poor diet, in pregnancy can affect the unborn child.

Greater reporting to social work and child protection agencies should be encouraged through continuous professional development within the health and education sectors.

The Benefits Agency also has a role to play but seldom gets involved. Anyone on benefits will be pretty close to poverty. Surely staff in the benefits offices have a role in identifying those who are at risk and pointing them to support services.

A study this week showed that children who had poor diets and ate more processed food at the age of three had lower intelligence quotients in future years. How do we tackle that? We all know that processed food is cheaper. Some families really cannot afford to provide a balanced, healthy diet.

The Labour Party has long promoted policies to help young people in that position. We introduced free nursery care, breakfast clubs and the child trust fund, increased child benefit and introduced tax credits that were designed to lift children out of poverty. The Conservative party in the Parliament has used its debating time to highlight the importance of early intervention. I am grateful for that, but I say to the Conservative members—this is meant to be constructive—that they should try to extend their influence to their Conservative colleagues in Westminster, impress on them the importance of the issue and urge them to stop dismantling the much-needed support that vulnerable families receive. They should ask their Westminster colleagues not to freeze child benefit and to remove the restrictions on family tax credits.

Yesterday, I listened to news reports that child care is more expensive in Scotland. That prevents low-income parents from working and damns their children to poverty. The abolition of the child trust fund also takes money from the most needy in our society. I was also horrified to hear that the Child Support Agency will top-slice absent parents' contributions to their children's upbringing. That literally takes the food out of the mouths of children.

The Conservative party would do us all a great service if it used its influence with its Westminster colleagues to stop those policies, but we cannot forget about the cuts that are being imposed on local authorities by yesterday's SNP Government budget, which the Conservatives and Liberal Democrats in the Parliament supported. The budget will lead to the closure of breakfast clubs, as well as to cuts in the numbers of teachers and support staff—the very professionals who are trained to assess children's needs.

We owe it to future generations to get it right. By getting it right for every child, we benefit not only financially but as a society.

10:59

Jackson Carlaw (West of Scotland) (Con): As the session comes full circle, the Scottish Conservatives make no apology for bringing back to the Parliament a debate on the areas that consume the greatest resources: health and education. During the session, we have celebrated the 60th anniversary of the national health service and the people who work in it, but at times we have not always been as honest as we should have been about the fact that outcomes from our health service still fall short of those in many other countries in Europe. We understand that the context is often cultural and historic and that the problem is endemic and deep-seated. That is the context for the debate that we want to have on the importance of early intervention in trying to tackle long-term problems.

I thank Ross Finnie for raising the issue of the Finance Committee's report, which says that we spend too much time on the reactive rather than the preventive. That was why we opposed the final tranche of the abolition of prescription charges proposed by the Government. That was not for ideological reasons. Too much investment was going into reacting rather than preventing.

No member who has participated in the debate could have been other than fascinated by the glorious tirade that was Helen Eadie's contribution on what the UK Government is doing. I wonder whether she is opposed to the £10.7 billion extra that will be spent each year on health between now and 2014-15, which Labour voted against and

which will produce consequential for the Scottish Parliament to spend on health, or whether she is opposed to the fall of 3,000 managers and the additional recruitment of 2,000 new doctors in the past nine months, or to the £200 million for a cancer drugs fund. In relation to this debate, I wonder whether she is opposed to the 4,200 new health visitors who are being recruited down south. I say to Ms Eadie that the proper response of the people of Scotland to her tirade should be, "Away and bile yer heid."

Helen Eadie: Will the member take an intervention?

Jackson Carlaw: How can I refuse?

Helen Eadie: Perhaps the member might have more regard to banking and the fact that his colleagues in Westminster are putting more money in the banks' coffers—the bankers bankrolled his party's election campaign—than they are giving to people in any part of the United Kingdom.

Jackson Carlaw: Ms Eadie is not reading or listening. Some 4,200 extra health visitors are being recruited down south. We should be putting our resources into doing that.

That is why Scottish Conservatives believe that we need a national strategy. Fourteen health boards are adopting a variable approach. If we are going to concentrate on nutrition, which Rhoda Grant mentioned, tackle obesity, ensure that the herd immunisation rates increase, improve the sex education of teenage women in order to avoid pregnancies, or improve the welfare of children, we need a national strategy that concentrates on the development of children up to the age of five.

I enjoyed Des McNulty's speech, which contrasts with the rather Abba-esque policy of the Labour Party in recent times. I was delighted to see Agnetha, Frida, Benny and Björn on the Labour front benches this morning in addition to Helen Eadie, although I see that Björn has rather divorced himself from the group for some time. I suppose that that is in keeping. Jackie Baillie is not with us this morning. I am willing to be persuaded that there is a non-partisan bone in her body, but I have simply never seen evidence of that. Yesterday, we saw Labour's unseemly arrogance in thinking that it is entitled to power, but that arrogance was absent from Des McNulty's speech, in which he was humble enough to say that, whether Labour is in government or opposition, he will work with the other parties in the Parliament to address and improve matters and ensure that we have an effective early intervention strategy.

We have said that we want a national strategy, and we are prepared to see an annual investment of £20 million in that. We want to make that

investment because we want a fundamental change in culture.

In previous debates, when I have talked about the need for us to ensure that there is a greater sense of self-responsibility in our approach to health, Shona Robison has characterised that as a threat. It has been seen as an implied threat that would mean that we would withdraw health care from those who do not show that self-responsibility, but I did not mean that at all. Indeed, I commend to Shona Robison the working partnership on tackling carbon emissions that we have evolved with her colleague Roseanna Cunningham. We have resisted the suggestion that others have made that we should put in place a regulatory framework with penalties, because we need to change the culture of people and the approach to carbon emissions. Exactly the same approach needs to be taken to health. We need a national effort so that people become more responsible in their health care, and an early preventive strategy is fundamental to that.

Shona Robison: A very good example of that is the emphasis that is being put on self-management, which is about people being helped to manage their own condition. That is extremely effective.

Jackson Carlaw: I merely wanted to reassure Ms Robison about what I meant when I talked about the need for a greater sense of self-responsibility.

There are two reasons for that. If, through early preventive strategies, we can improve the health of the next generation, the cost to the health service of that generation will reduce. That is fundamental, because we have a demographic time bomb. The NHS will have to bear all the costs associated with a much older population, so, if we are to succeed in the task of improving the health of the next generation, we need to have a strategy that is effective at early intervention.

A culture shift is required. We need a national strategy for early intervention. We have had the courage to say what we would do and how we would fund it. I believe that it is necessary to produce a generational shift in the dynamics for the future health of Scotland.

11:05

Maureen Watt (North East Scotland) (SNP): I welcome the fact that we are debating early intervention in Scotland, which has such a lasting impact on the course of people's lives. Study after study has demonstrated that the first few years of a child's life are critical to their development and the opportunities that they are likely to have.

The presentation that ministers were given by Harry Burns when we were developing the equally well strategy, in which he talked about the holes that can develop in children's brains as a result of neglect, such as not being fed, changed or put to bed at the right time, will stay with me forever. Although a direct cause-and-effect relationship cannot always be proven, a positive nurturing environment is likely to help a child to develop, whereas all too often a negative environment can make it difficult for a child to succeed in education and can lead to health problems or to crime and antisocial behaviour.

As much as we might wish there to be, there is no single silver bullet that we can use to ensure that every child in Scotland grows up in the kind of environment that we would want. Problems do occur, particularly when families are trapped in poverty, and when there is a risk of that happening, it is critical that any interventions to improve a child's situation are as effective as possible and are taken as early on as possible. Communities and people who work in them know where those families are. At the same seminar, John Carnochan from the violence reduction unit said that it was possible to identify where in a particular postcode area the problem families were likely to be and where there were likely to be continuing problems.

In my view, early intervention begins at the antenatal stage. Every woman who finds herself pregnant will pitch up at the doctor's, go for a scan and be offered antenatal classes. Those classes should be not just about the process of childbirth and how to bring up a child in the very early months; they should be an opportunity for social workers and health workers to engage with the mother—at that stage, every mother wants the best for their child—to help them to break the cycle of poverty or drug or alcohol addiction so that they can begin to provide a better life for their child.

Whether it is to address a child's health, their educational attainment or their behaviour, the earlier that intervention is made to change a child's circumstances, the more effective it is likely to be in the long term. Although speed is certainly no substitute for quality in such cases, the earlier a positive change can be made when a child's opportunities are at risk, the better.

As others have said, the alternative is crisis management. Waiting for problems to develop before trying to patch them up is more costly and more damaging to children and the people around them. I know that the Scottish Government has been determined to move away from that approach through measures such as its early years framework and the equally well strategy. Prevention and effective early intervention—

addressing issues before things reach crisis point and irreparable harm is done to a child's potential—are the only sensible approach to improving children's start in life.

Two years on from publication of the early years framework, demonstrable progress is being made in achieving the shift in attitude and philosophy that is necessary if we are to put prevention and early intervention at the heart of Scotland's early years strategy. That was highlighted in a recently published report, which also identified further progress that can be made.

It is estimated that if early interventions for children from pre-birth to eight years old were 100 per cent effective, up to £131 million of Scottish taxpayers' money could be saved in the medium term. Not only is early intervention effective but it represents a more cost-effective option. As is the case for so many issues, it is far more expensive to deal with a crisis than it is to take preventive action.

Against the background of the cuts to Scotland's budget, which we debated yesterday, such efficiency is more important than ever. The undoubted challenges of recession, unemployment and reduced money for services make the successful refocusing of our strategy on prevention and early intervention even more essential. I welcome the progress that has been made so far. I firmly believe that the approach will stand us in good stead in the coming years.

If professionals co-operate, rather than work in silos, no child should fall through the net, as Ross Finnie said. If all professions work together and enmesh their services, perhaps the mesh in the net will become tighter and fewer children will be likely to fall through it.

Mary Scanlon and Jackson Carlaw should not get hung up on titles. The Royal College of Nursing Scotland said in its briefing for the debate:

"Health visiting services are critically important to the present and future health of families, however, they must not be seen in isolation from the rest of the community nursing team. Healthcare and other professionals must be able to work together to support the development of children."

It is about all agencies working together. Identification of the most vulnerable families is crucial, and the policies that the Government has identified and is pursuing will bear fruit, if they are allowed to continue during a second term of office. I support the amendment in Shona Robison's name.

11:12

Ross Finnie: The debate has been consensual, by and large, with a single exception. I always enjoy Helen Eadie's staunch and resolute defence

of a perfect Labour Party, which sees no evil, does no evil and has done no evil. I gently make the point to Helen Eadie that for bankers, the biggest benefit that they are currently getting is from the interest on the monumental debt that the Labour Government managed to amass, which is the equivalent of a new primary school a day. That is obscene. Governments are right to rein in the debt and to ensure that hard-earned taxpayers' money does not go to bankers at the rate of a new primary school a day but is used to rebuild the social fabric of the nation.

Helen Eadie: Will Ross Finnie take an intervention?

Ross Finnie: I will be delighted to do so, if it is very brief.

Helen Eadie: Two words. Lord Oakeshott.

Ross Finnie: Lord Oakeshott. Splendid gentleman. I know Matthew well; he is an excellent fellow.

Christine Grahame made an interesting point about there being different relationships and characters, but I do not think that what I said about generational problems and what she said about relationships are mutually exclusive positions, because relationship issues can be traced through three generations of a family. It might be that in the third or fourth generation different relationships and more chaotic lifestyles have developed, but the problems can still be traced back to a failure in our society, which is regrettable.

Another interesting point that Christine Grahame made was on preventative spending. Of course, in tight financial circumstances we will face some difficulties; however, we must use financial methods that are a dashed sight more sophisticated than the information that has been presented to us, as some Government ministers would admit. In its inquiry into preventative spending, the Finance Committee came across a number of examples. A Children 1st report talked about £1 spent on early intervention producing savings of £7 in later years. Another report talked about the estimate of the cost of family intervention projects being around £10,000 to £20,000 per family per year compared with the cost of looking after a child in foster care, which is £25,000 a year, and the cost of looking after a child in secure accommodation, which is £134,000 a year. I agree that there will be pressures, but we need to look more intelligently at the options that are available to us if we are seriously to tackle the problem.

Christine Grahame: I quite agree that we must have long-term investment. The problem is that the Parliament has budgets only for four years and that we will be unable to plan according to that

kind of trajectory unless we are in charge of our own finances.

Ross Finnie: I am not entirely sure about the correlation between the two. I know that the SNP thinks that every problem would be solved by our being independent, but let us not spoil the morning by getting into the fiscal autonomy debate.

Shona Robison: Why not?

Ross Finnie: Well, we could ruin a good day.

There is now much greater consensus about the importance of early intervention. I do not criticise the current Government, which has travelled in that direction. We all understand that some of the early attempts to deal with the problems simply focused on the wrong area. If we are genuine about recognising the importance of early intervention and the benefits that it can bring, we must take note of the range of issues have been raised in the debate.

It is also important that we take international experience into account. Karen Whitefield was right to draw our attention to the New Orleans example, and there are other examples. We do not need to reinvent the wheel every time that we come upon a good idea. There are many good international examples—including in mainland Europe—that the Parliament should be taking the time to look at so that we can consider implementing them in a constructive way.

Liz Smith talked about the flexibility that is required in nursery places and the partnerships that are needed between the nursery scene and other elements of society. All of that must be woven into a solution, if it can be.

Mary Scanlon described the way in which nursing care has developed as a bit of a muddle. Now that we have been promised a report at the end of the year, the prospect of our getting out of that muddle is better. Nevertheless, as I said in my opening remarks, the three-and-three-quarter-year gap to which she has referred on a number of occasions needs to be addressed.

This has been a helpful and constructive debate. However, now that we have all the reports and a general level of agreement, there must be a clearer direction and greater purpose. There must also be a sense of a shared programme not just within the Parliament, but among the various agencies, local authorities and health boards. We cannot have them all continuing to operate in a disparate way. The Liberal Democrats are very keen on, and much persuaded by the arguments for, local people making local choices. I do not mind their doing that but, for goodness' sake, we must all move in the same direction and with the same end purpose in mind.

11:19

Dr Richard Simpson (Mid Scotland and Fife) (Lab): I welcome this debate and the generally consensual approach that has been taken. None of us could forget the picture that Harry Burns published in his report two years ago of the difference between the brain of a normal child and that of a child who has suffered severe neglect. That is our starting point.

There are 100,000 children living in families with alcohol and drug problems in Scotland, and many more that face other serious challenges. There are 210,000 children living in relative poverty, and that number will increase—children with single parents constitute the largest group within that number.

If we do not achieve the early identification, which members from every party want to happen, before a child is three years old, the consequences for that individual, society, the taxpayer and the budget are appalling: between 3 and 8 per cent of those children will have behavioural problems; exclusions will be higher; there will be more smoking, drug use, alcohol use, antisocial behaviour, underachievement, poor educational achievement and unemployment; and more of them will go to prison, become pregnant as teenagers and be obese. We do not need any more evidence to tell us that.

The Dunedin study, which started in 1972, showed that the overwhelming majority of children who will be in the groups that I have mentioned can be identified before they reach the age of three. Hugh O'Donnell is right to say that we need to get on with the identification process, and I will return to that point in a minute. Dr Wilson, from the SNAP group, also indicated that that is perfectly possible, as Christine Grahame said. If we agree on that point, we must focus the resources on that area.

Ross Finnie invited me to give a lecture on RONIC. I will not, but I will say that it was a well-intentioned blind alley that has delayed progress for this Government and has meant that its achievement has been less than it would have liked.

I agree with Ross Finnie that the system is highly dysfunctional. We need only consider the fact that we have yet to align budgets. We have not got an integrated paediatric health and social care service. That failure is disastrous for individual families. We do not have workforces that are aligned and focused—Mary Scanlon and Christine Grahame talked about some of the workforce issues that need to be addressed.

I want to pay tribute to the Government—as I have done in almost all my speeches—for its attempts to move things forward, including its review of "Health for All Children", the progress on

the early years framework and its work on GIRFEC. However, all of that has yet to lead to any significant achievements. We are only at the stage of refreshing the maternity care framework. Why are we simply refreshing the framework when there are many mothers with drug and alcohol abuse problems and we have only a couple of specialist teams dealing with that? As Rhoda Grant and Maureen Watt pointed out, we should start at the point of pre-delivery, not the point after the child is born, yet we do not focus on that to any great extent. We are losing maternity posts today, even though we have a higher number of births than we had before.

There is much activity—a new maternity care framework, NHS Quality Improvement Scotland's forthcoming pathway of care for vulnerable families, a forthcoming national syllabus for parents and the new guidance on Hall 4—that is about to take effect. However, if we go back further, our teenage pregnancy rates are huge. The healthy respect programme has been in place for many years but it has achieved nothing in terms of outcomes for teenage pregnancy. However, in Oldham, through a focused approach, there has been a 29 per cent reduction in the number of teenage pregnancies, and that is not the only area in England where a similar approach has been hugely beneficial.

The family-nurse partnership pilot arose from one of Tony Blair's papers back in 2004. Here we are, seven years later, with two pilots costing £1.6 million and supporting 145 families. That is great, and in time we might see that the cost is low relative to the costs that would have developed later on, but it is still £10,000 a family. We will see whether the approach works.

Reference has been made to the New Orleans programme. As a practitioner in adoption and fostering for 18 years, I was repeatedly appalled by the fact that children went in and out of care again and again, and their attachment was never assessed. Without attachment, individuals will not develop properly, so the New Orleans programme might be helpful to us in that regard.

I have had a lucky week, as my new grandson has been born. He is very small—less than 5lb. The breastfeeding nurse in Wishaw general hospital has been hugely helpful in supporting my daughter-in-law, but the nurse told me that the 22 breastfeeding nurses in North Lanarkshire will be made redundant at the end of March—another successful pilot down the tubes. We are pilot-ridden in this Parliament. We have all been trying our best, but the pilots are not good enough. We have to roll things out.

The sure start issue is important. If we do what England is doing under the Tory coalition and have a third of our sure start centres close, that

will be bad. That was the point that Helen Eadie was trying to make.

Hugh O'Donnell talked about Place2Be—I am wearing the badge today—which runs a hugely successful but inexpensive programme that helps schoolchildren.

Christina McKelvie, Maureen Watt and others made the point about integration. We have a dysfunctional system that is not integrated. There are separate records on the same child for GPs, health visitors, social work and nursery schools. We must get to grips with that.

I welcome this debate and I support our amendment.

11:26

The Minister for Public Health and Sport (Shona Robison): I certainly welcome the contributions to this morning's important debate. It was very consensual in the main, with one notable exception—as always.

I want to take a moment to dwell on a bit of an uncomfortable truth. I say this not in a partisan way—even though it is me saying it—because it applies to us all. There is a bit of an irony in the fact that we are having this debate the day after the motion on the budget was passed, because throughout the negotiations with every party in the budget process, the early years and early intervention agenda was never raised. I want to dwell on that for a moment. Perhaps what Karen Whitefield said has some truth to it: we all want short-term outcomes and gains for the things on which we choose to spend money, but this is an area in which that clearly does not happen. Perhaps when we were all talking about our priorities during the negotiations, that was somewhere in our mind, but we must challenge ourselves on that. It is worth us all reflecting on it.

If we are truly to translate what we all say and believe—and there is clearly a consensus around this—into action, we will require collectively to make some difficult decisions about where not to invest. Murdo Fraser suggested that we should not invest in abolishing prescription charges, but why prescription charges? It could have been any of the things that were put forward as alternatives to the budget. I hope that Murdo Fraser takes that point in the spirit in which it was intended.

We all have something to reflect on. I agree with the point that a number of members made about successive Governments having had the best of intentions. Richard Simpson is right to some degree: a lot is happening, but perhaps too much is happening and what is happening is too disparate. Perhaps we need to reach conclusions about what we think will work and do that well

everywhere. That is difficult, given some of the governance arrangements in our key agencies, but perhaps we need to begin to think about some of those issues. I will go on to say a little bit about why I think that the family-nurse partnership is a good candidate for that.

In January, I launched a number of key documents that underpin our commitment, some of which have been referred to already: “A Refreshed Framework for Maternity Care in Scotland”; “Reducing Antenatal Health Inequalities”; “Improving Maternal and Infant Nutrition: A Framework for Action”; and “A New Look at Hall 4—The Early Years—Good Health for Every Child”. All that is good and we are going in the right direction. I suppose that the challenge is to make it happen and to overcome some of the workforce issues, where integrated working is not happening as we would like.

Richard Simpson ended on the lack of joined-upness. Interestingly, if we look at Highland, where a lot of interesting things are going on, we see that there the GIRFEC model is fully implemented. That model very much overcomes the problems that Richard Simpson mentioned with different records and a lack of communication, which are so significant for child protection. The challenge is to ensure that GIRFEC is happening everywhere, and that is not without its challenges. We know what works, but we need partners throughout the country to make GIRFEC the priority that it should be.

Richard Simpson also talked about the alignment of professionals—such as paediatricians and paediatric nurses coming together with social care staff—and how we can make that happen. Again, interesting work is being done on that in Highland under the lead agency model. There has been a lot of focus on the adult social care element of that, but there has been less attention on the fact that children’s services are also coming under one roof. There might be something in that. We talk about people working together, but perhaps they actually need to be together to make things work. Perhaps we need to rethink how we structure the workforce.

I will make a further comment on the subject of the workforce before it goes out of my mind. A few comments have been made this morning about who the workforce is in this important area. Christine Grahame, I think, made the point that the workforce is not just a health visiting workforce but must be seen in its broader context. There is a reasonable story to tell on that. The number of district nurses has gone up by 544 since 2007. There are another 150 public health nurses, another 123 health visitors and, indeed, 71 more school nurses. Those of you who are quick at maths will realise that that means that we have

nearly 900 additional staff whose focus is very much on this area.

The question is whether they are being deployed in the most effective way, because it is what we do with the workforce that counts, and I think that there are some issues. We await with anticipation the modernising community nursing board’s report, which will be published at the end of the year, because we have to take a hard look at how we deploy those resources, the training that staff receive, the skill set that they have, and what we expect them to deliver and prioritise. We need to be clear about that.

I will touch briefly—because I am running out of time—on family-nurse partnerships. I take on board Richard Simpson’s point that the programme is expensive, but the best programmes are not always the cheapest ones. The evidence that we should acknowledge is not necessarily Tony Blair’s report on family-nurse partnerships but the huge amount of American evidence that shows that, over the lifetime of the child, the investment undoubtedly produces benefits. Under the programme, the vulnerable family has a close relationship with the nurse, who is often the only stable influence on the family, because they might not have the granny who can give advice and there might not be anybody else around. The nurse can be a solid rock and open doors not just on health matters but on many other issues that the family will face. There is solid evidence that we reap the benefits when the child reaches their teenage years, so I am a fan of the family-nurse partnership approach.

The Deputy Presiding Officer (Trish Godman): You should be finishing now, minister.

Shona Robison: I think the approach works. We look forward to doing more with it, and I think the evidence will speak for itself.

11:34

Murdo Fraser: I thank everyone who has spoken in what has been a largely consensual debate. I will try not to single out Helen Eadie—although I might say something later if I have the time.

What was important was to achieve a proper consensus on the importance of early intervention. As various members have pointed out, an election is coming up in less than three months and, no matter what party or combination of parties might be in government, everyone needs to understand that this issue is vital.

Opening for the Government, Adam Ingram referred to the early years framework and the review of Hall 4. After listening with great interest to Christina McKelvie’s request that I agree with

the Government, I will agree that I agree with a lot of the early years framework, but I still believe that we need to do more in specific areas. For example, as Mary Scanlon pointed out in her powerful speech, a 24-month health check is simply not enough. We need pre-school development checks. Indeed, we should not rely on a reactive approach but should take an interventionist approach. It might be unusual for a Conservative to say such things, but I think that intervening more in this area will pay dividends. As Mary Scanlon also made clear, there are too many different approaches in Scotland. We need a universal service—indeed that is, for us, the key issue. Although I see merit in the Labour, Liberal Democrat and Government amendments, I cannot accept any of them because they delete from our motion the reference to a national health visiting strategy, which, for us, is the single most important point in this debate.

In a very good speech, Des McNulty raised a number of fair points and I certainly agree with his statement that there are large areas of agreement in this policy area. The key message that I took from his speech is that we know what we should do, but we must now make it happen. Perhaps we have had enough strategies; now we need delivery. He very fairly accepted that the changes to Hall 4 introduced by the previous Administration had not been beneficial and that it was time to think again. As for the debate about a universal versus a targeted service, I want to reassure Mr McNulty that we are not saying that we should not target resources. Instead, we want both; we want to ensure that a service is available to all, with an additional resource for the most vulnerable. I also agree with Des McNulty and, indeed, Hugh O'Donnell on the importance of the voluntary sector, which will play a huge role in delivering this agenda.

Des McNulty, Ross Finnie and a number of other members mentioned the importance of preventative spending and referred to the Finance Committee's report on the subject. In this respect, Shona Robison was right to point out that the issue did not feature in the budget discussions, which I believe illustrates one of the challenges that we have to face. We are all under pressure from constituents to deliver on certain policy areas and funding for bursaries, housing or whatever, but the fact is that this important agenda gets overlooked because we will not see any of the benefits of spending this money until many years down the road. If we are to introduce preventative spending, we have to ask ourselves what we will stop spending money on today to fund something that will produce benefits tomorrow. That challenge, which faces all parties in the chamber, will not be solved as a result of this debate or, I suspect, any time soon.

In its briefing, the RCN draws attention to the various changes in approach that have been made. It points out, for example, that the Ronic pilots were not progressed; that the modernising community nursing board, which was introduced by the Scottish Government, is due to finish its work at the end of the current year, after which a clear way forward for community nursing should be set out; and that this is creating uncertainty in the nursing profession and among health visitors. All that those people are looking for is certainty and a clear way forward.

Liz Smith and Nanette Milne pointed to the importance of education in early years. As we know, nursery education is vital; however, the current set-up does not suit all parents, which is why we are calling for greater flexibility. Moreover, as a number of members made clear, by the time a child reaches the age of three, it is already too late to intervene effectively and deal with many of the problems that we need to address. As a result, although nursery is important, waiting until children get to nursery before intervention takes place is not the answer.

Parenting skills are vital. There is nothing automatic about having good parenting skills. In most cases, such skills are passed down from generation to generation, but we know that many families do not have that benefit—it simply does not happen. That is why support for parenting initiatives is essential. There are tremendous examples of good work that is being done by voluntary sector groups—Barnardo's and Care for the Family are two that come to mind—and which provides support for families that need extra help with parenting. We should encourage that. We do not need massive new quangos to be set up, or even massive new state funding—we need support for the voluntary sector projects that are providing those vital skills.

I have a moment to deal with the points that Helen Eadie and Rhoda Grant made about the coalition Government. I gently remind Helen Eadie that we are making cuts today because the previous Labour Government left us with the worst set of public finances in the industrialised world. When we talk about cuts, let us not forget that the Labour Party, if it had remained in Government, would have cut two thirds of every pound that the coalition Government is cutting.

Rhoda Grant *rose—*

The Deputy Presiding Officer: The member does not have time for interventions.

Murdo Fraser: When we talk about early intervention, let us never forget Labour's legacy to every child in this country. Every baby who is born in Britain today is saddled with a debt of £22,300,

thanks to the debt legacy that the Labour Party left.

To quote Des McNulty again, we have policies and strategies, but what we now need is action. Today we have proposed solutions on health visitors, nursery education and parenting. Others have different ideas, which is fair enough. One of our major concerns is that we do not fall behind what is happening south of the border. The UK Government is creating 4,200 new positions for health visitors—a doubling of the number of health visitors who are supporting families in England and Wales. In health and education, people in England and Wales benefit from having the Conservatives in government, at least in coalition. How much we look forward to May, when people here in Scotland will have the same opportunity.

Scottish Executive Question Time

General Questions

11:42

Scottish Parliament Election (Votes for Prisoners)

1. Brian Adam (Aberdeen North) (SNP): To ask the Scottish Government whether it expects prisoners to be allowed to vote in the 2011 Scottish Parliament election and what impact this will have on the Scottish Prison Service. (S3O-12926)

The Minister for Enterprise, Energy and Tourism (Jim Mather): The Scottish Government does not agree that convicted prisoners should be able to vote while they are in prison, but that is a matter for the United Kingdom Government. Westminster legislation is required to change the franchise for the Scottish Parliament elections. No change will be made before May, so convicted prisoners will not be able to vote in the forthcoming Scottish Parliament election. Overall, the Scottish Government is keen to ensure that the burden that any change places on the Scottish Prison Service, the Scottish Court Service and those who administer elections is kept to the minimum.

Brian Adam: Will the minister confirm that any claims that are brought by prisoners will fall to be contested by the UK Government?

Jim Mather: Indeed. Any claims that are brought by prisoners will fall to be contested by the UK Government, which will have to pay any compensation that is ordered by the courts. That is a given fact.

Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD): Does the minister believe that convicted criminals who are serving a community part of their sentence should have the ability to vote?

Jim Mather: That is another debate that must happen at Westminster. We look forward to that and to the live court cases on the matter that are under way at the moment, including *Toner v United Kingdom* in the European Court of Human Rights.

Unemployed Young People (Edinburgh)

2. Sarah Boyack (Edinburgh Central) (Lab): To ask the Scottish Executive what support it is providing to help young unemployed people in Edinburgh back into work. (S3O-12957)

The Minister for Skills and Lifelong Learning

(Angela Constance): The Scottish Government provides a range of support to help unemployed young people back into work across Scotland, including in Edinburgh. For example, Skills Development Scotland has increased the level and range of training places in the city, better to meet local need and consistent with the Government's wish to ensure that young people have every opportunity to improve their job prospects by staying in learning post-16.

At the end of last year, we announced a European social fund grant of £64.6 million towards 21 strategic projects worth £168 million. A joint bid from the City of Edinburgh Council and Midlothian Council received £3.96 million directly from that allocation, which will deliver employability and training services for the unemployed, the lowest paid and the socially deprived, ranging from early engagement through to in-work support and skills development, over two years from 2011 onwards.

Sarah Boyack: I am sure that the minister shares my concern about the 17.2 per cent of young people in Edinburgh who leave school and go straight on to the dole. The City of Edinburgh Council has alerted us to the fact that, because of an anomaly, £2.2 million has been removed from employability training in Edinburgh. We are disappointed that, to date, the Scottish Government has not accepted that there is an issue. Will the minister consider the potential job losses that would affect 3,500 vulnerable young people in Edinburgh, as vital services from a variety of providers would be removed? Will the minister step in, consider the issue and resolve to act?

Angela Constance: The funding to which Ms Boyack refers was additional time-limited funding of £2.2 million that was given to the City of Edinburgh Council for 2009-11 to address regeneration, employability and poverty. I stress that it was additional and time-limited money. Nonetheless, I share her concern that Edinburgh has the highest percentage of unemployed school leavers, although I express my surprise that Ms Boyack and her colleagues yesterday voted against 25,000 modern apprenticeships, 46,500 training places, 1,200 additional college places, a job fund to be delivered through the voluntary sector, £15 million for further education bursaries and the retention of education maintenance allowance, all of which would improve the prospects of young people throughout Scotland, including Edinburgh.

Robin Harper (Lothians) (Green): I share Sarah Boyack's concerns. Is the minister aware of the recent report from Citizens Advice Scotland, which shows that young people are now three

times more likely to be unemployed compared with the rest of the working-age population? Given the urgency of the situation, has the minister had the opportunity to explore ways of developing a microcredit finance scheme for young people as a way of tackling youth unemployment? She will remember—

The Presiding Officer (Alex Fergusson): Quickly please. It is a supplementary question, Mr Harper, not a speech.

Robin Harper: I will stop there.

Angela Constance: I will be brief. We are considering the microcredit scheme. It might be of reassurance to Mr Harper to know that training programmes in Edinburgh and the Lothians are on the increase. That includes modern apprenticeships, get ready for work and training for work, as well as other programmes including access to industry, passport 156, ProjectScotland and so forth.

Preventive Work (Vulnerable Young People)

3. Christina McKelvie (Central Scotland) (SNP): To ask the Scottish Government what importance it places on preventive work with vulnerable young people at risk of becoming involved in criminal or antisocial behaviour. (S30-12943)

The Minister for Community Safety (Fergus Ewing): The Scottish Government places high importance on preventive work with vulnerable young people who are at risk of becoming involved in criminal or antisocial behaviour. We are committed to addressing the causes as well as the effects of youth crime and antisocial behaviour, with a clear focus on prevention and early intervention. There is broad consensus among key stakeholders that that is the correct approach. Data published in the "Scottish Policing Performance Framework: Annual Report 2009-10" suggest that the approach is starting to show results, with recorded youth crime falling by 12 per cent between 2009 and 2010.

Christina McKelvie: I am encouraged that the minister recognises the important work that many local organisations are doing to divert at-risk young people away from potential criminal behaviour. An example is the highly innovative drama project the street, which is run by Regen:fx Youth Trust in Hamilton and which was singled out as an example of excellent practice in the recent report by Her Majesty's Inspectorate of Education into South Lanarkshire Council's child protection services. I have been lucky enough to see that project. We know from recent comments by Labour's justice spokesperson that Labour would divert the very successful cashback for

communities fund, which helps to finance such vital work, into the general policing budget.

The Presiding Officer: Question, please.

Christina McKelvie: Will the minister reassure me that an SNP Government will protect cashback for communities and continue to invest in crime prevention work with young people?

Fergus Ewing: I am aware of that excellent scheme in Hamilton and I congratulate all who are involved.

We shall seek to protect the cashback scheme by maximising the amount of money that we recover from drug dealers and organised criminals throughout Scotland, £26 million of which has been used in the cashback scheme by the Government to help give 300,000 young people across Scotland choices and chances in life. We are determined that the scheme will continue for the next four years, as it has been a success for the past four.

Aberdeen City Council and Aberdeenshire Council (Funding)

4. Nicol Stephen (Aberdeen South) (LD): To ask the Scottish Executive what action the Cabinet Secretary for Finance and Sustainable Growth has taken following his commitment to look again at funding for Aberdeen and Aberdeenshire councils, as reported in *The Press and Journal* on 25 January 2011. (S30-13004)

The Cabinet Secretary for Finance and Sustainable Growth (John Swinney): The Scottish Government is always open to suggestions for improving the local government finance distribution formula. Suggestions for future settlements will be considered jointly with the Convention of Scottish Local Authorities, on behalf of all 32 local authorities, as part of the normal consultation process.

Nicol Stephen: As the cabinet secretary knows, I have been campaigning for all councils to receive a minimum of 90 per cent of the average Scottish funding. Does he agree that that would give Aberdeen Council more than £25 million extra per year, thereby dramatically improving its current crisis funding situation? Today, Aberdeen Council will pass a budget that will cut vital services such as education and care for the vulnerable, making hundreds of staff redundant. After four years in office, the cabinet secretary has given Aberdeen Council and other councils lots of warm words and sympathy, but no action. Will he come to Aberdeen to meet me, my fellow MSPs and council leaders and give a commitment that will deliver real and substantial change?

John Swinney: As Nicol Stephen knows, we met to discuss those questions when he fully and

properly advanced the suggestion that he has reiterated to Parliament today. I understand the merits of the proposal, but applying a threshold of 90 per cent would require either the shifting of £120 million of resources within the local government settlement, or the addition of £120 million to the local government settlement. The arrangement could not come about without significant cost.

Clearly, all local authorities face very challenging decisions in the current funding environment, which is, of course, the product of the decision that was taken to reduce public expenditure within the United Kingdom. The budget that the Parliament passed yesterday gives local government in Scotland a much better deal than local government is getting south of the border. While I appreciate that decisions are challenging for local authorities, there is a strong base for local government to take sensible decisions about the priorities for the public.

National Health Service (Access and Support Budget)

5. Helen Eadie (Dunfermline East) (Lab): To ask the Scottish Executive what discussions the Cabinet Secretary for Finance and Sustainable Growth had with the Cabinet Secretary for Health and Wellbeing prior to reducing the budget line for access and support for the national health service from £151.3 million in 2009-10 to £102.8 million in 2011-12. (S30-12962)

The Cabinet Secretary for Finance and Sustainable Growth (John Swinney): I meet the Cabinet Secretary for Health and Wellbeing regularly to discuss NHS funding, including funding for reducing waiting times.

NHS Scotland has made significant progress since 2007 in delivering shorter waits for patients, with targets being delivered earlier than scheduled. That excellent progress has allowed the Scottish Government in 2010-11 to reinvest £21 million of access support funding into other NHS front-line services. We have also transferred from access support a total of £29 million from 2010-11 directly into the baseline allocations for territorial boards. The Scottish Government has ensured that the total 2010-11 allocation for access support of £101.3 million has been carried forward into 2011-12. That funding is being provided despite the tightest financial settlement since devolution.

Helen Eadie: Will the cabinet secretary please take note that, along with my fellow Fife MSPs, I have campaigned for some time in Fife on a variety of issues, particularly access to treatment? Some patients are denied any treatment whatever under the national health service, particularly in the fields of in vitro fertilisation and bariatric

surgery. Also, in a recent incident, a patient lay on a trolley in a Fife accident and emergency unit for 23 hours. Will the cabinet secretary please give priority to Fife in his deliberations?

John Swinney: Helen Eadie will be aware that resources are distributed to health boards on the basis of a formula that has been widely agreed.

Ms Eadie referred to two specialties. I am advised that they both involve many challenges but that progress is being made. I assure her that the Cabinet Secretary for Health and Wellbeing pursues such issues actively. I am sure that further progress on those matters will be made.

Employment Legislation

6. John Park (Mid Scotland and Fife) (Lab): To ask the Scottish Executive what discussions it has had with the United Kingdom Government regarding recent proposals to amend employment legislation. (S3O-12984)

The Minister for Enterprise, Energy and Tourism (Jim Mather): Senior Scottish Government officials took part in discussions with their UK Government counterparts on 14 December 2010.

John Park: Will the minister share the context of those discussions? That would be helpful. I am concerned about proposals to change the threshold for full employment rights from one year to two years. I am interested in the Scottish Government's approach to that. Does it support such measures from the UK Government? If not, what will it do as an employer to maintain minimum standards in employment rights?

Jim Mather: I acknowledge that Mr Park has been involved and interested in the matter for a long time. I value his input and I would be keen to talk with him further about the subject.

Scotland has the regulatory review group, in which the Scottish Trades Union Congress is heavily involved, to promote the principles of better regulation. We are also undertaking a mapping exercise to determine which employment laws have an impact on devolved policies.

As I said, I am open to having a further discussion with Mr Park to cover as many mutual interests as possible.

John Wilson (Central Scotland) (SNP): Will the minister confirm that, instead of undermining workers' existing employment rights, employers should be reminded of their obligations—particularly in relation to short-time working and redundancy legislation? Will the Scottish Government use all the resources and influence that are at its disposal to ensure that all workers' employment rights are protected in these difficult economic times?

Jim Mather: The matter is of course reserved and we do not yet have detailed proposals from the UK Government. However, the Scottish Government will—as ever—act in the best interests of the people of Scotland. Our newly approved budget is evidence of our capacity to support individuals, communities and economic growth concurrently. That will continue as we tackle the issues that have been raised.

Kintore Station

7. Mike Rumbles (West Aberdeenshire and Kincardine) (LD): To ask the Scottish Executive what discussions it has had with Network Rail regarding the reopening of Kintore station. (S3O-13001)

The Minister for Transport and Infrastructure (Keith Brown): Transport Scotland commissioned Network Rail to deliver an initial feasibility study on how to deliver improvements to the Aberdeen to Inverness railway line. The study identified proposals for significant infrastructure enhancements, including potential new stations at Dalcross and Kintore. Discussions are taking place between Transport Scotland and Network Rail on the findings and the way forward.

Mike Rumbles: Network Rail submitted to Transport Scotland a report on proposals for the Aberdeen to Inverness railway line, as the minister said. Aberdeenshire Council's director of transportation and infrastructure says that he has not seen that report but that discussions that he has had with Network Rail suggest that Network Rail does not favour the early construction of a station at Kintore. Will the minister make the Network Rail report public? Will he make a commitment today to give the go-ahead for that vital north-east transport project?

Keith Brown: Such projects are complex and costly. It is right to take time to get them right. The discussions between Transport Scotland and Network Rail that I mentioned are the right way to go forward and will continue. Those bodies will discuss whether to proceed to guide to railway investment projects stage 3—the option selection stage—and how that is best done.

The situation is frustrating, but substantially more progress has been made in the past four years than in the eight years before them. Substantial further improvements have been made at stations such as Inverurie. We will continue to make progress on that, although we have had to start far later than we would have if the previous Administration had made progress.

Maureen Watt (North East Scotland) (SNP): While work continues on Kintore station, does the minister agree that the people of the north-east are welcoming today his announcement yesterday

that work will start on Inveramsay bridge, for which they have waited for ages? That is happening under the current Government but was delayed under the Lib Dems.

The Presiding Officer: That question has absolutely nothing to do with Kintore station.

Nanette Milne (North East Scotland) (Con): My question goes a bit further into the future. It has been brought to my attention by constituents that there would be use in having a branch line from Kintore to Alford—which used to exist—to deliver freight. If the minister is having discussions with Network Rail, will he flag that up so that, if and when Kintore station is finally reopened, that branch line is not blocked for the future?

Keith Brown: I apologise for not hearing the initial part of Nanette Milne's question but, on the latter point, I will certainly take up the matter with Network Rail and get back to her on it.

I note the welcome from Maureen Watt for the work on the Inveramsay bridge, and the fact that that was not welcomed by Mike Rumbles.

First Minister's Question Time

12:00

Engagements

1. Iain Gray (East Lothian) (Lab): To ask the First Minister what engagements he has planned for the rest of the day. (S3F-2897)

The First Minister (Alex Salmond): Later today I will be taking part in a conference call with the directors of Outplay Entertainment, Richard and Douglas Hare, who have announced today that they will be returning home from California to locate their new games company in the city of Dundee, creating 150 new jobs. The entire Parliament will welcome that announcement, which is a significant boost to the games industry in Scotland.

Iain Gray: New jobs are always welcome, but we are losing jobs all over Scotland, too. Two months ago, I told the First Minister that the Scottish National Party in Renfrewshire was planning to sack 60 teachers and to replace them with unqualified staff for part of the school week. He had no idea then what his SNP colleagues were up to. He thought that it might be a mistake or a misapprehension on my part. It was not. Renfrewshire Council now plans to implement that proposal in all primary schools in August. Does he support replacing teachers with unqualified staff, and is this the thin end of the wedge?

The First Minister: As Iain Gray well knows, the proposal is not to replace teachers, but to have various instructors, for physical education and a variety of other areas, come into the school classroom. He will welcome the announced intention of Renfrewshire Council to ask Her Majesty's Inspectorate of Education to examine the matter and to confirm that it is fully in line with education guidelines.

That will be a lot better than what has happened with North Ayrshire Council, which dominated the headlines at the weekend by apparently trying to introduce a four-day week into Scottish education. Before he criticises Renfrewshire Council, Iain Gray should explain to us what on earth Labour-controlled North Ayrshire Council was doing by trying to introduce a four-day week.

Iain Gray: I am glad that the First Minister has brought up North Ayrshire. I know that he has had his spin doctors out, trying to whip up the story. Perhaps he should have checked first. I have with me an e-mail from the leader of North Ayrshire Council, which says:

"I can confirm that we were asked by the SNP Group to bring forward radical options",

such as a
“4 day week”.

When I heard that, I spoke immediately to the Labour leader of North Ayrshire Council and I got his assurance that that will not happen. He went on radio and television and said that it will not happen. Will the First Minister get on the phone to the SNP leader of Renfrewshire Council and get him to tell us that his plan will not happen either?

The First Minister: Unfortunately for Iain Gray, I heard the interview with the leader of North Ayrshire Council after his phone call with Iain Gray. He said that he was withdrawing the proposal for a four-day week, and introduced a new proposal to start formal education at the age of six. I have the transcript. The only problem with starting formal education at the age of six—apart from the fact that it would be illegal—is that the phone call that took place between Iain Gray and the council leader needs further explanation. Did Iain Gray say to the leader of North Ayrshire Council that he should withdraw his proposal for a four-day week and instead start education at six? Did he give him an indication that the Labour Party would seek to make it legal not to have education starting below the age of five, or was the phone call a one-way conversation, with Iain Gray refusing to listen to his North Ayrshire leader's daft ideas? Presumably we can now resolve that North Ayrshire Council ain't intending to impose a four-day week and ain't intending to start school at the age of six.

Iain Gray: I did not just speak to the leader of North Ayrshire Council about what was happening there, which is not a four-day week. When I asked Alex Salmond about Renfrewshire back in December, he did not know what was going on: he looked frantically through his big book, but he could not find an answer. So I thought that I would go to Paisley and find out what is happening by asking local parents to come and tell me. Five hundred of them turned up, and they told me what Renfrewshire Council is planning. It is planning to take people off the long-term unemployment register, pay them £11 an hour as sessional workers and use them to replace 60 fully qualified teachers. They think that that is an outrage, and they are right. Why will Alex Salmond not call a halt to that crazy plan right now?

The First Minister: I support Renfrewshire Council's decision to call in Her Majesty's independent inspectorate to confirm that what it is doing is in line with teaching regulations.

I will just correct Iain Gray on his claim at First Minister's questions on 16 December 2010 that Renfrewshire planned

“to replace teachers with volunteers.”—[*Official Report*, 16 December 2010; c 31698.]

That is not what the General Teaching Council said last week when it made it clear that

“lessons during what is described as the ‘teaching week’ would always be delivered by teachers”.

The GTC went on to say that

“This ... was confirmed in our discussions with Renfrewshire”.

Of course, the Requirements for Teachers (Scotland) Regulations 2005 require that any teacher who is employed by a local authority must be a registered teacher. Teaching must be delivered by registered teachers: that is the position in Scotland—it is the legal position.

Given that Renfrewshire Council is, by calling in Her Majesty's Inspectorate of Education, conforming with the legal position, I am sure that Iain Gray will reassure us that North Ayrshire Council's Labour group is not going to proceed with its daft idea to start schooling—illegally—at the age of six.

I know what the position is in Scotland, and I know what the legal position is. I am not sure what the legal position is south of the border, but I note from *The Daily Telegraph* on 11 January this year that the former Foreign Secretary and Labour leadership hopeful David Miliband announced that he will become an untrained teacher. He will teach A-level government and politics at Haverstock school in Chalk Farm, north London.

Now, if even—[*Interruption.*]

The Presiding Officer (Alex Fergusson): Order. Order.

The First Minister: If even David Miliband is trusted to come in and teach A-level students in England, cannot people come in to teach physical education and other aspects outwith the curriculum and be trusted with the children of Renfrewshire, or is David Miliband in a better position than the people who come into the schools in Renfrewshire?

Iain Gray: If I was the First Minister of Scotland, and I was asked about what was happening in schools in Renfrewshire for which I am responsible, and I gave an answer that was about David Miliband's career plans, I would be embarrassed.

As for the GTC, I have the letter that Mr Salmond was reading from, and this is what it says:

“GTC Scotland therefore takes the view”

—it is talking about Renfrewshire's plans—

“that it would be both professionally inappropriate and potentially illegal”.

He did not read that bit of it out, did he?

As for HMIE, I do not know what it will say, but I know what 500 parents, grandparents and teachers in Renfrewshire told me on Friday.

The First Minister does not always take this line, does he? When Argyll and Bute Council planned to close schools, Mike Russell—who just happens to be the local SNP candidate—ordered SNP councillors to do a U-turn. When I challenged the First Minister on the SNP making 900 council workers redundant in Aberdeen, John Swinney ordered those SNP councillors to do a U-turn. So why will Alex Salmond not tell SNP councillors in Renfrewshire to do a U-turn on this irresponsible scheme? Is it just because he does not have any SNP seats in Renfrewshire that he is worried about?

The First Minister: No, actually, it is because I trust the independence of Her Majesty's Inspectorate of Education to look at the proposal and confirm that it is in line with the law. I do not think that we need it to look at the North Ayrshire Council proposal, which is obviously and clearly illegal.

Under Renfrewshire Council's proposal, every part of the school curriculum will continue to be taught by teachers, but they will not have to remain in the classroom while the extra activities—which are termed “enhancements”—are undertaken. The only change is that the primary teacher will no longer have to sit at the back of the class or the side of the pitch while the sports coach takes the class.

Iain Gray seems puzzled as to the relevance of David Miliband's attempt to do the same thing in England to the situation in Renfrewshire, Argyll or anywhere else. [*Interruption.*]

The Presiding Officer: Order.

The First Minister: I will tell members what the continuing thread is and why Iain Gray did not ask me about Megrahi or the budget today. [*Interruption.*]

The Presiding Officer: Order, order. First Minister, your microphone is off. I am sorry, but it is entirely up to Mr Gray what he asks about.

The First Minister: I am pointing out that Iain Gray did not ask about the budget or Megrahi and does not want to hear about David Miliband south of the border because, from top to bottom, the Labour Party in Scotland is an example of organised hypocrisy.

Iain Gray: I apologise to the First Minister that I did not ask him the question that he wanted. [*Interruption.*]

The Presiding Officer: Order.

Iain Gray: It is Friday night tomorrow night. I will get those 500 parents in Paisley back. Will the

First Minister come with me, look them in the eye and tell them that the council's proposal is a good idea for their schools?

The First Minister: I will trust the independent judgment of Her Majesty's Inspectorate of Education. This Friday, I will be seeking to persuade people in Scotland that 25,000 modern apprenticeships is not only a fantastic deal for young people in this country but the reason why Iain Gray does not want to talk about the budget. The number is 60 per cent more than we inherited from the Labour Party. That is why the budget is good for young people all over Scotland.

Secretary of State for Scotland (Meetings)

2. Annabel Goldie (West of Scotland) (Con):

To ask the First Minister when he will next meet the Secretary of State for Scotland. (S3F-2898)

The First Minister (Alex Salmond): I may well meet the Secretary of State for Scotland this coming Monday.

Annabel Goldie: The former United Kingdom Secretary of State for Justice, Jack Straw, claims that Kenny MacAskill tried to do a deal linking progress on airguns and slopping out with moves that could have paved the way for Mr al-Megrahi, the Lockerbie bomber, to return to Libya. Did Kenny MacAskill act alone or was the First Minister complicit with him in trying to cut that odious deal?

The First Minister: Neither. If Annabel Goldie examines the documents from the Cabinet Secretary for Justice, she will see that that dispute is about 2007. In 2007, no one—not even Jack Straw—was attempting to return Mr Megrahi to Libya. The position then was that Jack Straw was trying to persuade the Scottish Government to accept a veto on prisoner transfer, as opposed to the exclusion clause that we wanted.

Testimony to the fact that Jack Straw failed in his attempt to persuade us in that direction are the eight letters from me and the cabinet secretary—four before the meetings in question and four afterwards—which make it clear that the Scottish Government did not at any stage drop its opposition to that proposal or its insistence that there should be an exclusion clause in the prisoner transfer agreement.

When Annabel Goldie takes a closer look at the record and understands the difference between 2007 and 2008 and the changes that occurred in the Labour Government's policy in that period, she will see that the record clearly vindicates the Scottish Government's position.

Annabel Goldie: Let us get this straight: the First Minister is telling us that it was a huge confusion and just a great big muddle. With all the

conversations, correspondence, minutes, memos and meetings, he is saying that everyone else has got it wrong. That does not wash.

Let us move on to April 2009, when the First Minister himself asked Jack Straw directly whether he had a view on Mr al-Megrahi being sent back to Libya.

Alex Salmond has always maintained that the release of Mr al-Megrahi was an exclusively Scottish matter and no one else's business, so why did the Scottish Government give the impression of wanting to cut a deal, and why was Alex Salmond so anxious to find out the UK Government's view on Mr al-Megrahi being returned to Libya? What on earth was going on?

The First Minister: We had the American Government's view and the Libyan Government's view and submissions and indications from a range of people, but we did not have in public the United Kingdom Government's view. I say "in public" because the UK Government's policy changed in October 2008 to facilitate the return of Mr al-Megrahi to Libya, as the cabinet secretary's papers indicate. That occurred in every level of government and every relevant Government department. I knew that at the time; indeed, I have said a number of times that that was the UK Government's position. As we now know, there was a change this week, and we have things on the public record. It is extraordinary—even as extraordinary as Richard Baker's remarkable interview on "Newsnight" on Monday—that the Labour Party in Scotland did not know that that was the United Kingdom Labour Government's policy.

Annabel Goldie will see two things if she looks at a UK minute of 13 October 2008. Mr Straw was anxious to indicate the implications of Mr Megrahi dying in a Scottish jail. I said three things to Mr Straw: that the matter of the prisoner transfer agreement caused us deep grievance; that nothing that the Scottish Government would ever do or be seen to do would cut across the processes of Scots law; and that a case of compassionate release could be considered as a genuine case only through the due process of Scots law. That is exactly what the Scottish Government has always maintained, and that is why I believe that we have been vindicated by the release of the papers.

On the charge that many people have laid against the Labour Party this week, I gently point out to Annabel Goldie before she claims that the Conservative party as a whole had a consistent position on the matter that both Lord Trefgarne, who is a former Tory minister, and Daniel Kawczynski wrote to the Scottish Government separately. They did not write to say that we should follow the due process of law. Lord

Trefgarne said that we should pay attention to commercial interests, and Daniel Kawczynski said that we should use Mr Megrahi as a bargaining chip. The record shows that the Scottish Government has been consistent throughout the affair. We have acted in good faith and followed due process; others have been guilty of organised hypocrisy.

Cabinet (Meetings)

3. Tavish Scott (Shetland) (LD): To ask the First Minister what issues will be discussed at the next meeting of the Cabinet. (S3F-2899)

The First Minister (Alex Salmond): Issues of importance to the people of Scotland will be discussed at the next meeting of the Cabinet.

Tavish Scott: The national centre for excellence in traditional music, which is based at Plockton high school, provides many talented children with an opportunity to build a national and, indeed, international career in music. It is surely the embodiment of Scotland's education system and the curriculum for excellence. It builds young people's talents and skills and their belief that they are Scotland's future. The centre opened in 2000 with direct Government funding, which was initially continued in 2007. A year later, Highland Council had to assume complete financial responsibility, and it now faces agonising budget decisions. Will the First Minister consider how best to fund the national centre for all? We all want to secure its future.

The First Minister: Resources were, of course, transferred to the local government settlement for Highland Council to use. In case there is any misapprehension, there are, of course, Liberal Democrats in the Highland Council administration.

I know that the Cabinet Secretary for Education and Lifelong Learning met John Farquhar Munro, the local MSP, yesterday to discuss the issue. The cabinet secretary assured him of the Government's determination to ensure that that vital national centre is maintained to help music education across the Highlands. I hope and believe that that enthusiasm will be shared by the Highland Council administration.

Tavish Scott: It is a big step for a 14-year-old to leave home, live in the Plockton school hostel and attend classes in a new place. Young people who make that decision show their commitment to Scotland's traditional music. The First Minister's Government is assisting in other local authority areas. For example, travel to the new Burns museum in Ayrshire is being supported by the Government, not just the local council, and Stirling Council, rightly, is not expected to pick up the cost of a makeover of the battle of Bannockburn site.

Does the First Minister therefore accept that the national centre should be funded by the Government, Creative Scotland and the local authorities, such as Highland Council and Shetland Islands Council, that place children at Plockton to further their musical development and careers? Will he ensure that his Government now takes the lead in organising that financial package?

The First Minister: I repeat that the money was put into the local government settlement. There is an obvious difference between that and the provision for local authorities across Scotland to allow them to ensure that every young Scot will—I hope—at some time in their school days be able to visit the marvellous new Robert Burns museum in Alloway, or the provision for the national resource project involving Historic Scotland and the National Trust for Scotland to ensure that we have a magnificent new visitor centre in time for the 700th anniversary of the battle of Bannockburn in 2014.

In not recognising Highland Council's responsibilities in the matter, Tavish Scott rather skates over the issue. Occasionally, he should try and take yes for an answer. I was not at yesterday's meeting between Michael Russell and John Farquhar Munro, but I know that John Farquhar Munro is a passionate advocate of his constituency and the Highlands, and I know that Michael Russell is deeply interested not just in music education, but in giving our children in the Highlands and Islands the maximum opportunities. Although I have not had a read-out on the meeting, I would be very surprised indeed if, between them, those two gentlemen had not made some progress to ensure that Plockton high school can continue to offer its vital educational experience for the children of the Highlands and Islands.

The Presiding Officer: I will take a supplementary from Richard Baker.

Richard Baker (North East Scotland) (Lab): Thank you. I will not dwell on the irony of this First Minister making allegations of hypocrisy.

The Presiding Officer: Mr Baker, at this stage, a supplementary really should just stick to the question.

Richard Baker: Thank you, Presiding Officer.

What support has been given to the victims affected by the dropping of cases as a result of the Cadder judgment? Is the First Minister aware that, a year before the judgment, practitioners in Scotland warned that his Government was in breach of the European convention on human rights on the matter? Does he agree that those events require the Cabinet Secretary for Justice to make an emergency statement to Parliament?

The First Minister: Where do I start with Mr Richard Baker? I might start with the fact that the highest court in Scotland ruled, by a majority of seven to nil, that Scottish justice was compliant in these matters. I do not know whether Richard Baker is saying that the Lord Advocate should have acted against a ruling of seven Scottish judges in the highest court in our land. When every party in the Parliament supported the emergency legislation that was necessary, it was recognised that the Crown Office and the justice secretary had dealt expeditiously with the extraordinarily difficult position that we had been presented with.

It has been noted today that if the Lord Advocate had not acted immediately when it looked as if the Supreme Court—not the highest court in Scotland, but the United Kingdom's Supreme Court—was going to deliver an adverse judgment, many thousands more would have been affected. Emergency legislation was passed expeditiously, with the support of Richard Baker.

I am delighted that the Parliament united to pass that emergency legislation. What surprises me is to read today's comments by Richard Baker attacking the justice secretary, when he, as a member of this Parliament, was prepared to support that legislation to deal with a situation that affected many thousands of our fellow citizens. It is his inability to look at such issues in terms of justice and the rights and expectations of our citizens, and his desperate attempts to gain some petty party advantage in such difficult situations, that have been the mark of Richard Baker throughout the current parliamentary session and why he was reduced to such a confused, rambling wreck on "Newsnight" last Monday.

Schools (Four-day Week)

4. Kenneth Gibson (Cunninghame North) (SNP): To ask the First Minister what the Scottish Government's position is on schools being switched to a four-day week. (S3F-2902)

The First Minister (Alex Salmond): As has been indicated, the Scottish Government does not support a move to a four-day week in schools. We now know that Iain Gray had to order his councillors in North Ayrshire to fall into line over the phone.

It seems to me that cutting a full day out of the school week, which Labour-controlled North Ayrshire Council seems to have been planning—

Iain Gray (East Lothian) (Lab): The SNP asked for it.

The First Minister: —would have had a significant impact on pupils, their families and staff, not least of which would have been the difficulties and costs for parents of arranging one

day of child care per week. The council has offered no explanation of why it thought that that was a good idea, but given that the Labour council leader quickly dumped the plan after it became public we might have thought that he did not need a desperate phone call from Iain Gray.

Kenneth Gibson: A four-day school week has no educational merit whatever. Contrary to the insinuation from Mr Gray, the SNP group was not aware of the Labour proposal before it hit the media—[*Interruption.*]

The Presiding Officer: Order.

Kenneth Gibson: The First Minister is aware that Labour-controlled North Ayrshire Council's grant will fall by £5.5 million in the year that begins in April. The council said that the cut would be £64 million, which caused widespread consternation among staff and service users. Given that the council's general services budget will still be more than £340 million and that there is an underspend of £5.4 million, does the First Minister share my concern that, although difficult decisions have to be taken, North Ayrshire Council and other Labour councils are scaring parents, playing politics with children's education and worrying staff, by overplaying budget reductions for their perceived electoral advantage?

The First Minister: I got the account of David O'Neill's interview on BBC Radio Scotland's "Good Morning Scotland" on 7 February. The Labour leader of North Ayrshire Council confirmed that the council had had a proposal to cut an entire year from school education by increasing the school age to six years old and keeping children in nursery for longer. He does not seem to have divulged in public the information that he divulged to Iain Gray.

There are people who genuinely think that compulsory school education should start at six. It is unfortunate that they would have to look at the Education (Scotland) Act 1980, which says that education must be offered to a person who has

"attained the age of five years and has not attained the age of sixteen years."

Therefore, although I am relieved that North Ayrshire Labour has been blown off course in its daft plan for a four-day week for Scottish pupils, I am still concerned that a leader of any council in Scotland should advocate the illegal position of school education starting at six. We need more than another phone call from Iain Gray. No wonder he has his head in his hands.

Local Government Expenditure

5. John Park (Mid Scotland and Fife) (Lab): To ask the First Minister what advice the Scottish Government has given to local authorities that are

considering reductions in spending regarding services and facilities that should be protected. (S3F-2907)

The First Minister (Alex Salmond): As John Park knows, our priorities were to protect 1,000 extra policemen on the streets, the council tax freeze, which has saved families more than £300, free personal care and small class sizes. We did that in agreement with the Convention of Scottish Local Authorities, which took as its main objective the retention of local councils' share of the public sector cake. COSLA also wanted as much protection for local councils as possible, without denying councils the opportunity to take their own local view on the proposals.

John Park: When the First Minister announced the establishment of the Christie commission on the future delivery of public services, he said:

"This Government is determined to ensure these services to which we all hold so dear, continue to be delivered in a manner that keeps the social fabric of Scotland intact."

I give the First Minister an example in which that has not happened. He might be aware that the outdoor education centre at Ardroy, in Argyll, which is operated by Fife Council, is likely to close, following a decision of the council today. Some 5,000 people have campaigned to keep the facility open and many people expressed concern to me about not just the impending decision but the unacceptable way in which the views of Fife Council employees, in particular, have been suppressed in recent weeks.

It looks like it might be too late for Ardroy, but will the First Minister today send a message to all public service decision makers, to insist that they engage in a meaningful way with all communities as they make the difficult decisions that lie ahead? If decision makers do not do that, there will be no social fabric left at all, let alone any to keep intact.

The First Minister: The member should bear in mind that local councils must make decisions that are based on the budget and local priorities. I repeat:

"COSLA's main objective was to retain our share of the public sector cake which we have done. It is doubly pleasing that we have delivered as much protection for our members as possible without boxing councils in and denying them the opportunity to take their own local view on the proposals we have developed with government."

That is a direct quotation from a press release from Councillor Pat Watters, COSLA president and Labour councillor from North Ayrshire Council—[*Interruption.*] I should have said South Lanarkshire Council; I admit that Ayrshire has been very much on my mind.

The important point that Pat Watters made is that the settlement for Scottish local government

was far better than the settlement for local government south of the border. The outline from Mr Swinney of a flat cash settlement for the next few years is infinitely better than the prospect that councils face south of the border.

I say that to John Park so that he will realise that these are extraordinarily difficult times for public sector finance. Our complaint about Labour members is not that they are worried and aware of the implications at the local council level; it is that they believe that we should all have a collective amnesia about why local government, central Government and every other public service are under such pressure. They are under pressure because of the wrecking of the United Kingdom's finances and a programme of cuts that are deeper and tougher than those of Margaret Thatcher, which was planned by the Labour Government at Westminster and which is being implemented by the current coalition Government. It is recognition of the fact that the Labour Party is responsible for that situation that we are looking for.

Forestry (Public Ownership)

6. Jim Hume (South of Scotland) (LD): To ask the First Minister what recent discussions the Scottish Government has had with Forestry Commission Scotland regarding the value of forestry under public ownership. (S3F-2911)

The First Minister (Alex Salmond): Roseanna Cunningham and Scottish Government officials regularly meet Forestry Commission Scotland to discuss a range of issues. The Scottish Government has made it very clear that, although there may be plans to take forests out of public ownership by the Lib Dem-Conservative Administration at Westminster, the Scottish Government has no such plans. Unlike the Con-Dem Administration, the Scottish Government recognises the enormous economic, social and environmental benefits that our forests and woodlands deliver.

In addition, we have made clear our intention to plant 100 million trees by 2015, which forms a major part of our drive to cut CO² emissions. We are making excellent progress towards that goal and I am pleased to say that I made a small personal contribution to that when I visited Cochno Hill in November last year.

Jim Hume: We are talking about Scottish issues. Everybody knows that it was the Scottish Lib Dems who forced the Scottish National Party Government into a U-turn on its plan to sell off our Scottish forests to the bankers. Since then, the Government has stated that it is against the privatisation of our forest estate. Now, we hear from a Government adviser that Scottish forests are

“being sold piecemeal to the highest bidder.”

There are facts to prove that. Since 2007, there has been a net loss of 26,000 acres of Scottish forest estate, with the Government netting a forest land sales profit of £28 million. Where have those profits gone, and when will the First Minister admit that selling off our forests is still on his agenda?

The First Minister: The revenue is going to purchase better-value land, which is being planted by the Forestry Commission. The plan is to increase forest cover in Scotland from 17 per cent of the area of our country to 25 per cent. We are on target to have 100 million more trees planted in Scotland over the next few years.

Given the ambition of those plans, I do not think that it is reasonable for a Liberal Democrat member to attack the Scottish Government on our ambitious plans for forestry, especially in the light of the fact that plans may be announced by the coalition Government in England that have direct implications for Scottish jobs in Edinburgh. The fact is that hundreds of jobs in Edinburgh are at risk as a result of the coalition Government's policies. I do not think that Jim Hume should come to the chamber and say that we cannot talk about what is happening in London given the implications of that for jobs in Edinburgh.

Margo MacDonald (Lothians) (Ind): On a point of order, Presiding Officer. In his answer to John Park, the First Minister admitted that local authorities have full responsibility for policy making in their areas. With the greatest of respect, I question why the leader of the Opposition and the First Minister were allowed to hurl insults at each other about what local authorities should or should not do. I ask you to call together the leaders of the parties and remind them of the standing orders.

The Presiding Officer: That is not a point of order for me, and whom I decide to meet is a matter entirely for me.

I suspend the meeting until 14:15.

12:34

Meeting suspended until 14:00.

14:00

On resuming—

Scottish Executive Question Time

Health and Wellbeing

Huntington's Disease

1. Ken Macintosh (Eastwood) (Lab): To ask the Scottish Executive what action it is taking to improve equity of access to health care for people with Huntington's disease. (S3O-12977)

The Minister for Public Health and Sport (Shona Robison): We are encouraging implementation of NHS Quality Improvement Scotland's clinical standards for neurological health services. That will help to improve access to services for those with neurological conditions such as Huntington's disease, wherever in Scotland they live.

Ken Macintosh: I am sure that the minister will be aware of how much patients rely on the support and care of specialist nurses. Is she aware that specialist nurses are available in the Greater Glasgow and Clyde NHS Board area, but only to residents of Glasgow City Council, so patients with Huntington's disease in, for example, East Renfrewshire cannot access that specialist nurse provision?

Shona Robison: I am aware that there are specialist nurses in eight NHS boards. Obviously, we would encourage more specialist nurses to be recruited, particularly given that we know that they are good value for money, and we encourage boards to do that. Also, it is fair to say that the progress that we believe will be made through the investment in the neurological managed clinical networks—which we have given money to each board to develop—will make a real difference to patient care.

I am certainly willing to have a look at the specific issue that the member raised. I am sure that there are good reasons for that related to the local arrangements, but I am willing to have a look at the issue in more detail and I will write to the member.

Support for Carers (Remote Areas)

2. Jamie Stone (Caithness, Sutherland and Easter Ross) (LD): To ask the Scottish Executive how the back-up and support for carers in Scotland's remotest areas will be safeguarded during times of reduced Government spending. (S3O-13005)

The Minister for Public Health and Sport (Shona Robison): Scottish Government spending on support to carers has not reduced. With the approval of the budget, members will be pleased to note that the £1 million that we allocated for 2010-11 for short breaks will now be rolled forward to 2015, making £5 million in total over that period. Now that the budget has been approved, there is £5 million for the carer information strategies in 2011-12, and both of those programmes support carers in remote and rural areas.

Jamie Stone: I thank Shona Robison for her answer—indeed, I welcome it. One of the problems that we have in my constituency is that if a patient from north-west Sutherland has to go to Raigmore hospital in Inverness for an appointment, the carer who is accompanying the patient—and, of course, the patient himself or herself—has a round trip that may last the whole day. Trying to find the time for that puts the carer in a pretty impossible position, and the Scottish Ambulance Service is not able to offer a huge amount of help. We have money in the budget, so how can the minister help carers who are placed in that situation?

Shona Robison: When they are considering how to spend their share of the £5 million for carer information strategies, we would expect health boards to consider local need. They should be discussing with local carers and carer organisations the priorities for spending the money. I suggest that Jamie Stone raise that point with the health board as a possible way forward.

Rob Gibson (Highlands and Islands) (SNP): I hear the minister's answer, and I wonder whether she can help us with the detail of the joint community care plan that Highland Council and Highland NHS Board have set up, which includes carer centre and carer advocacy tenders. Will those help some of the remoter communities, as mentioned in the original question? Is that the way forward to find new money?

Shona Robison: I believe that it certainly is, and I will be happy to write to the member with more detail of the plan and how I see it being taken forward.

The Presiding Officer (Alex Fergusson): Question 3 is from Dr Richard Simpson—*[Interruption.]* He is not here, I am afraid to say.

National Health Service Dental Services (North-east)

4. Nigel Don (North East Scotland) (SNP): To ask the Scottish Government what steps it has taken to increase the number of people registered with an NHS dentist in the north-east. (S3O-12929)

The Minister for Public Health and Sport (Shona Robison): The Scottish Government, through a series of measures, has taken significant steps to increase the number of people registered with an NHS dentist in the north-east. From June 2007 to June 2010, patient registrations have increased by 146,992 in NHS Grampian and NHS Tayside.

Nigel Don: What steps is the Government taking to increase registrations and access to dentists in rural communities?

Shona Robison: This is a very important issue, and we have been trying to focus in particular on areas where there are still access issues. Indeed, we have been very successful in that respect, although I know that the area that Nigel Don represents still faces some challenges. We have the remote areas allowance, which provides up to £9,000 for independent and salaried dentists who are classed as remote, and we are also encouraging dentists to locate in towns such as Montrose. Indeed, the health board has been very effective in encouraging dentists to set up in areas where people might still require access to an NHS dentist. The member should perhaps contact the health board to get a bit more detail on the future plans for that particular area.

Nanette Milne (North East Scotland) (Con): Many NHS dentists left the service a few years back. Are there any records showing how many have come back into the service?

Shona Robison: The number of dentists coming into the NHS has increased over the past two or three years and I find it very encouraging that so many dentists see the NHS as their future in their profession. Five years ago, there was a feeling that dentists were drifting out of the NHS, and the change in that situation is down to the significant investment that has been made in NHS dental services. The NHS can make dentists a good offer. Although I do not have specific figures on the number of dentists who left and then have come back into the NHS, the increase that I referred to is likely to be a mix of those dentists and, of course, new dentists coming out of our dental schools and wanting to work in the NHS in Scotland.

Dave Thompson (Highlands and Islands) (SNP): New dental surgeries have been planned in Portree for some time now. I believe that the land acquisition process is nearly complete, but what further progress is expected to be made this year?

Shona Robison: We are expecting significant progress this year. Of course as the member will be aware, and as I have said in response to previous questions, despite our efforts, the recruitment of dentists and the increase in

registrations across Scotland, we have still faced a challenge in Portree. That is why it was right and proper to identify the area for investment through the primary care fund, and we certainly expect major progress to be made this year. I am very happy to provide the member with more detail of that plan.

Adult Community Care

5. Charlie Gordon (Glasgow Cathcart) (Lab):

To ask the Scottish Executive what discussions it has had with local authorities, carers and service users regarding its proposed changes to adult community care. (S3O-12967)

The Minister for Public Health and Sport (Shona Robison): The Scottish Government has been discussing the need for better integration of health and social care with a range of stakeholders over the past four years. As part of that work, NHS Highland and Highland Council decided to implement a lead agency model based on strong evidence of benefits for service users. We have now made it clear that that is our preferred model for integrating health and social care and a lead agency group will be established to take that work forward.

Charlie Gordon: Is the minister able to assure the chamber that service users and carers will be consulted prior to the proposal's implementation and roll-out?

Shona Robison: Yes, I can give that guarantee. Of course, the staff involved will also be fully consulted. When one speaks to service users and carers, it is clear that they want an integrated single system. After all, what matters to them are the outcomes of what is delivered and they, like me, feel that those outcomes can be significantly improved with a single system for the delivery of health and social care.

Murdo Fraser (Mid Scotland and Fife) (Con):

What lines of accountability will apply for care workers under the proposed new arrangements? Will accountability be through the NHS or through local government?

Shona Robison: The governance structures will be those of the NHS. There are two key reasons for that. First, it makes more sense to me to deliver an integrated system through the wider geographical areas of the boards, given the economies of scale that are involved. Having said that, I think that it is important that local authorities continue to have an input to plans. Under the lead agency model, they will continue to do that. They will be the commissioners of services from the NHS, so they will not be excluded from the process. That is important. Secondly, under the new governance arrangements, it will be much easier to deliver a more consistent service

throughout Scotland. The approach has a number of benefits; I have set out the key ones.

St Brendan's Hospital

6. Alasdair Allan (Western Isles) (SNP): To ask the Scottish Government what its position is on the need for the St Brendan's hospital building on the Isle of Barra to be replaced. (S3O-12927)

The Deputy First Minister and Cabinet Secretary for Health and Wellbeing (Nicola Sturgeon): The Scottish Government is committed to delivering health care of the highest quality to people on Barra. At its meeting on 26 January, Western Isles NHS Board approved the undertaking of a formal feasibility study, to complete an options appraisal on the various potential solutions, so that both NHS Western Isles and Western Isles Council, whose care home facility is in the same building, can make an informed decision on the modernisation or replacement of St Brendan's hospital.

Alasdair Allan: In light of recent comments by the chief executive of NHS Western Isles that the current hospital building on Barra is "completely unacceptable" and "wholly inadequate" for modern clinical standards, will the Scottish Government consider as a matter of urgency any case that the local health board makes for a new facility?

Nicola Sturgeon: I give Alasdair Allan that assurance. As he is aware, I have had the opportunity to visit St Brendan's hospital. When I was there, I was struck by two things: first, the excellent standard of care that is delivered by the staff who work in the hospital; and secondly, the clear need for improvement to the physical facilities there. That case was made to me strongly.

NHS Western Isles also appreciates the case for improvement. The facilities at St Brendan's hospital and care home do not comply fully with the standards that we consider are required for modern health and social care, so significant redesign, modernisation and, perhaps, replacement are required to enable us to meet the needs of both the current and the future populations of Barra. That is why the NHS and the council set up a joint working group in June last year and why the board took the decision that it took in January. I assure Alasdair Allan that the Government will continue to monitor the situation closely as it develops.

Rhoda Grant (Highlands and Islands) (Lab): I imagine that the hospital will need to be replaced, because I do not think that it is fit for purpose. It is not possible even to move trolleys around the building, because the corridors are so narrow. When the cabinet secretary is considering the matter, will she also look at the accident and

emergency part of the hospital? There is no piped oxygen and the facilities are not really capable of dealing with some of the emergencies that come in. Although staff are not trained to do so, they need to hold patients while they wait for emergency retrieval teams to come. They must have the expertise and equipment that are required to keep people stabilised at that point.

Nicola Sturgeon: I hear the point that Rhoda Grant makes about the possible need for replacement of the hospital. All the options must be considered; local partners will do that. Having been to the hospital, I have some sympathy with the member's comments, but the decision is one for the local NHS and the council.

I will ensure that the specific point that the member made about accident and emergency provision is fed back to the health board, to ensure that it is fully cognisant of the issue.

I am sure that Rhoda Grant is aware that the matter is not currently with me for consideration. The board and the council need to do a great deal of work on it; that is why they have agreed to undertake a formal feasibility study. It is right that they look at all the options. As I said in my response to the constituency member, the Government will ensure that we continue to monitor any developments, as appropriate.

New Housing (West of Scotland)

7. Gil Paterson (West of Scotland) (SNP): To ask the Scottish Government what the impact of the reduced Scottish settlement is on the prospects for new housing in the West of Scotland. (S3O-12945)

The Minister for Housing and Communities (Alex Neil): We recently published "Homes Fit for the 21st Century: The Scottish Government's Strategy and Action Plan for Housing in the Next Decade: 2011-2020" and announced details of a competitive innovation and investment fund to support the delivery of new affordable homes during 2011-12. The investment programme will secure the approval of new affordable council and housing association homes throughout Scotland. The level of activity in West of Scotland will depend on the participation of housing associations, local councils and developers.

Gil Paterson: What impact will yesterday's budget have in the West of Scotland region on organisations such as Clydebank Re-built and on resources for housing projects?

Alex Neil: Yesterday's brilliant budget by John Swinney will add £22 million to the housing and regeneration budget. [*Interruption.*] I will move my phone, but it is actually switched off, Presiding Officer.

Of that amount, £16 million will be for investment in housing and another £6 million is for investment in the urban regeneration areas. Clearly, Clydebank and Clydebank Re-built will be major beneficiaries of the additional funding.

Des McNulty (Clydebank and Milngavie) (Lab): I invite the minister to be a wee bit more specific. How major is major? Will he put a figure on how much money will come to Clydebank Re-built? I have asked the minister about that before. Can he offer any indication of what funding will be available for housing in West Dunbartonshire in the forthcoming year?

Alex Neil: We would not, of course, have been able to allocate any money if Mr McNulty had had his way, because he tried to vote down the budget. He would have been voting down £6 million extra for the urban regeneration companies and £16 million extra for housing. It is rather ironic that he demands money for Clydebank that he was not prepared to vote through yesterday. However, I can tell him that we will announce the allocations to the URCs in the near future and that Clydebank will feature in those allocations of funding, because it is a deserving case. The total budget that we are investing in Clydebank and the five other URC areas far exceeds anything that was ever invested in them by the previous Labour and Liberal Administration.

The Presiding Officer: Question 8 is withdrawn.

Balfour Hospital

9. Liam McArthur (Orkney) (LD): To ask the Scottish Executive what progress is being made in agreeing the basis on which the development of a new Balfour hospital can be taken forward. (S3O-12995)

The Deputy First Minister and Cabinet Secretary for Health and Wellbeing (Nicola Sturgeon): NHS Orkney has developed an outline business case and submitted it to the capital investment group for consideration. At this point, we are aware that further work is required by the national health service board on the clinical strategy and clinical model, which will define fully the requirement for facilities. Issues regarding funding, both capital and revenue, also require to be addressed and officials and the Scottish Futures Trust are working with the board on options for funding and procurement.

Liam McArthur: The cabinet secretary will be aware from her visits to my constituency of the difficulties that are created by the age, layout and general state of the current Balfour hospital. I am sure that she would agree that the excellent standard of care that is provided by local NHS Orkney staff comes despite, rather than because

of, the facilities in which they are required to work. Although I welcome the efforts that have been made to date towards delivery of a new hospital, will the cabinet secretary accept the need for the matter to be taken forward with the utmost urgency, particularly in light of the impact of any delay on decisions about a Kirkwall-based care facility? Although I note what the cabinet secretary said in relation to decisions about capital and revenue, she will be aware of the tight capital budget, so perhaps she could elaborate on whether she sees a role for revenue spending in delivering what is a vital facility.

Nicola Sturgeon: In recent weeks, the Cabinet Secretary for Finance and Sustainable Growth has made comments and provision around funding on the non-profit distributing model. However, the project that the member raises must go through certain processes before any decisions of that nature are taken.

I agree with Liam McArthur about the excellent standard of care that is delivered in Balfour hospital. I made similar comments in my response to a question a couple of questions ago about St Brendan's. Having visited the hospital, I recognise the challenges that are posed by the age of the facilities. I also agree with him that there is an urgency here, but I am sure that the member will agree that there is a need to get this right. Notwithstanding future decisions about funding and the financial model that may be used, it is important that the facilities that may be agreed in future are aligned with the clinical strategy that NHS Orkney wants to pursue. That is why it is important that we and NHS Orkney do the work at this stage to ensure that whatever is agreed stands the test of time and delivers good, high-quality services for people in Orkney for many years to come.

Active Schools Co-ordinators

10. Des McNulty (Clydebank and Milngavie) (Lab): To ask the Scottish Executive how many active schools co-ordinators there are and by how many sportscotland estimates this number will have to be reduced as a result of the 2011-12 budget. (S3O-12981)

The Minister for Public Health and Sport (Shona Robison): There are 451 individuals employed as part of the active schools network who are helping to provide opportunities for children and young people to be engaged in physical activity and sport. In addition, there are over 10,000 volunteers, made up of teachers, parents, coaches and students, who all help to provide opportunities for children to take part. In 2009-10, they delivered 5 million opportunities for children to take part in sport and physical activities in and around schools. Discussions are on-going

with local authorities for 2011-12, but I understand that all have indicated a commitment to the active schools programme and that sportscotland will continue to provide investment of £13 million this year.

Des McNulty: Will the minister work hard with local government to try to ensure that the active schools projects continue? As she said, there are some valuable outcomes in local authority areas right across Scotland as a result of this worthwhile programme. It would be unfortunate if the programme were to be reduced further than it has been over the past two years. If it can be given priority and work can be done to achieve its continuation, I am sure that that would be in everyone's interests.

Shona Robison: Yes, we are working hard to ensure that that happens, as is sportscotland, which has developed a close relationship with each local authority. I am very confident that not only will the active schools network go from strength to strength but—and this is important—we will see even more opportunities for children to take part in sport and physical activities in and around schools. When we link this investment to the investment in community sport hubs around Scotland, we have good reason to be optimistic about it delivering real progress.

Scottish Ambulance Service (West Highlands)

11. Peter Peacock (Highlands and Islands) (Lab): To ask the Scottish Executive when it last met representatives of the Scottish Ambulance Service and whether issues relating to its operations in the west Highlands were discussed. (S3O-12985)

The Deputy First Minister and Cabinet Secretary for Health and Wellbeing (Nicola Sturgeon): The Scottish Government is in regular contact with the Scottish Ambulance Service on a wide range of issues. I also meet regularly with national health service board chairs and did so most recently on 31 January.

Peter Peacock: Recently, a number of communities in the west Highlands have experienced considerable delay in emergency response times. In a recent case on the Isle of Raasay, it took up to five hours for an ambulance to attend an incident. NHS Highland has had to employ on-call community nurses because of the inadequate emergency cover on Ardnamurchan. Is the cabinet secretary satisfied that the Scottish Ambulance Service's operations in the west Highlands are fully fit for purpose? When she next meets the service, will she examine with it operational practices in our more remote communities?

Nicola Sturgeon: The Scottish Ambulance Service does a very good job across Scotland but, as the member will be very aware, it faces particular challenges in rural and remote areas. The issue on Ardnamurchan was raised with me previously and I made it very clear that I expect NHS Highland, the Ambulance Service and other local partners to work collaboratively to ensure that the community is properly supported. I have also said that I will follow developments there very closely. Generally, Ambulance Service response times have improved greatly in recent years but, if the member's constituents have been experiencing particular issues with response times, I ask him to raise them with me, as I will be happy to ask the service to look into them.

Child and Adolescent Mental Health Services (Referral-to-treatment Target)

12. Alison McInnes (North East Scotland) (LD): To ask the Scottish Executive what action it is taking to meet the 26-week referral-to-treatment target for specialist child and adolescent mental health services. (S3O-12996)

The Deputy First Minister and Cabinet Secretary for Health and Wellbeing (Nicola Sturgeon): National health service boards are making progress towards delivering the target by 2013. We have committed £6.5 million over three years for NHS boards to increase the number of psychologists in specialist child and adolescent mental health services. We are also investing £2 million each year to support the further development of specialist CAMHS. As a result of that investment, child psychology posts grew by 26 per cent between October 2009 and September 2010. We expect that to make a significant impact on waiting times for those services.

Alison McInnes: I welcome the progress that has been made. If ever there was a good case for early intervention, it is in tackling mental health problems.

What steps are being taken to ensure that health boards meet their responsibility under the Mental Health (Care and Treatment) (Scotland) Act 2003 to provide age-appropriate services? In 2008-09, 155 under-18s were admitted to adult mental health wards, which was an increase on the previous year. Does the cabinet secretary agree that a child or young person in an adult ward is less likely to see a specialist psychiatrist or to participate in social activities and that their education might well be disrupted? Will she urge NHS boards to learn the lessons from the best practice at the new Stobhill facility in Glasgow, which provides a specialist child and adolescent unit?

Nicola Sturgeon: I agree whole-heartedly with Alison McInnes's point that early intervention is particularly important when dealing with mental health issues and with mental health problems that young people experience. The aim of the Government and of health boards is to ensure that the right care and treatment are available for young people in the right place and at the right time.

We recognise that some young people are still admitted to adult beds and we are working closely and hard with NHS boards to address that. For example, the facility for young people from the west of Scotland to which Alison McInnes referred—Skye house—opened in 2009. When admission to an adult bed is the best treatment option that is available, I expect specialist CAMHS to offer appropriate care and support—that is particularly important. As part of our regular service delivery meetings with health boards on mental health, we will raise with boards how they meet the needs of young people who are admitted to adult beds.

As Alison McInnes is no doubt aware, Scotland has three adolescent units—I mentioned Skye house in the west, which has 24 beds; the Royal hospital for sick children in Edinburgh serves the south and has 12 beds; and six beds are in Dundee, which serves the north. Nine beds for under-12s are also provided on a national basis at the Royal hospital for sick children in Glasgow.

I acknowledge the points that Alison McInnes makes and I hope that she acknowledges the progress that we are making, as she did in asking her supplementary question. I assure her that we will continue to work hard to address the issues.

Mary Scanlon (Highlands and Islands) (Con): I welcome the 26 per cent increase in the number of psychologists and I agree about the need for the right care and treatment. What is the Government doing to identify at the earliest possible stage children who need specialist child and adolescent mental health services?

Nicola Sturgeon: Health boards are working and have a responsibility to work to ensure early intervention in a range of specialties. We have discussed the importance of that for mental health services. That work involves early identification and early diagnosis to ensure the earliest access to treatment. That is part of the general drive to improve the delivery of mental health services for children and adolescents. I am happy to write to Mary Scanlon with further information, perhaps with reference to examples.

Audiology Services Advisory Group

13. Linda Fabiani (Central Scotland) (SNP): To ask the Scottish Government when the next

report of the audiology services advisory group will be published. (S3O-12931)

The Minister for Public Health and Sport (Shona Robison): A publication date for the report on bone-anchored hearing aids, to which Linda Fabiani's question refers, has yet to be agreed. However, when the audiology services advisory group met yesterday, it discussed the report's final draft, so I fully expect it to be published very soon. I will send Linda Fabiani a copy of the report as soon as it becomes available.

Linda Fabiani: The minister is aware that I have a constituent who is concerned about the lack of provision of bone-anchored hearing aids in Lanarkshire NHS Board's area. Will she assure me that that was discussed at the audiology services advisory group's meeting?

Shona Robison: Yes. I recognise Linda Fabiani's interest in the matter, which she has pursued rigorously. She will be aware that the group's report very much deals with that issue. As far as I am aware, it would have been discussed at yesterday's meeting, although I will write to the member to confirm that. As I said in my initial answer, the report will be coming out very soon indeed, and its contents will, I hope, help to take the matter forward.

Chronic Pain Services

14. Andy Kerr (East Kilbride) (Lab): To ask the Scottish Executive what provision it is making for patients with chronic pain. (S3O-12971)

The Deputy First Minister and Cabinet Secretary for Health and Wellbeing (Nicola Sturgeon): The Scottish Government is committed to ensuring that people living with chronic pain get the care and support that they need.

On the back of the GRIPS—"Getting Relevant Information on Pain Services"—report, we have recognised chronic pain as a long-term condition in its own right. We have made improving chronic pain services a key action in our work on long-term conditions. We have appointed a lead clinician for chronic pain, one of whose main tasks has been to develop a Scottish model for chronic pain services. Along with NHS Quality Improvement Scotland, we have established a chronic pain steering group to support the lead clinician, and we have funded the development of a demonstrator managed clinical network for chronic pain in NHS Greater Glasgow and Clyde.

Andy Kerr: I welcome the cabinet secretary's response to my question. I take heart from some of the efforts that are being made regarding chronic pain management.

I am aware that a number of our constituents from throughout Scotland have to travel elsewhere in the country, for instance to Bath, for treatment. Is the cabinet secretary considering—as part of the initiatives that she referred to in her initial answer regarding the managed clinical network and other factors—whether it will be possible to have a centre closer to home for the many Scottish patients who not only require the treatment but find the travelling particularly arduous, considering their condition?

Nicola Sturgeon: The Royal national hospital for rheumatic diseases in Bath is a highly specialised residential pain management facility. Scottish patients are transferred and referred there only if their clinician believes that it would be of benefit. All referrals to Bath have been in cases where it has been entirely appropriate. We are reviewing the role of that sort of residential facility as part of the integrated service model for chronic pain that we have been developing. Our general approach is that people should not have to travel for specialist treatment unless there are clear benefits from doing so in terms of outcomes.

I agree with Andy Kerr on the points that he makes about the difficulties for patients and their families who have to travel significant distances, at times having to go furth of Scotland, for specialist treatment. I am pleased to tell the Parliament today that the number of people with chronic pain who have been referred to pain management centres outside Scotland has decreased from 34 in 2005-06—around the time when Andy Kerr may have been health minister, I believe—to 18 in 2009-10. I refer to that simply because I hope that Andy Kerr understands the reasons behind the situation and that he appreciates the work that the Government is doing to improve the situation.

The Presiding Officer: Question 15 should have been from Willie Coffey, but I understand that he is stuck in traffic. Perhaps he could have left home earlier.

Carers Forums (Support)

16. Dave Thompson (Highlands and Islands) (SNP): To ask the Scottish Government what support is available to carers forums. (S3O-12948)

The Minister for Public Health and Sport (Shona Robison): Local authorities, with their strategic partners at local level, are responsible for supporting local carers forums. In some areas, their responsibility might be devolved to regional umbrella voluntary bodies. Local authorities are also responsible for taking decisions on how regional care forums are supported.

Dave Thompson: In June, Highland Council and Highland NHS Board are ending their contract with Highland Community Care Forum for the

provision of support for users and carers forums, with a replacement not due to be in place for some time. There is concern that the gap in provision might lead to the collapse of some of the most fragile forums in Highland, and that the new contract might not support the independent advice of local forums. Has the minister had any discussions with the health board and the council about ensuring that there is no gap in provision?

Shona Robison: I am aware of the issue, and my understanding is that Highland Community Care Forum has a service delivery contract with the Highland Council and the health board, covering a number of elements including support to some of the local forums in the authority area. The contract will end next month, although I understand that there are extensions for some elements, so as to maintain continuity of service.

My officials have had contact with the council and the health board, which have provided assurances that there will be continued engagement on the part of the council and the board with the wide range of local forums across Highland. My understanding is that both organisations seek to enhance the infrastructure that supports local and community groups to organise very important activities that promote the health and wellbeing of older people in particular, as well as others in their communities. I certainly hope that the local forums will be able to continue and that a way forward can be found.

On the question of independence, the forums will, no matter who supports them, maintain their independence, and that is right and proper.

Insulin Pump Therapy

17. David Stewart (Highlands and Islands) (Lab): To ask the Scottish Executive what progress is being made by national health service boards in increasing access to insulin pump therapy in line with the latest clinical guidance. (S3O-12989)

The Minister for Public Health and Sport (Shona Robison): National figures on the use of insulin pumps show that provision more than doubled between 2007 and 2009, albeit from a low baseline. We fully expect that when the Scottish diabetes survey for 2010 is published in April, it will show that that trend is continuing.

The Scottish diabetes group will continue to monitor progress on a board-by-board basis on our behalf.

David Stewart: The minister will be well aware of my long-term interest in this area. Although I welcome her comments, she will probably agree that the results are still not great throughout Scotland, as provision varies from 1 per cent to 5 per cent. I am particularly concerned about the low

use of insulin pumps for young people. It is crucially important that those who are reliant on insulin can use insulin pumps as a way of normalisation, which is in the National Institute for Health and Clinical Excellence guidelines. Will the minister accept my view that we should increase the use of insulin pumps to at least the English level of around 5 per cent?

Shona Robison: I very much recognise David Stewart's long-standing interest in this area. As he is aware, we continue to encourage NHS boards to increase access to insulin pumps, but we must recognise that it is quite a complex process. A key factor is the availability of staff to deliver the very structured education programme that is associated with being on a pump; I know that David Stewart knows about that in great detail. It is step-by-step progress. We would all wish that it was quicker, but I am heartened that we are going in the right direction, albeit perhaps a bit more slowly than we would hope. As I said, it is hoped that the report will offer some more room for optimism when it is published in April by showing that the trend in the right direction is continuing.

Monklands Hospital (Bed Numbers)

18. Karen Whitefield (Airdrie and Shotts) (Lab): To ask the Scottish Executive what impact the reduction in bed numbers at Monklands hospital is having on patient care. (S3O-12990)

The Deputy First Minister and Cabinet Secretary for Health and Wellbeing (Nicola Sturgeon): NHS Lanarkshire has assured me that any changes to the number of beds and the way that they are used in hospitals is driven by the primary consideration of maintaining the highest quality of care. The same number of patients are being treated, and NHS Lanarkshire continues to meet its waiting times and all other performance targets.

Karen Whitefield: Is the minister aware of the concerns of a number of my constituents who, while visiting relatives at Wester Moffat hospital in Airdrie, witnessed taxis bringing staff and cleaners to open up a mothballed ward in the middle of the night? Can she confirm that that is not an example of good practice but a direct consequence of bed reduction at all three acute sites in Lanarkshire, which could no longer cope with the number of patients being admitted through their doors?

Nicola Sturgeon: If Karen Whitefield wants to send me the particular details of what she alleges, I am more than happy to look into it—

Karen Whitefield: It was my constituents.

Nicola Sturgeon: As I have said to Karen Whitefield, I am more than happy to look into it. However, as she surely understands, any health board will flex its number of beds depending on

demand, much of which will be seasonally driven. The idea that a health board will increase the number of beds at particular times should not come as a surprise to anybody, and she would not expect a board to keep beds open at other times of the year when they were not needed.

Listening to Karen Whitefield, I cannot help wondering what the impact on beds and services at Monklands hospital might have been if the Labour plan to close its accident and emergency unit had gone ahead. Sometimes the hypocrisy from that side of the chamber is simply breathtaking.

Bed numbers should reflect models of service delivery. Bed numbers throughout Scotland declined significantly under the previous Administration, often for good service redesign reasons. What matters is the speed and quality of treatment for patients, and I am glad to say that both those things have improved under this Administration.

The Presiding Officer: That concludes questions on health and wellbeing.

Kenneth Gibson (Cunninghame North) (SNP): On a point of order, Presiding Officer. I was in the chamber from the start of questions on health and wellbeing and I know that you only got to the 18th question. Although 10 members of the Labour group were listed to ask questions, at one point only one was in the chamber and a number of them came into the chamber only one or two minutes before they were due to ask their questions. One or two who came in late even got to ask supplementary questions. Is it appropriate to remind all members that they should be here from the start to the end of questions and that those of us who are here from the start to the end should get an opportunity to ask our questions?

Andy Kerr (East Kilbride) (Lab): Come on, come on, Presiding Officer.

The Presiding Officer: I will not take directions from members from a sedentary position.

I recently reminded members that they are expected to be in their places by the start of the item. I am concerned about the number of members who do not turn up for questions at all. I will make an excuse on this occasion because I believe that, when I suspended the meeting just after 12.30 pm, I said that it would resume at 2.15 pm. Nonetheless, members should be guided by what is in the *Business Bulletin*.

I accept that I made an error today, but Mr Gibson is not wrong in what he said and I have recently reminded members of it. I hope that, as we draw towards the close of this parliamentary session, members will respect the Parliament to that degree.

Public Records (Scotland) Bill: Stage 1

The Presiding Officer (Alex Fergusson): The next item of business is a debate on motion S3M-7900, in the name of Fiona Hyslop, on the Public Records (Scotland) Bill.

14:42

The Minister for Culture and External Affairs (Fiona Hyslop): I am pleased to open the debate on the general principles of the Public Records (Scotland) Bill. I thank those who gave evidence and thank the convener and members of the Education, Lifelong Learning and Culture Committee for their detailed scrutiny of the bill at stage 1. I welcome their support for the general principles of the bill, and I will seek to address some of the key issues that they highlighted.

The bill has its origins in Tom Shaw's report on the historical abuse of looked-after children, which was published in 2007 and accepted by all parties in Parliament. Tom Shaw underlined the lessons of his report in evidence on the bill that he gave to the committee. His powerful and compelling evidence showed the human cost of record-keeping failures. He repeated his recommendation on the need for new legislation to cover all public records. That is why we have introduced this comprehensive bill, which covers all functions that are carried out by the public authorities that are listed in it.

The bill is not only about past problems. As a minister who previously had responsibility for children, I am familiar with the outcome of the Kerelaw inquiry in 2009. It found instances of lost records, files that were difficult to locate and problems in accessing older electronic records. I am conscious that, if there had been improvements to records management such as those that we now propose, the findings would have been different.

Some people have argued that we do not need to legislate, because a voluntary approach will achieve the same result. However, the existing system is essentially voluntary, and had it worked properly we would not have had the Shaw and Kerelaw findings with regard to records management. Therefore, I am pleased that the committee agreed to back the general principles of the bill and took the view that there was a strong moral obligation on public authorities to manage personal records effectively.

The committee expressed concerns about the representations that it received that the bill was disproportionate and would create a heavy burden on public authorities, and particularly on the

voluntary sector. I emphasise that, from the outset, our approach has been light touch and we have produced a tightly drawn bill. It is about only the management of public records, not their content or how long they are to be kept, which are matters for individual authorities and existing regulatory bodies. For example, the getting it right for every child programme means that decisions about what is kept come from the professional specialists in child protection and health, therefore Social Care and Social Work Improvement Scotland, the national health service and the Convention of Scottish Local Authorities should lead on the content of records.

The bill is about how to manage records once they exist. Decisions about what records are to be created are for the authorities that create them. The keeper of the records of Scotland will determine the model records management plan to assist public bodies in preparing their own plans to improve their records management and will take advice from different sectors.

I recently discussed with COSLA my keenness for it and others to advise on what should be in the model plan for local government, for example. The keeper and his staff will work in a complementary partnership with sector specialists. My officials are considering an amendment at stage 2 to make that clear, and we are reviewing the language in the bill to emphasise our aim of encouraging self-improvement as opposed to dictating solutions.

I note the concerns that the committee raised about the obligations that will be placed on public bodies, and the genuine concerns that we heard from people in the voluntary sector, as contractors for public authorities. I am committed to working with public authorities and contractors to address those concerns.

I also note the committee's concerns that the bill might place an administrative burden on contractors and that public authorities might overimplement their obligations under a records management plan, which could incur record-keeping costs for small organisations. However, let us not forget that small bodies often do important work and generate important records. We need to find ways to make that easier for them and to give them confidence about what they need to do. The model records management plan and the keeper's guidance will help to do that.

Concerns were expressed about being forced to keep everything by risk-averse public authorities. The bill does not place any direct responsibility on voluntary or private sector contractors and it does not give public authorities any power to force contractors to do anything. Public authorities must ensure that records of contractors are managed in accordance with their records management plans. Approval of those rests with the keeper, who can

refuse to approve them. The answer is partnership between the authorities, voluntary sector providers and the keeper. That dialogue is already under way.

The detail in plans is for each authority to determine, but I expect there to be a great deal of convergence. It simply would not be efficient for every authority to develop its own plan, and the keeper will emphasise that in the guidance. The bill allows for common plans, which may be appropriate where authorities' work is similar. Work is already under way to draw up generic retention schedules, for example. The Government's role is to facilitate dialogue between COSLA and the voluntary sector to ensure that a commonsense approach that is based on best practice is taken.

Issues relating to confidentiality and access have been raised. Let me be clear: the bill is not about freedom of information by the back door. It is entirely silent on access, which is dealt with in other legislation, and it does not interfere with confidentiality in any way.

If authorities already have good records systems in place—as many do—costs will be minimal. That has already been recognised by records professionals working in local authorities, who support our proposals. However, there is scope for sharing and pooling resources. Records management is an ideal area for imaginative co-operation and joint working between authorities. There is a cost in not making improvements. Keeping too many records for too long is a needless waste of resources.

We will continue to engage on the bill with sectors and organisations. The dialogue to date has been positive, and it is continuing.

Records are not just boring data; they are memories of people and what has happened to them—they are the only memories for some people—and they need to be managed properly.

I move,

That the Parliament agrees to the general principles of the Public Records (Scotland) Bill.

The Presiding Officer: I call Karen Whitefield to speak on behalf of the Education, Lifelong Learning and Culture Committee.

14:48

Karen Whitefield (Airdrie and Shotts) (Lab): I thank everybody who gave written and oral evidence to the Education, Lifelong Learning and Culture Committee, and the committee clerks, whose help and support was, as ever, invaluable.

To help us to understand what the bill is intended to achieve, I will give a working definition

of what is meant by public records in the context of the bill and a brief description of the circumstances out of which the bill arose.

For the purpose of the bill, public records are any information that is generated by a public authority in carrying out its functions or by any organisation or individual that is contracted to do so on behalf of a public authority. However, it is important to note that, as well as applying to record keeping relating to children and vulnerable adults who are engaged with health and local authorities, the bill pertains to records management across the voluntary sector and to any other organisations that benefit from public funding.

The bill originated from the historical abuse systemic review, which uncovered significant failings in records management in residential schools and children's homes in Scotland. Indeed, Tom Shaw gave some of the most compelling evidence to the committee during our stage 1 deliberations. The primary intent of the bill is to introduce measures to combat those failings and to improve record keeping across the public sector in Scotland, and the committee supports those aims.

I will now outline the key provisions of the bill. First, all public authorities must draft and adhere to a records management plan, which must be approved by the keeper, who will produce guidance to support that process. To ensure consistency and minimise unnecessary work, similar types of public authority may adhere to a common RMP. In addition, the bill will empower the keeper to undertake compliance reviews to ensure that the legislation is adhered to and will enable them to issue warning notices to authorities that fail to comply. In the event that such notices go unheeded, the keeper will be able to publicise the failings of those authorities that are non-compliant.

Some of the organisations that gave evidence to the committee were vigorously opposed to records management plans backed by legislation. The Scottish Further and Higher Education Funding Council questioned the need for new legislation and called the bill "a heavy-handed response". It said:

"with the exception of ... looked-after children ... we could find no compelling evidence ... of a breakdown or failure in record-keeping across the public sector that warrants the introduction of a new regulatory framework".

National Museums Scotland contended that the bill should not apply to such a wide range of organisations. It said:

"We find it difficult to see why National Museums Scotland should be included on the list of named organisations and be expected to follow the same

regulatory regime as organisations which are responsible for very sensitive personal records”.

The Scottish Council for Voluntary Organisations pointed out that the bill

“has the potential to cast a very wide net across our sector that tangles us all up in a resource intensive bureaucracy”.

However, the minister did her very best to respond to those concerns when she appeared before the committee. She pointed out that records management plans would not be rigid but would be tailored to meet the needs of each sector; that the bill would be light touch as opposed to heavy handed; and that steps would be taken to minimise the administrative burden that is placed on public authorities and external contractors. In addition, she assured the committee that when external contractors did the same job for several public authorities, only one records management plan would be required. I know that some voluntary sector organisations still have concerns about that, although I appreciate that there has been helpful dialogue this week between those organisations and the minister’s officials. I urge her to continue that dialogue.

The committee believes that the bill must be accompanied by guidance to ensure good practice across the public sector, and that it will have to be nuanced to suit the needs of different organisations. It is hoped that rather than adding to the volume of records that are currently kept, the bill will ensure that records are managed appropriately, but the committee agrees that there is a danger that some public authorities or external contractors may apply RMPs with excessive zeal to avoid the risk of falling foul of the legislation. I hope that the minister will guard against that.

The committee recognises that the concerns of the voluntary sector have not been fully addressed. Many voluntary organisations are already overstretched, and it is vital that the bill does not add unnecessary weight to their administrative burdens. The Scottish Government must work to address those concerns at stage 2, and I am confident that the minister will do that, because during stage 1 she has made genuine efforts to engage with the committee to ensure that steps are taken to avoid overly rigorous interpretation and implementation of the bill.

As far as the financial implications are concerned, although at this stage there is insufficient evidence on the cost of the bill, the Scottish Council on Archives believes that the task of drafting a records management plan will not be onerous, and it is generally agreed that implementation of the bill is unlikely to incur great expense.

The committee believes that the historical abuse systemic review revealed shortcomings in record

keeping and records management in the care sector, and that urgent action is needed to address them. Furthermore, it strongly believes that all organisations that receive public money have an obligation to keep their records responsibly. I am sure that every member agrees that that is especially the case when those organisations deal with documents that are sensitive and/or of great emotional or practical value. It is imperative that such records are properly maintained and accessible to the people to whom they relate.

Although the committee acknowledges that not all the concerns that were raised during stage 1 have been fully addressed, we are satisfied that the bill is necessary. As the committee heard from the National Archives of Scotland:

“Good records management is not free, but it is cheaper than bad records management or no records management.”—[*Official Report, Education, Lifelong Learning and Culture Committee*, 8 December 2010; c 4453.]

On that basis, the committee recommends that the Parliament agree to the general principles of the bill.

14:55

Ken Macintosh (Eastwood) (Lab): I do not know whether members are familiar with the film “Diner”. It is a great film, and one of the best scenes involves a young man called Shrevie, who is newly married to his childhood sweetheart. The couple are having their first experience of marital discord: an argument has broken out over Shrevie’s record collection, which is alphabetised and broken down by genre—rhythm and blues, jazz, rock and roll, and so on. I am talking about vinyl records, which is what some of us were brought up with—

Ted Brocklebank (Mid Scotland and Fife) (Con): What is vinyl?

Ken Macintosh: I said, “some of us”.

Shrevie loses his temper because his wife has put his Charlie Parker album back under “R and B” rather than “Jazz”. She retorts, “I only wanted to play the thing.” The trouble with the scene is that I think that we are supposed to identify with the wife, but I identify with Shrevie, because I like to keep my records alphabetised and categorised by genre. I think that that appeals to the pencil-sharpening retentive side of me.

That is rather a long-winded way of saying that many members, including me, welcome and are attracted to the bill and the whole notion of meticulous and well-ordered record keeping. I would not describe myself as an historian, but I certainly know the value of good historical records.

The bill is relatively simple and straightforward. It seeks to improve the management of records in certain public authorities by requiring them to produce a records management plan. It will empower the keeper of the records of Scotland to draw up a model RMP and to monitor compliance with the new duty. On the face of it, the bill does not appear to be overly onerous. The keeper's only power of enforcement relates to failure to maintain records to the expected standard, and the penalty is the naming and shaming of the defaulting authority.

Members will correct me if I am wrong about this, but I think that every member of the committee and all the witnesses who gave evidence thought that it was a good idea to try to improve standards of record keeping. Nobody disagreed with the intent or policy objectives of the bill. However, despite the apparent consensus, the question that the committee faced was whether we need the bill at all. The Parliament must now face the same issue.

As members know, the voluntary sector and local authorities, represented by the Convention of Scottish Local Authorities, in particular, were perhaps the most animated in their concern about and opposition to the bill. Members have talked about some of the concerns, and I will consider what the Parliament and the minister can do to address them at stage 2. The concerns focused on three areas: the unnecessary bureaucracy that the bill might bring; the proportionality of the duties that the bill will impose to the risk that is posed by poor records management; and the lack of certainty about costs, and the priority that we should give to that at a time of painful budget cuts.

We all agreed with the bill's intent and policy objectives, but if the objectives can be achieved without legislating and without introducing a gold-plated record-keeping system, surely we should go down the voluntary route. In some ways, I was surprised that the committee unanimously agreed that there is a need to legislate on records management. One of the strongest arguments that was put during the committee's recent discussions on the Autism (Scotland) Bill was that there is no need to legislate at all times, particularly when alternative routes such as guidance or partnership working—the concordat approach—can be pursued and will achieve the same policy objectives.

In any event, members of all parties agreed and indicated our support for the bill. The most persuasive evidence that led us to that conclusion came from Tom Shaw, who carried out the review of historical abuse in residential child care, and from Lorna Patterson, on behalf of the in care survivors service Scotland. Indeed, Mr Shaw's report and conclusions about the consequences of

failing to keep appropriate records in residential schools and homes were the key drivers for the legislation. To this day, survivors of abuse continue to suffer because of the difficulty that they have in finding out about their own lives and childhoods through memories and records that most of us take for granted and certainly would not discard carelessly. The fact that many of the children's homes were run by voluntary organisations was also a factor in the committee's thinking.

Therefore, although we have real concerns about the way in which the bill might be implemented and its lack of proportionality when it comes to records that contain little sensitive or personal information, we support the bill, not only because we do not wish to see a repeat of the trauma that has been experienced by those who have survived abuse in children's homes but because most members of the committee thought that it was important for accountability and the good management of our public services. The decision is finely balanced, but I believe that we should go down the legislative route while asking the Government to address the genuine and clear concerns of the many organisations involved.

15:00

Ted Brocklebank (Mid Scotland and Fife)
(Con): I have always been attracted to the view that journalism is the first draft of history. The historian's craft is, of course, the superior one, given the journalistic distortions and spin that the historian must navigate in coming to a balanced version of events. However, both crafts undoubtedly echo the Inuit view that to know where one is going, one must first know where one comes from. Judging from the surge of interest in our forebears, with any number of television shows helping us to "Meet the Ancestors" and family tree advice available on all manner of websites, more and more of us are fascinated about where we came from.

It is, though, not just to feed the fascination with our roots that it is important that accurate records are kept and managed. As the minister indicated, the genesis of the Public Records (Scotland) Bill lies in the report into institutional child abuse in residential schools and children's homes in Scotland. Clearly, there was a feeling that vulnerable people had been let down by the inadequacy of the records that were held, and the keeper of the records of Scotland conducted a review of public records legislation. As a result of that review, the keeper recommended limited legislation to improve record keeping across the public sector, which would

"improve accountability, increase transparency and strengthen governance".

Behind those words lay much hurt and frustration on the part of those who had attempted to find out basic information about their own backgrounds.

Even before freedom of information legislation, it was obvious that record keeping in Scotland was not all that it might be. I remember, in a previous incarnation, finding it remarkable that there was no publicly available register detailing who actually owned the land of Scotland. Thousands of acres were being bought by and sold to trusts and purchasers hiding behind shell companies, yet there was no mechanism whereby the public could find out who owned what. The records were incomplete, to say the least.

In 1977 a retired forester called John McEwen published a painstakingly researched book called "Who Owns Scotland?". It was a partial lifting of the veil, but many of the records still remained hidden. Andy Wightman updated McEwen's work in 1996, but again admitted to huge gaps in the records. To this day, there is no complete transparency about who owns much of Scotland. For those who wonder about the apparent lack of urgency in introducing legislation to publicise those records, I recommend Andy Wightman's latest explanatory tome, which is entitled "The Poor Had No Lawyers: Who Owns Scotland (And How They Got It)".

As the keeper of the records rightly states:

"freedom of information ... crucially depends on the quality of records."

Although the bill is largely technical, and concentrates on issues such as records management and transferring court records to the keeper, it is no less welcome for that. The Public Records (Scotland) Bill is not about which records should be held and which discarded—there is a much bigger debate to be had about that undoubtedly controversial subject. However, I accept that there is a genuine fear, particularly in the voluntary sector, that an overzealous approach to record keeping might overwhelm the limited administrative resources that those organisations can call on. We do not need to take a sledgehammer to crack what might be a fairly fragile nut where those smaller institutions are concerned.

I have read COSLA's briefing on today's debate, which claims that, for some bodies, it will cost up to an additional £60,000 a year to implement the legislation. I agree with COSLA that the key to improvement will be the sharing of good practice among all stakeholders, especially smaller voluntary organisations. In these straitened times, however, it is gratifying that this technical bill will result in no additional burdens on the public purse, which is as it should be.

I believe that the bill, like the Historic Environment (Amendment) (Scotland) Bill, which we passed in Parliament a few weeks ago, may well be the precursor to a more important piece of legislation that grapples with the fundamental questions as to which records should be kept and, perhaps more important, which should be made publicly available. Nevertheless, the Scottish Conservatives support the general principles of the bill.

15:05

Hugh O'Donnell (Central Scotland) (LD): For the avoidance of doubt, I confirm to members that I am not Margaret Smith and therefore was not on the committee. I apologise for Margaret Smith not being here today. She is unwell.

Having looked at the detail of the report—somewhat quickly, I have to say—I believe that foremost in our minds when considering it should be what prompted it, which, as members have said, was the review that was undertaken by Tom Shaw. His 2007 report made three sets of recommendations. I understand that, today, we are considering the third of those, on the procedures for the retention of records. As we deal with the bill—which, as Ted Brocklebank has just said, is concerned with a largely technical matter—we must always keep at the forefront of our minds the fact that that the issue has a real human dimension for many people.

I have looked through the committee's report on the bill, and it is clear that the committee heard from a wide range of groups, most of which supported the bill. However, there was a clear divide over whether what is proposed is heavy handed and whether, as Ken Macintosh suggested, something more voluntary might be more suitable.

The Liberal Democrats are inclined to side with the Scottish Council on Archives, which argued that

"ensuring consistency in on-going records management requires a legal framework".

Gerry Slater of the SCA highlighted to the committee that a voluntary scheme could be problematic. He likened a voluntary scheme to new year's resolutions and said:

"we all start off with genuine enthusiasm and then gradually, as other things emerge, the enthusiasm wanes."—[*Official Report, Education, Lifelong Learning and Culture Committee*, 12 January 2011; c 4505.]

We share that opinion, as, I understand, does Tom Shaw, who also favours legislation over a voluntary scheme.

We must return to the genesis of the bill, which was a response to systematic abuse in residential

schools and children's homes. We believe that it is a reasonable response. We believe also that, in the most plain terms, it is good governance.

There have been objections to the bill, including many from the voluntary sector, as some organisations are understandably concerned about the unintended consequences that the legislation will have for their work.

Concerns were put to the committee about the cost of the proposals for organisations—other members have spoken about the uncertainty in that regard. However, as the committee's report says, local and public authorities that already have a credible system in place will see a minimal impact in terms of costs, and maybe those that do not have a system should have had one, and might be incentivised to produce one.

Ultimately, Liberal Democrats believe that Parliament will agree that there is a need to ensure that there is effective records management in relation to vulnerable people. The historical abuse systemic review report made for uncomfortable reading, and today we go some small way towards rectifying systemic problems. As parliamentarians, we have to consider whether the bill is a proportionate response to those findings. We believe that it is. Although some administrative burdens might be placed upon some organisations, I am reassured by what the minister has said about the Scottish Government's willingness to work with public authorities and contractors to resolve issues such as overimplementation and to ensure that implementation remains the responsibility of public authorities.

Public organisations in Scotland have a clear moral obligation to ensure that records are kept to the highest possible standard. Consequently, we will support the bill at stage 1.

15:09

Alasdair Allan (Western Isles) (SNP): Despite its unprepossessing name and content that will never make a newspaper editor hold the front page, the Public Records (Scotland) Bill is, for good reasons that other members have alluded to, deeply important to the lives of many people in Scotland.

As we know, the Shaw report into historical failures—and much worse—in some of Scotland's children's homes was very clear on that point. Failure to maintain adequate records meant that a generation of our most vulnerable children were failed, and failed for the rest of their lives, by the hopeless record keeping of many institutions in the past. As the Education, Lifelong Learning and Culture Committee heard in distressing evidence, that meant that many people who were formerly in

the care of such institutions were, in later life, completely unable to piece together the stories of their lives, their family origins or the reasons why they ended up in care, far less to be in an adequate position to investigate any failures or abuse that may have occurred in many cases. From that evidence, the committee concluded that we have a

"strong moral obligation to manage personal records effectively."

Although those very unhappy stories provided the springboard for the bill, the legislation takes the opportunity to impose standards of record keeping across a wide range of authorities. The Education, Lifelong Learning and Culture Committee took evidence on the bill and we were convinced, despite the misgivings of some witnesses, that it provides a proportionate solution.

Part 1 of the bill will require the production and implementation of a records management plan, to be approved by the keeper of the records of Scotland, by named Scottish public authorities. As other members have said, the keeper will design a model records management plan, with best practice advice and supplementary guidance, to deliver to authorities. The bill will further guarantee the keeper the ability to carry out compliance reviews of the plan's implementation by authorities. The keeper may also issue warning notices and take related measures to ensure that the management plan's provisions are being observed. During evidence, the keeper concluded that, from the review, an understanding had been gained that there were widespread inconsistent record-keeping practices throughout Scotland.

The Scottish Information Commissioner stated during his evidence that, under current record-keeping regimes, finding many records is like

"looking for a needle in a haystack."—[*Official Report, Education, Lifelong Learning and Culture Committee, 12 January 2011; c 4504.*]

He made it clear that many organisations, not least some of Scotland's local authorities, could make very significant improvements in their record-keeping practices.

Other witnesses were of the view that the schedule of the bill is perhaps disproportionate and covers too broad a range of organisations, and they offered the view that there should be a differentiation between high risk and low risk records management. The General Teaching Council for Scotland, for instance, argued that the bill will place significant burdens on public authorities and questioned whether the bill will deliver appropriate compliance that would be proportionate to the costs.

However, others persuaded the committee of the position that organisations should keep

accurate records no matter how small in scale and scope, and that organisations that keep reasonable records have little to fear from the legislation. Having said all that, I welcome the minister's indication that at stage 2 she is willing to return to some of those concerns and to engage with them.

The bill requires the public authorities that are listed in the schedule of the bill to

"produce, implement and review records management plans."

Once the public authority has developed a records management plan, it must be approved by the keeper of the records of Scotland. The bill aims to ensure that records are organised and easily accessible for public review.

The plan describes the arrangement of records not only by the authority but by contractors who carry out any function of the authority. That point is central to the scheme that is set out in the bill and it is why contractors' records are to be included in an authority's records management plan. Although the committee wants to be reassured that that will not impose new and unreasonable burdens, it was again broadly persuaded of the need for that aspect of the bill.

The bill's financial memorandum states that bodies that have credible records management plans will likely face only minimal costs as a result of the legislation, which also seems to committee members to be broadly credible.

The Public Records (Scotland) Bill has been deemed important because it holds public authorities accountable for the storage of information, which is often information on individuals. I hope that a reform of the public records system will ensure that significant public records are no longer filed away in unmarked boxes in lock-up storage centres, put in skips or given away to random passers-by, as happened in the worst examples that were brought to the committee's attention.

Good records management will, as has been stressed throughout the process, give much clearer guidance to authorities on what can be thrown out and, indeed, on what must be thrown out if records are to be kept in an intelligible form. I hope that the bill will achieve not only the end of protecting Scotland's children, but of a much wider reform that will allow sensible and proportionate record keeping by all of Scotland's public authorities. In that spirit, I urge the Parliament to support the principles of the bill.

15:15

Claire Baker (Mid Scotland and Fife) (Lab):

First, I apologise for missing much of the minister's opening speech.

We all recognise the importance of reforming Scotland's public records system in public authorities as well as in the private and voluntary sectors that work with them. Although it is recognised that public record keeping has, in many cases, significantly improved since the Shaw report—which revealed the truly dreadful record keeping in residential schools and children's homes, with records scattered across organisations, archives and even countries—there is still a clear need for legislation. The evidence that the committee heard made clear the terrible consequences of poor record keeping for children and young people in the care sector. As a guard against that set of circumstances happening again, the legislation is to be welcomed.

The committee supported the view that a scheme that is underpinned by statute is more likely than a voluntary scheme to secure the necessary changes, and would lock in those changes. However, some concerns have been expressed regarding overimplementation of the legislation. Witnesses drew parallels with child protection measures that they suggested are treated at times with such caution that unnecessary measures are taken.

We must therefore be wary of misinterpretation of the legislation and we must be cautious about the risk of overburdening the voluntary sector, on which the legislation will impact. I understand that that is not the minister's intention, but I think that we would all welcome assurances on how that will be avoided. Witnesses spoke of a gap between the understanding of the legislation by the responsible public authority and that of the individual who interprets the legislation at the point of delivery.

The minister will be familiar with the voluntary sector organisation's continuing concerns regarding the obligation that will be placed on them as contractors. As a former policy officer at the Scottish Council for Voluntary Organisations, I have worked closely with the voluntary sector and have continued that relationship with local groups in my region. When introducing new legislation that impacts on the voluntary sector, we must be aware of the diversity of organisations and recognise the flexibility and responsiveness that they offer, and we must foster their development while ensuring that they operate within a framework that meets our legitimate expectations on public care and delivery.

Fiona Hyslop: That is an important point, whether the duty for public delivery and public

functions lies with the local authority, the health service or others. If we are moving into an area of public service reform in which we can ensure that the best providers can provide the best services—which in many cases will be from the voluntary sector—it is important that we have a robust system that is accountable and in which there is proper record keeping. There is therefore in the bill a responsibility and an opportunity for the voluntary sector, so the sector should not just be defensive about being overburdened with activity. We need to get that balance right and to be proportionate.

Claire Baker: I do not disagree with anything that the minister just stated. It is important that we recognise that the voluntary sector—the third sector—will play an increasing role in service delivery. However, we must ensure that we achieve the right balance. I think that the sector recognises that the bill is important and it wants to work with it, but it perhaps needs help and support with regard to how the eventual act will be implemented.

Although the sector has raised concerns regarding implementation, I am confident that it will—as it always does—engage with the process and do all that it can to make it work. However, the bill's timescales have been challenging, and there are concerns that there is little awareness of it. Given the tight timescales that we are all working to, there may be a case for introducing an order-making power to the bill. I would welcome the minister's thoughts on that.

In evidence, it was made clear that contractors are nervous about the risk of significantly varying records management plans, and they highlighted the fact that many third sector organisations contract with several local authorities. Local authorities also made it clear that they would pass that burden on to contractors. There remains uncertainty over whether a public authority would accept a contractor's own record-keeping system or whether they would be expected to conform to a system that has been defined by the public authority. Much of that will be contained in guidance, and while we will have to wait for the detail on that and take much of the minister's assurances on faith, it might be helpful to have consultation and co-operation with stakeholders in preparing plans and guidance documents—that was also raised by COSLA today—as well as guidance that deals specifically with the relationship between RMPs and contractors.

Finally, despite the keeper's assurances to the committee, the voluntary sector is still concerned about the definition of public record, which again comes down to the gap between the understanding of the legislation at local authority level and its implementation on the ground. If

changes are to be introduced smoothly and effectively, such issues will have to be resolved, so I believe that help and support for implementation will be welcomed.

All of us, including the third sector, should be able to approach the legislation with a commitment to improving service delivery and with the confidence that it will deliver on the crucial need for Scotland's record keeping to be of the very highest order.

15:20

Ian McKee (Lothians) (SNP): I very much welcome today's debate and the fact that we can all agree on the bill's principles. It is clear that the legislation on public records, as set out in the 70-year-old public records legislation, needs to be updated. Although the subject might seem to be as dry as dust, I assure the chamber that it is not so to the many thousands of people whose emotional or physical wellbeing depends on records, often from long ago, being assembled correctly and comprehensively, and being easily and speedily accessible.

Over time, all organisations, large and small, create a considerable amount of information that needs to be managed responsibly if they are to meet statutory requirements. That is particularly the case for health services, which often need to consider data protection issues. The bill will ensure a consistent set of standards across the entire public sector, while still allowing authorities the independence to develop and manage their own records systems. As the evidence indicates, there are major inconsistencies in the public sector, with some bodies failing to provide acceptable levels of records management. Indeed, Tom Shaw made it clear in his evidence that it is vital that we change the culture and ensure that those who make records recognise that the process is a lot more than a bureaucratic chore. In the case of looked-after children, for example, it is an effective way of recording individuals' life experiences. To that end, the Shaw report was indeed compelling, and it made clear the need for Scotland to have a system in which historical records are not only preserved but are easily accessible, in order to prevent the mistakes of the past.

Although the Looked After Children (Scotland) Regulations 2009 addressed the issue that was identified by Mr Shaw—that case records about children in care were not kept for the right periods of time—they did not deal with the records that document the services. Under the bill, all public authorities will need to be accountable and ensure that governance procedures are adequately followed. That move will close a gap and place

greater importance on the way in which organisations make their decisions.

Some organisations, particularly those in the voluntary sector, have expressed concern that the bill will place a considerable burden on their work, so I am glad that in her opening speech the minister was able to reassure them by reaffirming that the bill's purpose is not to create more records or to determine their content or form. Instead, it will guarantee management of records, which in any case is a process in which organisations should already be engaged. Moreover, authorities will receive support from the keeper of the records of Scotland, who will provide advice and guidance on all aspects of records management. Small organisations will find that existing staff—often volunteers—will be able to carry out the tasks after some minimal training, and that there will be no obligation to employ additional staff.

I would also like to mention the importance of authorities working together. As the minister pointed out, work is under way on drawing up generic retention schedules with a view to promoting best practice. I welcome that. After all, it would not make sense for each authority to reinvent the wheel when certain organisations have undertaken the practice for years and have developed efficient records management systems. Furthermore, an efficient form of records management is undoubtedly an important business function that can bring long-term cost benefits to any organisation.

One issue of concern that was expressed by Mr Shaw, and which is not directly covered in the bill but will nevertheless be the responsibility of the keeper of the records and the relevant records management plan, is the length of time that records can be stored before being destroyed. As a general practitioner, I was surprised at being approached by hospital consultants and asked to search my patients' notes for details of treatments, procedures and tests that they or their colleagues had initiated in the hospital, because the hospital records had been destroyed. It is undoubtedly expensive to keep records for a long time, but care must be taken not to destroy them prematurely, which might mean storing them for many decades.

As I have said, however, I welcome the fact that we all agree on the principles of the bill and I commend them to Parliament.

15:25

Christopher Harvie (Mid Scotland and Fife) (SNP): I congratulate Fiona Hyslop on bringing the Public Records (Scotland) Bill to Parliament. All of us have been made well aware of the fact that the bill was inspired by the Shaw report of 2007 into historical child abuse in residential and children's

homes. Those events were not alone—they were mirrored by events in Ireland and north Wales, which resulted in the Ryan report of 2009 on institutional child abuse in Ireland from the 1930s to the 1990s, and the Waterhouse report of 2000 on north Wales in the 1970s and 1980s.

In its recommendations to the Scottish Government, which were based on the Shaw report, the National Archives of Scotland highlighted the unfitness for purpose of the existing ways of keeping archives. The bill sets out to provide a framework for keeping public records by requiring public authorities to develop records management plans and to implement them under the supervision of, and with the approval of, the keeper of the records of Scotland.

If effective record keeping is made compulsory by law, earlier shortcomings can be avoided in the future and we can, in a sense, be future proofed. My late good friend Iain Maciver of the National Library of Scotland was thrilled to discover that I was still the owner of a double-disk-drive Commodore green-screen computer, because the library had a lot of 5.5in diskettes that could not be read. He asked me to give the computer to the library, which would be delighted to have it. I hope that, when looking at this issue, we will not discover some technological dinosaurs down in the cellar, with the requirement that another dinosaur be found to hatch the eggs.

The bill goes beyond the scope of the Shaw report. There are other areas in which I imagine it will have positive effects. Consider the piece of instant archaeology that occurred on Princes Street during the period of tramline construction there. All sorts of things—not just one, but two tramway systems—were discovered under the tarmac at that point. The former TIE chairman, David Mackay, referred at the time to

“cables not being where they're supposed to be”,

which is the equivalent in modern transport technology of

“there seems to be something wrong with our bloody ships”,

as was famously said at the time of the battle of Jutland. We require management plans to ensure that essential utility locations are recorded with accuracy for future infrastructure projects. That would be welcome. Closer to home, just outside this building, the test drillings around Holyrood in May 2009 to collocate utility pipes and cables, ahead of the installation of our much-loved anti-terror bollards—one has to get that right—provide evidence that records were not properly kept even in the few years following the building of the Parliament.

I am convinced that the bill has the potential to reduce numerous instances of individual suffering

and financial detriment. In principle, I approve of its applying not only to public bodies but to contractors—but with one caveat, which Claire Baker has already voiced. As the Scottish Council for Voluntary Organisations pointed out, the bill could result in an increased workload for people whose prime concern is not to make notes but to offer assistance, comfort and tender loving care to people who are in their charge. As someone who is responsible for two 92 or 93-year-old parents, I am terribly grateful to the carers who come round. Sometimes having to write out what care they have given is a bit of a burden at the end of a heavy working day, so we ought to be humane when working out what we require of people.

We ought also to correspond to some extent with similar organisations in the other countries where reports have been published—Ireland and Wales—to find out whether they have come across instances of best practice or things to avoid in their study of the archiving of such evidence.

Keeping accurate, detailed and long-term records is crucial, most of all to ensure that vulnerable individuals have access to information about themselves. What emerges ought to be easy to access by people who have never before been confronted with such material.

15:30

Sandra White (Glasgow) (SNP): I thoroughly enjoyed Professor Harvie's speech, which gave us another insight into record keeping, so I thank him for it.

As members have said, the bill is the legacy of the historical abuse systemic review, and I fully support the aims of the bill in that regard. I in no way want to dilute or take anything away from the bill but, like Ted Brocklebank, I believe that the bill could be a precursor to legislation on other matters.

I want to raise the issue of common good funds, on which the Education, Lifelong Learning and Culture Committee took evidence. Paragraph 79 on page 16 of the committee's stage 1 report states:

"The Committee received a small number of submissions suggesting that the Bill offered an opportunity for Scottish Ministers to legislate to provide for the establishment of a common good asset register."

That mentions "a small number" but, at a meeting that I attended in Glasgow city chambers, a large number of community council representatives—about 200—were present from throughout the region. On all their lips was the point that they cannot find out anywhere exactly what common good assets their councils have or which assets have been disposed of. There was overwhelming anger at that meeting regarding common good

funds and the lack of accountability or information on common good assets.

It is not only community councillors and members of the public who are saying that; members of all parties have raised the issue in the Parliament. I have raised it, as has Robert Brown of the Lib Dems. Mary Scanlon has raised it on numerous occasions. Her most recent contribution was to ask about guidance that has been issued to local authorities on common good records and funds. The answer that she received from the Cabinet Secretary for Finance and Sustainable Growth stated:

"the Scottish Government wrote to all local authorities in 2007 to remind them of their responsibilities under accounting codes of practice, best value guidance grant conditions and statute in respect of their management of common good funds and assets."—[*Official Report, Written Answers*, 12 February 2010; S3W-31278.]

Even today, people still do not know what assets are held and what has been disposed of.

Paragraph 83 of the committee's report states that the bill is not the proper place to deal with common good funds, but it also states:

"The Committee would expect, however, that local authorities' RMPs established under the Bill would include information on how existing records relating to common good assets were to be managed."

I ask the minister to consider that recommendation. Do ministers intend, as part of the process of the bill, to issue further guidance or even to monitor the RMPs that are established under the bill, in relation to common good funds and assets that are held by local authorities?

I have received a huge list of the assets that local authorities have declared, although they do not have to declare them. It is amazing—it includes streets, shops and bailies' chains. Every year in Glasgow, we have a pensioners Christmas party, which is paid for out of the common good fund. I found that out only because I asked, but most people do not know that. It might be simple, but the public want to know exactly what common good assets their councils hold, what they have disposed of and how much money is held in common good funds.

I do not want to dilute the bill in any way and I fully support what it stands for. However, I want to put down a marker regarding common good funds. We need legislation on a register, either through amendments to the bill—although I do not think that that will be possible—or through future legislation.

15:34

Hugh O'Donnell: I will be brief. The bill is important and—I hope—a step towards resolving some of the long-standing social and personal

issues that individuals who were subjected to abuse in residential homes or schools suffered. Perhaps our taking a step forward with the bill will go some way towards bringing those individuals some closure. Of course, as other members have said, that abuse was the genesis of the bill.

Professor Harvie widened out the debate a bit—and rightly so—as did Ted Brocklebank. They spoke of more general matters around record keeping and how records are kept in this country. As more and more public records have come into the public domain and have become more readily accessible over the years, the huge gaps in record keeping have become increasingly apparent, particularly if one watches genealogy programmes or whatever. The general point is this: the need to keep records is critical; they must be kept in a consistent and appropriate manner.

In a former existence, I worked for a charitable organisation. In many ways, its records were exceptionally good. What was particularly good about those records was that they were available for the children and grandchildren of the people who had been looked after, and yet the children and grandchildren knew nothing about them. They had access to the records of an individual in their family that told the story of their family's life. In the more general scheme of things, it is important that everyone is given that opportunity. All those who are involved in record keeping have to ensure that their records are maintained to the same professional standard.

We will support the bill at stage 1. I look forward to hearing the minister's comments on some of the more informed contributions that committee members made.

15:36

Elizabeth Smith (Mid Scotland and Fife) (Con): It is only a few weeks since the Parliament passed the Historic Environment (Amendment) (Scotland) Bill, at which time the view in the chamber on the importance of preserving and enhancing the very precious fabric of the nation's heritage was unanimous. During that debate, there was considerable discussion on the need to ensure that we preserve all that is best for future generations; so too is that the central principle behind the bill that we debate this afternoon.

Good-quality and accessible public records and archives are an essential part of improving the welfare of society in general, if not also the democracy about which Sandra White spoke in her reference to common good funds. If I may be allowed to say so, she made a very good point in that regard. It is fair to say that records can make a life-changing difference to individuals and

families; that point was made forcibly to the committee on several occasions.

While the main driving force for the bill was the very unsatisfactory circumstances that affected many of our most vulnerable people, particularly those whose cases were flagged up by the historic abuse systemic review, there are other important reasons why we must do something to improve things. I refer in particular to the need to create greater efficiency, spread good practice and keep costs to a minimum. No one doubts the need to do that if we are to ensure more of a level playing field across the country and if we are to avoid the gaps in our knowledge that poor record keeping—or, indeed, in some cases, no record keeping—can bring about. I think that we all accept that organisations that receive public money have an obligation to ensure that records are kept properly and that they are accessible and transparent.

That said, there is still a debate to be had on striking the right balance between ensuring greater efficiency and not imposing too much of a regulatory burden on bodies and including more of them under the wider net of officialdom. As the minister rightly said, we need to keep the debate in perspective. We need to remember that the debate is on how to improve the management of records, not on what records are, or are not, included under the remit of public bodies. The latter debate might, understandably, arouse even more controversy.

I heard the exchanges about the voluntary sector, in particular the exchange between the minister and Claire Baker. I, too, have concerns about the voluntary sector. These are organisations without which Scotland would be a much poorer place, particularly when it comes to looking after our most vulnerable people. I fully understand what the minister said on the subject, and I am grateful to her for her reassurances, but we must take on board the fact that the voluntary sector does so much for Scotland; it serves the country very well. At the moment, the voluntary sector is under not only huge financial pressure, but legislative pressure. We must take cognisance of the pressures that the sector is under. It would be a great pity if some people felt obliged to move away from the voluntary sector because of those burdens.

My biggest concern was about the evidence from some voluntary sector groups that they could find no compelling evidence of a major issue with their existing processes and that the new legislative framework could be not only unnecessary but burdensome and time consuming for staff who have many other tasks to do, particularly when budgets are tight, which applies not just in a recession. Those concerns raised

serious issues for me, which the minister has given an assurance will be addressed at stage 2.

Linked to that is the genuine concern, which some members have mentioned, about a tendency to overimplement the bill, because of the mindset these days that we must do that. I would be concerned if workloads increased as a result, so it was good to hear the minister's reassurance on that.

Everyone is sympathetic to the former residents of children's homes and special schools and to their families, who have had immense difficulty in accessing the records that they require. We appreciate the emotional issues that have resulted from sometimes harrowing experiences. It is clear that those difficulties present a strong case for change and for addressing many of the inconsistencies in records management across Scotland, but it is vital that we as parliamentarians scrutinise properly all the effects of making the process legislative rather than voluntary. We are happy to support the bill's principles.

15:41

Ken Macintosh: In my opening speech, I suggested that the bill involved three main areas of contention, all of which have been touched on. They are questions about costs and priorities; the amount of bureaucracy in implementing the bill; and the need to approach risk proportionately.

On costs and priorities, as Karen Whitefield and the minister said, many organisations have good records management systems in place and will not be unduly affected by the bill. However, it is clear that practice is inconsistent across Scotland, hence the bill's introduction.

Ted Brocklebank highlighted COSLA's estimate that some organisations could face costs of up to £60,000 each to implement the bill.

Fiona Hyslop: That is possibly a misunderstanding. In the background to the bill, £60,000 is the cost to the keeper and the public expense that will accrue to the Scottish Government. We are not saying that expense will not be incurred if organisations have to employ new people, but many organisations already employ people who will be able to undertake the functions. Perhaps the position has been misunderstood; I just wanted to clarify it.

Ken Macintosh: I welcome the minister's comments. The point is that people lack certainty and that additional cost might be incurred by some organisations and particularly by voluntary organisations that have few resources. When the voluntary sector and public authorities are losing staff and cutting services, do we really want to

divert resources away from front-line services to improving record keeping?

The committee heard the alternative argument that good records management can be cost-effective and can save money in the long term. However, we should be in no doubt that, if we decide to make good records management a legislative requirement, we will give it a priority among the many other duties that are expected of local authorities and voluntary organisations. By definition, that will have some impact on the services that they provide.

The voluntary sector's concern about bureaucracy was a point well made in its evidence. Many voluntary organisations work in multiple local authority areas. Their concern is that those councils will offload all their responsibilities on their contractors. Voluntary sector organisations will face multiple records management plans in each local authority area in which they work. An organisation such as Barnardo's already has a thorough and reliable records management system—it takes that duty seriously. Instead of having one centralised, effective, efficient and credible RMP, it could end up with 32 RMPs. Barnardo's gave a couple of examples in relation to that in its written evidence, which said:

"A clear example of the result of not giving a common model was in the development of single shared assessments by local authorities several years ago ... The result was that every authority interpreted the guidance differently and produced quite different assessment documents and processes ... in some authorities multiple versions of the single shared assessment existed within care groups."

That is a potential problem, although it can be tackled. It involves not just consultation but genuine engagement between Government, the keeper of the records, public authorities and the voluntary sector.

I wish to expand on that point about the need for genuine engagement, rather than just consultation. COSLA has made a number of recommendations, of which I will highlight two in particular. COSLA said:

"the Keeper should be required to go further than hold 'consultations' or consult on guidance and other related issues. More constructive outcomes will be achieved if the Keeper 'engages with and has regard to' stakeholders - the process of engagement is key".

COSLA further suggested:

"it is not appropriate for the Keeper to require groups of authorities to have a common plan. This top-down approach undermines local autonomy and decision-making ... It is COSLA's strong view that the legislation should remain enabling rather than giving the Keeper powers to require groups of authorities to have a common plan with all the ... unintended consequences which that would bring."

I would welcome the minister's comments on both those recommendations. Clearly, they could lead to amendments, and I would like to hear the minister's views before we reach stage 2.

The matter of risk and proportionality was well covered at committee. The SCVO addressed the issue in its written evidence. It stated:

"There is an apparent lack of proportionality and no mechanism to relate the new system to levels of risk – while the original issue of poor record keeping related to looked after children, the solution is now to cover any and all public functions, and any voluntary sector organisation that is performing the functions of a public authority."

Karen Indoo gave a particularly good example in her evidence to the Education, Lifelong Learning and Culture Committee. She said:

"In our organisation and others that I have worked with in the care sector over the years, professionals would become focused on ensuring that they are keeping those records appropriately. I can see the potential for front-line staff to be spending more and more time ensuring that they are meeting all the various requirements of the records management policies, and less and less time doing direct work. That would lead to poorer outcomes for the vulnerable people to which the care sector is providing services, rather than improving outcomes".—[*Official Report, Education, Lifelong Learning and Culture Committee*, 12 January 2011; c 4520.]

Fiona Hyslop: It is important to make a distinction here, in that the bill would not determine the content of what is kept. In the situation that Ken Macintosh has just described, the question of what is kept, and the ability of people to maintain their efforts in front-line services and in providing the care services, would be determined by the health or care, or other, professionals, not by what is in the records management plan.

Ken Macintosh: Indeed. I appreciate that—the minister gave that assurance at committee—but the point that Karen Indoo and several people in the voluntary sector have made is that the focus of an organisation will be on keeping whatever is demanded of them, rather than on providing the service. They will be more concerned with keeping a record, so that they are accountable for it, rather than delivering the service.

There is also a concern about what is kept. The joint submission of evidence from the children's organisations showed that they are worried

"that RMPs will ... be drawn too broadly by public bodies in an attempt to ensure that there can be no possible danger that a public authority could fail to ensure the recording and retention of potentially relevant data."

In other words, there is an issue around risk aversion. As the minister knows, that goes against the direction of travel of Government policy—it goes against the Crerar review and against the UK Government's report, "Common Sense Common Safety". It is too easy to dismiss that by saying, "Yes, yes, it'll be all right." We need engagement

between the committee, the minister and the voluntary sector.

I hope that, together, we can address the concerns that have been expressed. Strong arguments have been made, including by Professor Harvie, and Ted Brocklebank's point about the land of Scotland was a good one. There are many reasons why we should have the proposed legislation, and there is genuine consensus, as long as we can address the clear concerns that have been expressed.

15:49

Fiona Hyslop: I thank all those members who have spoken in this thoughtful debate. I will try to address as many of the issues that have been raised as I can.

The bill is essentially a simple one—it is about improving the management of public record keeping. Records form an important part of our lives, but we tend to ignore them until something goes wrong.

The origins of the bill lie in Tom Shaw's report, which shows precisely what the impact is when record keeping goes wrong and why the bill is important and necessary. Many members have reflected on that. Hugh O'Donnell alluded to the fact that records are about people's lives, and if records are not kept and dealt with properly there can be a human cost.

The bill was supported by the lead committee, which agreed that Tom Shaw's report and the experiences of former residents of care homes and residential schools in trying to trace their records formed a persuasive argument that legislation is required, and that a voluntary scheme, which is effectively what we have now, would not address known deficiencies.

The bill will fully complement existing regulatory requirements, many of which relate to which records should be kept; that is the point I made to Ken Macintosh. Tom Shaw pointed out to the committee the need for organisations to evidence whether they have delivered services properly to individuals, and the bill will provide for that.

Claire Baker and other members made the point about the need for accountability with regard to public funds, and a number of members noted the points that COSLA raised. We have been engaging with COSLA, and we will continue to do so. There are issues around the keeper's role in producing the model plans and guidance, and we will try to ensure that by stage 2 we have enough assurances that there will be consultation and engagement. We can look at the wording on that, and ensure that we have regard to it in any consultation.

The bill is not a one-size-fits-all approach: different sectors will have different records management plans based on sector needs and their assessment of the risks that they face. It is for the professionals in the sectors—in child care, policing, health and other areas—to make those decisions within an overall management framework provided by the bill. For example, I would not expect the National Museums of Scotland, although they would be operating in the same regulatory scheme, to have records management plans similar to those of child care providers.

The Scottish Parliament is named in the bill to give an assurance of the memory of democracy in Scotland; we would expect archiving and responsible management from the Parliament, and I am sure that it has an effective records management plan in place as we speak.

Ian McKee touched on the important aspects of health and patient records. Although much of the debate has focused on provisions that relate to child care, which are the source of the concern that Tom Shaw expressed in his report, it has been quite wide ranging with regard to the areas in which the bill will have an impact.

Policies and procedures for the management of patient records in the NHS are well established. The keeper was involved in the development of the NHS code of practice on records management, and we are seeking to do that for other areas. We would not expect any change to the records management process in that area, precisely because strong procedures have been developed.

Some members, including Ted Brocklebank and Sandra White, have asked why the bill does not identify specific types of important records. Sandra White mentioned the issue of common good assets, which was raised with the committee. I am pleased that the Cabinet Secretary for Finance and Sustainable Growth is sitting beside me at this point, because the guidance that he issued in 2007 is important in terms of what people are expected to keep. I am sure that there is a common expectation that local authorities should keep records of such assets.

However, as I emphasised in my earlier remarks—and as the committee's report reflects—the content of records is a matter for the authorities, and it would not be appropriate to deal with and define a procedure for common good assets in the bill.

I return to Ted Brocklebank's point about which records are kept. There are different ways of dealing with that. We could, in the next session of Parliament, introduce a uniform bill that lists the records that should be kept, but we should

perhaps consider individual pieces of legislation. For example, the issue of land management, which Ted Brocklebank raised, could be dealt with in that way. With regard to children, the Looked After Children (Scotland) Regulations 2009 already specifies that records should be kept for 25 years, so that issue is being kept under that piece of legislation.

Claire Baker highlighted the need for the keeper to consult public bodies in preparing the model plan and guidance. I give her an assurance that we will seek to address that and see what we can do at stage 2.

Chris Harvie made the important point that the bill is not just about child care, and he gave an interesting analogy with transport records and noted the ability to save money if one knew what existed already. He mentioned future proofing, which is one of the reasons why the public records definition is as it is. We do not know in what shape or form, or diskette, we will find public records in the future, so it is important that we have a broad definition that allows future proofing.

To sum up, the bill cannot put right what went wrong in the past, but it can help us to avoid the same problems in the future. We owe it to former residents of care homes and schools and survivors of abuse—indeed, to all future generations in this country—to make the necessary improvements to the way in which public authorities deal with records. In that way, we can safeguard people's rights and their identities as individuals, and secure our collective memory.

Scotland has been operating under a public records act that is now over 70 years old. While it remains relevant, that legislation needs updating to carry us through into the modern records and information age.

The improvements to record keeping that are enshrined in the bill will address the problems that Shaw and the Kerelaw inquiry identified and provide a solid framework within which to improve records management in public authorities for many years to come.

Karen Whitefield referred to dialogue that currently takes place; I confirm that that will continue. I agree with Karen Whitefield and others that bodies that are in receipt of public funding should keep records properly. She, Ken Macintosh and Alasdair Allan made the point about accountability. That is another aspect. However, the moral imperative that brings us to the Parliament on the issue cannot be forgotten.

I am pleased to have the Parliament's support in going forward, and I seek to work constructively with the committee at stage 2.

Local Government Finance (Scotland) Order 2011

The Deputy Presiding Officer (Alasdair Morgan): The next item of business is a debate on motion S3M-7840, in the name of John Swinney, on the Local Government Finance (Scotland) Order 2011.

15:56

The Cabinet Secretary for Finance and Sustainable Growth (John Swinney): The motion seeks agreement to the main allocation of revenue funding to local government for 2011-12 to enable local authorities to continue to deliver the vital services on which communities throughout Scotland depend.

In 2011-12, the Scottish Government will provide councils with a total funding package worth more than £11.5 billion. That includes total revenue funding of £10.9 billion and support for capital expenditure of £691.8 million.

Today's order is for £9.482 billion of the £10.9 billion total. I will lay a second order before Parliament next month to pay out a further £426.3 million. That further amount includes £70 million to enable councils to freeze council tax again in 2011-12—for a fourth consecutive year.

Following agreement with the Convention of Scottish Local Authorities, the total in the further order will be subject to council leaders' providing formal assurance by the end of this month that their budgets for 2011-12 include provision to deliver the full package of measures that is outlined in finance circular 14/2010, including the council tax freeze. I am pleased that all 32 council leaders signalled their provisional acceptance of the package in December.

The total revenue funding to be paid out to local authorities in 2011-12 also includes: £502.8 million of ring-fenced grants, mainly police grant; £267.3 million for police and fire pensions paid to police and fire boards; £38.5 million for additional police officers; £15 million for protection of teaching posts; £86.5 million paid to criminal justice authorities; £37.6 million for the teacher induction scheme; and £426.3 million to be distributed later, as I indicated.

That is not all. During the budget bill debate yesterday, I announced an additional one-off sum of £5 million in 2011-12 to help smooth the impact for councils—such as Argyll and Bute Council—whose allocations of the former ring-fenced supporting people provision have been most adversely affected by a recent uprating in indicators used within the distribution formula. The Convention of Scottish Local Authorities is

currently consulting councils on local government's response to our offer of an additional £5 million, including how that funding is to be distributed. I also announced an extra £400,000 for Edinburgh to increase its capital city supplement funding.

Those additional amounts will be added to the local government settlement totals when I lay an amendment order in March to allocate the holdback provision for councils that provide a formal assurance that their approved budgets include provision to deliver across all the specified commitments in the spending review agreement.

Although it is not part of today's order, the overall package further includes support for capital funding of more than £691.8 million.

The order that is before Parliament today contains a number of provisions that relate to 2010-11. It seeks approval to distribute an additional £62.3 million to allow councils to carry through a number of agreed spending commitments that have arisen since the Local Government Finance (Scotland) Order 2010 was approved last year. They include: £37.5 million for the teacher induction scheme; £15.6 million for adult support and protection; £3 million for curriculum for excellence quality assurance and moderation assessment; and £1.9 million for flood risk management. Those resources are provided to help local authorities to meet the many challenges that they face now and that they will face in the future so that they can continue to deliver the vital services that our communities need and rely on.

The weather this winter has also had an effect on council finances. It has been particularly severe, has caused considerable damage to the local roads network and has presented real challenges to councils. I have already paid tribute to the efforts of local authorities throughout Scotland in responding to the challenges that were faced, and we have recognised the increased funding pressures on councils by separately providing an additional £15 million in 2010-11 to be shared equitably across all councils. That is three times the equivalent amount that was provided following the severe weather last winter.

In December, I announced that we would again match the poundage rate in England for business rates. I also announced that we would maintain the small business bonus scheme thresholds at 2010-11 levels. That scheme will continue to benefit tens of thousands of small and medium-sized companies in Scotland in 2011-12. It has been estimated that, over the past three years, the small business bonus scheme has already saved Scottish businesses around £289 million, and we estimate that it will save businesses a further £128 million next year. Along with renewable energy

relief, which offers discounts of up to 100 per cent to renewable energy producers, and empty property relief—reliefs that are the most generous in the United Kingdom—that will provide a real boost to businesses in Scotland.

In summary, the total funding from the Scottish Government to local government next year will amount to more than £11.5 billion. We face significant financial challenges and we have worked constructively with our local government partners and agreed an overall funding settlement and package of measures to help to sustain and develop the services on which people in Scotland depend. Under the previous Administration, local government's share of the Scottish budget was in steady decline year on year between 2003-04 and 2007-08. In contrast, we have increased local government's share of the Scottish budget in each of the past three years, and we will maintain its share at 34.5 per cent in 2011-12.

The Local Government Finance (Scotland) Order 2011 matters. It will provide our councils with the funding that they need to deliver the vital services on which people in our country depend.

I move,

That the Parliament agrees that the Local Government Finance (Scotland) Order 2011 be approved.

16:02

Michael McMahon (Hamilton North and Bellshill) (Lab): We come to the debate as local authorities throughout the country meet to put together the biggest package of cuts in generations. We all wish that that was not the case, and we would all prefer that the banking crisis had not led to budget deficits and that there was no need to ask local government to reduce jobs and services. Labour Party MSPs would also have preferred the Scottish National Party Government to have decided to take the gun away from the heads of our local councillors, end its campaign of coercion and work constructively and imaginatively with our local authorities to find ways of protecting jobs and services rather than blackmailing them into complying with underfunded headline-grabbing commitments with drastically reduced budgets.

As I have done before, I make it absolutely clear, for the avoidance of doubt, that Labour has no problem with zero increases in the council tax. What we object to is the unnecessary, adverse impact that has been forced on councils by a policy that puts the interests of wealthy home owners before the services that are needed by our vulnerable elderly, young and disabled people. When a constituent of mine can work out that it is not a good deal for her that the 14p that she saves each week on her council tax is lost because she

has to pay more than £2 each week to use her local community group, where she finds support and companionship, we have to ask why the towering economic geniuses of Alex Salmond and John Swinney think that their council tax freeze is such a wonderful policy.

Cuts to care and repair and supporting people funding threaten the security and care of the most vulnerable—the young, the old, the poor and the disabled—and housing associations and local authorities will not be able to deliver the services that our local communities deserve. With councils such as Argyll and Bute Council seeing a reduction of 4.9 per cent and Aberdeen City Council careering from one miserable catastrophe to another and having to get the First Minister's spin doctor to put out messages to save it from itself, we see emerging a picture of decimation that can be traced back all the way to the decisions of the current Government. That Government is supported by Mr FitzPatrick, who wants to make an intervention.

Joe FitzPatrick (Dundee West) (SNP): Will the member tell us how much he would want the council tax to go up by? How much would it have to be raised in his local authority area to reverse the cuts that are coming from Westminster? We should remember that two thirds of those cuts were planned by the previous Labour Government.

Michael McMahon: I point out to Mr FitzPatrick that it was agreed in the budget process yesterday that there will be a council tax freeze for the coming year, and we accept that.

I also point out to him that in North Lanarkshire, to make up for the shortfall that his Government has just delivered to the area, the SNP group leader suggested that rents for people such as my constituents should go up by 3 per cent. I find that totally unacceptable, because that is a much larger increase than any council tax increase would be, and it will hurt ordinary people who rent their homes from the local authority. Mr Swinney has never addressed such issues. He has shifted the burden from council tax payers to people who pay charges for local authority services, and that burden is increasing because of the underfunding of the council tax freeze.

That is why, despite Mr Swinney's token gestures yesterday, with which he tried to buy Labour's support for his budget, we decided to join our Labour colleagues in local government and have nothing to do with the SNP's financial package.

However, we must accept that Mr Swinney's coercion strategy has worked again, that councils have been forced to accept a tawdry settlement and that vital local services will yet again have to

be cut far more than is necessary. If we were not to accept the terms of the order, we would prevent the money that is available from getting to our local authorities. It may be gruel, and they may have had their pleas for some more rejected by Mr Swinney, but it is all that is on offer to them, so they require to have it.

When it comes to local government finance there is a better way and, between now and May, we will work to ensure that the return of a Labour Administration to this place will deliver it.

16:06

Alex Johnstone (North East Scotland) (Con):

The Conservatives will support the Local Government Finance (Scotland) Order 2011 because it will, among other things, extend the council tax freeze.

Since 2007, the Scottish Conservatives have been the only Opposition party to support the freezing of the council tax, which has come as a welcome relief to households up and down the country that remember only too well the massive increases that were suffered under Labour and the Liberal Democrats.

Furthermore, on 9 January this year, we issued a warning to the next Holyrood Government that we would not support any budget that sought to raise council tax in 2012-13, thus extending the council tax freeze to five years. Of course, we know that some day the freeze will end, which is why we are suggesting that, in future, any proposed increase that is above the rate of inflation should be agreed by local people in a local referendum.

Labour and the Lib Dems are in favour of increasing the council tax across Scotland. Their record of hitting Scotland's taxpayers is clear.

Michael McMahon: Will the member give way?

Alex Johnstone: I am afraid that I have only four minutes.

Labour claims that the council tax freeze is unfunded. That is not true—the council tax freeze has been funded through the provision of an additional £70 million per year. That money is cumulative, so it is there.

With that in mind, I pay tribute to my good friend Councillor Donald Hay who, this very afternoon, is moving a Conservative amendment to the budget for Dundee City Council that would see bills for band D council tax payers falling by £7. I challenge John Swinney to congratulate Councillor Hay on his action and to give his backing to that groundbreaking initiative, and I encourage the SNP group on Dundee City Council to vote for it.

There are other aspects of the settlement that we are extremely happy with. The continued funding for the small business bonus scheme is an essential element of the support for small businesses across Scotland. The guarantee that police numbers will be maintained is also vital.

There are things that we are happy we managed to keep out of the budget. Abandoning the retailer tax was absolutely the right thing for the Scottish Government to do. The proposed raid on retail sent out entirely the wrong message to the business community and would have made life more difficult for many of our town centres. The proposed increase was not directed just at supermarkets, as the Government argued; it would also have hit some of Scotland's most important shopping streets, including Princes Street, Sauchiehall Street and Union Street. The retail sector is a major employer in Scotland, and we believe that increasing taxes in Scotland would only make Scotland less competitive than the rest of the UK and would threaten Scottish jobs.

Finally, I turn to efficiency savings. We welcome the cabinet secretary's commitment to make efficiency savings of 3 per cent, but we repeat our concerns about the reliability of the information on the efficiencies that are achieved.

Those concerns were raised by the Finance Committee, which reported the deputy Auditor General for Scotland's concerns. She had said, in relation to the 2008-09 outturn:

"We were not able to find a clear pattern from bodies in any sector, particularly local government and health, that the amount of efficiencies that people had managed to release related to the amount that they spent or the types of goods that they purchased."—[*Official Report, Finance Committee*, 20 April 2010; c 2076.]

Furthermore, we support the Local Government and Communities Committee's recommendation that local authority efficiency savings be subject to independent audit from 2011-12. We look forward to hearing the cabinet secretary's response to the recommendation.

The Conservatives welcome the opportunity to vote for the order, because it contains much that we wanted it to contain. I look forward to hearing the cabinet secretary's response.

16:10

Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD): In last year's debate on the local government finance order, my colleague Alison McInnes regretted that a one-and-a-half-hour debate was rather too short. Today, we have a very short time in which to debate an order that relates to £11.5 billion. I note that that is a decision of the Parliamentary Bureau, but it is worth putting

on record that we are debating the use of £11.5 billion of taxpayers' money to fund local services.

The Deputy Presiding Officer: It is a decision of the Parliament.

Jeremy Purvis: Indeed, on the recommendation of the Parliamentary Bureau. That is absolutely true, but I thought that the matter was worth remarking on.

There is not much debate about the need for reductions in budgets, even though there is a political narrative from the Government in that regard. Most communities and users of services are aware of the global financial situation. The question is how the reductions are made.

In that context, the relationship between Government and local government is important. I re-read the *Official Report* of previous debates on local government finance orders—it took a bit longer to do that than it will take to read the report of this debate—and thought that there was a clear difference in tone. The word “concordat” was used quite a lot in the early years of the Administration. The concordat was supposed to represent a new relationship with councils.

There is no doubt that the Scottish National Party says that there is a new relationship and there is no doubt that some SNP members want to believe—and even do believe—that that is the case. However, the relationship depends on whether the council does what the Government wants it to do. We heard proof positive of that during the rather unedifying first 20 minutes of First Minister's question time today. Local services seem now to depend on a telephone call from the leader of the Labour Party or the First Minister.

That is not the relationship that we need in Scotland. On council tax flexibility, social care, policing and so on, we do not need take-it-or-leave-it budget deals, on which not elected representatives but chief executives had to write to a Government minister by a deadline of 22 December to say what their council would do.

That is not the road that we should be going down. We must consider what local government is for. Is it simply an agency of central Government? Should not the trend be in the other direction, with much greater local electoral and financial accountability?

As we know, the cabinet secretary wrote to Opposition parties on Monday evening—he quoted from the letter to the Labour Party yesterday. In the letter of Monday evening, Liberal Democrats were told that because of the decision on the retail levy, which Alex Johnstone mentioned, there was a £30 million black hole in the budget. By Tuesday evening there was a £41 million surplus in the budget. Perhaps the kindest

thing to say is that a pinch of salt will always need to be available when the Government comments on financing.

I was interested when I re-read what the cabinet secretary said during last year's debate. As he knows, we were fearful that businesses were struggling because of the lack of a transitional relief scheme. In arguing against transitional relief, the cabinet secretary said:

“The retail sector alone would lose £25 million.”—[*Official Report*, 10 February 2010; c 23669.]

Well, I thought that the £30 million that the retail sector was going to lose through the retail levy was fully affordable, as the large retailers had the broadest shoulders. Perhaps the barons of lobbying in Scotland were at play then or now.

On the surplus, the point is that there has been a lack of transparency in many of the figures that have been used in the Government's statements. When it comes to local communities depending on local services, the first thing that they need is a degree of straightforward honesty in the presentation of local financial figures.

16:15

Joe FitzPatrick (Dundee West) (SNP): This is not the order that we would all want to pass today. It represents a £450 million reduction; however, the budget that was passed yesterday included a £1.3 billion reduction due to the worst settlement from Westminster in the history of devolution. The cabinet secretary has proved that the Scottish Government is doing its best within the limited powers of the Parliament. Despite the cut to the Scottish block grant and the strains that it has placed on spending, local government's share of the Scottish budget is being maintained. I hope that the whole chamber will welcome that.

David Whitton (Strathkelvin and Bearsden) (Lab): Will Mr FitzPatrick ever recognise that the fact that the UK Government had to step in and rescue the Royal Bank of Scotland and the Bank of Scotland has impacted on the Scottish Government's budget as well?

Joe FitzPatrick: We continue to hear the Labour Party trying to talk down the Scottish banks. When the banks were doing well, the Labour Party was quick to tell us that their revenue could not be assigned to an independent Scotland because they were cross-border organisations. As soon as they are doing badly, they are entirely Scottish organisations. It is bizarre for the Labour Party to constantly talk down Scottish institutions.

We have seen how the cuts have impacted south of the border. Massive cuts averaging 7 per cent have been foisted on councils. Scottish councils face difficult decisions, and I do not relish

the work that finance conveners up and down the country are having to do to make their books balance just as John Swinney had to make the books balance in the Parliament. However, Scottish councils are now getting a higher share of the Scottish block grant than they did when the Government came to power.

Today is the day on which councils up and down the country are setting their budgets. Mr Johnstone mentioned the situation in Dundee City Council, which is setting its budget. He may also be aware that the council tax in Dundee has only ever been reduced once, through an SNP budget. What councils throughout the country need today is certainty. They need the order to be passed so that they have the certainty to plan. The last thing that council workers up and down the country want is the order to fall and there to be a lack of certainty in how councils will be funded.

Michael McMahon and, I think, Mr Purvis talked about the order not giving local government full flexibility. That point was pushed particularly by Michael McMahon. In Parliament, we constantly hear the Labour Party arguing for the Government to take direct action and intervene in areas such as education and other devolved matters. In local government, however, Labour councils are crying out for more devolution to themselves and an end to ring fencing. So, on one hand, Labour in the Parliament is asking for more ring fencing while, on the other hand, Labour in local government is asking for less ring fencing. That is another example of the sheer hypocrisy of the Labour Party.

Michael McMahon went on to talk about the council tax freeze. I often ask him to tell me by just how much the Labour Party would increase the council tax if it could.

Michael McMahon *rose—*

The Deputy Presiding Officer: The member is just finishing.

Joe FitzPatrick: When Labour was in power in Dundee, it wanted to increase the council tax by up to 15 per cent in one year. Pensioners up and down the country cannot afford to have their council tax increased by 15 per cent. It is people who are on the edge—pensioners in particular—who would be affected most by the great hikes in council tax that the Labour Party has imposed in the past and would impose again.

16:19

David Whitton (Strathkelvin and Bearsden) (Lab): Yesterday, we learned what a nice guy the Cabinet Secretary for Finance and Sustainable Growth, John Swinney, can be when he has a spare few million pounds in his back pocket to give

to his friends, the Tories and the Liberal Democrats. Scotland's 32 local authorities might hold a different view, however. They will have £11.5 billion to spend in the year ahead but on 9 December last year, when delivering a ministerial statement on the local government finance settlement 2011-12, Mr Swinney said that he would limit council funding cuts to 2.6 per cent, but only if councils deliver key SNP policies such as freezing the council tax and maintaining police numbers. However, Mr Nice Guy can also be Mr Nasty, as councils were warned that those that did not toe the line would face cuts of 6.4 per cent. As was said at the time, that was negotiation "The Sopranos" style.

I also remember the First Minister, Alex Salmond, insisting that Scotland's councils had been offered an exceptional deal to help shield them from spending cuts—no doubt part of the concordat that we hear so little about these days. He is not alone in being delusional about the impact that this has had on Scotland's councils. On Google, there are 24.2 million hits for the words Scotland, council and cuts. That is hardly surprising when, every day, we turn on the news or open a newspaper and hear about councils cutting this or that. Western Isles Council has to find savings of £24 million. How will it do that? Through redundancies and school closures. Scottish Borders Council—Mr Purvis is familiar with it—has to find savings of £20 million. Guess who suffers most? The education and lifelong learning department, which loses £1.5 million from its annual budget.

Joe FitzPatrick: If Mr Whitton is arguing that we should be giving local government more money—which I think would be great if we could do it—could he tell us what he would cut to provide that extra funding?

David Whitton: As Mr FitzPatrick knows, the Government has already agreed its budget. We are debating the local government finance order for this year.

East Renfrewshire Council is facing a budget gap for 2011-14 of approximately £32 million. It has said that there will be a requirement to reduce its workforce by 10 per cent, which is equivalent to approximately 400 jobs. It said:

"The council can only achieve the budget savings required if we employ less people; use fewer buildings; maintain a smaller fleet and purchase fewer services and supplies.

Regrettably some of our non-statutory services—the services we are not legally bound to deliver, may cease or be reduced."

I need not go through the nightmare that is SNP-led Aberdeen City Council.

East Dunbartonshire Council is voting through cuts of £6 million this year and anticipates having to make savings in the region of £10 million or more over each of the next two years. How will it do that? Staffing levels will be cut by 250 posts during 2010-11 and employee numbers will continue to reduce by around 200 a year for the next three years. Many charges for services have been reviewed and revised, taking account of the reasonableness of the charge and of people's ability to pay.

My constituency contains no trunk roads and so it gets no extra help for repairs, a matter that I raised with the previous minister with responsibility for transport. The recent bad weather, which John Swinney mentioned, has meant that the condition of many roads and pavements is worrying. At the moment, the council does not know what the extent of the damage will be, apart from the additional cost that arises from the gritting. I welcome the extra £15 million that the cabinet secretary has allocated to the issue and no doubt I will have to send a letter to Mr Swinney fairly soon to ask him for some more support.

Drastic changes in staffing levels in council areas impact on the local economy. Year-on-year cuts will drastically reduce the level of services that councils can provide. Efficiency savings, which Alex Johnstone mentioned, are supposed to mean doing things better for less, not making a service worse, as is so often the case these days.

Limiting local authority reductions to an average 2.6 per cent only if they are prepared to implement what the SNP regards as key policies could be viewed as institutional bullying. The deal that is being offered by the Government amounts to it saying, "We'll cut your budget massively if you don't agree to what we want." The cost of the unfunded council tax freeze does untold damage to local authority services, just so the SNP can claim to have helped the average band D council tax payer to save a few pence a week.

Scotland's councils have voted for the proposal because they have to, not because they want to, and we will do the same.

16:24

John Swinney: I want to correct one point that Jeremy Purvis made. He indicated that chief executives of local authorities had been required to write to me to confirm that the authority would sign up to the agreement that we reached with COSLA. That is not the case; council leaders were asked to confirm that. I have read every one of the letters that were sent in by council leaders. Some of them were quite short, indicating their willingness to agree to the deal, and others were longer and contained some pretty fruity

terminology. I will leave it to Parliament to work out who issued which letters to me, but they were a very interesting read.

I think that Mr Whitton has something against me, although I do not know what the origin of it is. His speeches are always about whether I have shown generosity and whether I am Mr Nice Guy or Mr Nasty and all the rest of it. In the course of a speech in which Mr Whitton accused me of being Mr Nice Guy and Mr Nasty, because I had money for this but not for that, he managed to tell Parliament that I was short-changing local government while giving it extra money for winter maintenance, which is what I have done. I thought that the money was welcome; it is three times what was available for the last severe winter. On my next visit to my in-laws in East Dunbartonshire, I will check the roads to see whether the conditions are as Mr Whitton alleges and see where that leaves us.

Mr McMahon made a comment about the wider financial picture and the issue also percolated through Mr Whitton's speech. The Labour Party will have to face up to the inconsistency of its line of argument. On the one hand it says that there has been an international financial crisis, that the banks had to be bailed out and all the rest of it, conveniently missing out the R-word—the recession that the Labour Government presided over. On the other hand, although it says that everyone accepts that there have to be reductions in spending, it complains about every single reduction in spending. Mr McMahon is shaking his head, but that is what it says. We have gone round the houses on this before and I dare say that we will have to go round the houses a few more times. However, there is a complete inconsistency in the line of argument that says that, somehow, there cannot be spending reductions in the particular areas that the Labour Party complains about.

Michael McMahon rose—

The Deputy Presiding Officer: I am afraid that the cabinet secretary is too near the end of his speech.

John Swinney: The most encouraging comment that I have heard today was from Mr Johnstone. His enthusiasm for a referendum has been noted and is warmly appreciated by the Scottish National Party. We look forward to Mr Johnstone leading a charge within the Conservative party to consult the people on some significant questions that affect the constitutional future of our country and we would be delighted to take them forward with his support.

Delayed Discharges

The Deputy Presiding Officer (Alasdair Morgan): The next item of business is a statement by Nicola Sturgeon on delayed discharges. The cabinet secretary will take questions at the end of her statement, so there should be no interventions or interruptions.

16:28

The Deputy First Minister and Cabinet Secretary for Health and Wellbeing (Nicola Sturgeon): I am happy to make a statement today on delayed discharges.

I intend to cover three issues. First, I will address the issue that has attracted recent media coverage: patients who have died in hospital after having been deemed clinically fit for discharge. Secondly, I will cover the action that has been taken to address recent difficulties in Fife—a matter that has also attracted local media coverage and which has been raised previously in the chamber by local members. Thirdly, and more generally, I will detail the very significant progress that this Government has made in reducing delayed discharges.

I turn to the issue of patients who have died in hospital after having been deemed fit for discharge. First, I offer my sincere condolences to anyone who has lost a relative in those circumstances.

I am sure that all members will agree that, tragic and unacceptable though such situations always are, it is neither possible nor appropriate to presume certain conclusions. For example, it cannot be presumed that a patient would not have died had they been at home rather than in hospital, nor can it be assumed that, at the precise time of someone's death, hospital was not in fact the best place for them to be. All of that will, of course, depend on the circumstances of an individual case.

However, we can say with certainty that we have a duty to enable older people to stay at home and live independently for as long as possible. We also have a duty to enable them, when clinically fit to do so, to return to an appropriate homely setting after a stay in hospital.

Therefore, in my view, in order to underline how important it is to avoid such situations arising—and to ensure that the focus remains at all times on reducing delayed discharges—when a patient has been deemed fit for discharge and subsequently dies before discharge takes place, the medical director of the relevant national health service board should ensure that the circumstances are always fully reviewed. I have

written to boards advising them that that should be the practice and that I expect them, as part of their clinical governance arrangements, to receive regular updates. In Fife, where a freedom of information request revealed that 93 patients had died after being judged fit for discharge in 2010, the medical director is already reviewing the circumstances of all the cases.

The second issue that I want to address is the general issue of delayed discharges in Fife and the problems experienced in recent times. The level of delayed discharges in Fife towards the end of last year was unacceptably high. Shona Robison discussed the situation with the health board chair and the leader of Fife Council on a number of occasions, and she met them on 20 January. At that meeting, NHS Fife and Fife Council confirmed that they had contributed equally to a £500,000 fund to provide additional resources to address the problem. In addition, the council committed to sustaining its core care management budget, which would be sufficient to make 45 care home placements each month. Assurances were given that by the end of February all those delayed at the time of the meeting would have an agreed care package in place. Following the meeting, local MSPs were fully briefed.

Since then, those patients have started to be discharged, and I fully expect the partnership to be back on track by the end of this month. The board chair and council leader are meeting weekly to ensure that progress is sustained. The partners remain committed to and focused on—at both strategic and operational levels—addressing the challenges that they face, and Shona Robison and I will continue to monitor the situation closely.

The third issue is the general issue of delayed discharges and the progress that has been made since this Government took office. The target that we work to is that no patient should be inappropriately delayed for longer than six weeks. It is a target that was set, but not met, by the previous Government. In the last three years of the previous Government, the figures for people delayed for more than six weeks at the April census dates were 636 in 2005; 498 in 2006; and 233 in 2007.

In each of the three years in which this Government has been responsible, the figures at the April census dates have been zero in 2008; zero in 2009; and zero in 2010. Indeed, Richard Simpson said in this chamber on 25 June 2009 that:

“The reduction from 2,000 ... to zero ... is excellent”.—
[*Official Report*, 25 June 2009; c 18935.]

The figure of 2,000 that he referred to is from September 2000, when 1,944 patients were

delayed for more than six weeks. The minister responsible at that time was Iain Gray.

Of course, members will say—rightly—that the April census figures do not tell the whole story and that what happens between those dates also matters. I agree with that. The latest figure that we have available is from October last year and, at that time, there were 128 patients delayed for more than six weeks. Let me be absolutely clear: that figure was far too high and we must do better than that. Again, however, it is reasonable to point out the direction of travel. At the same stage under the previous Administration—in October 2006—the figure was 679, more than five times higher.

Yes, we have work to do. Our aim must be to ensure that no one breaches the six-week target at any time. In my view, we should also be looking to reduce the six-week target to less than that—something that will be a priority for this Government if we are re-elected. Elderly people have a right to enjoy their later years at home where possible, with the support that they require to live as independently as possible. We still have work to do, but we are making progress—progress for which NHS boards and local authorities deserve credit.

Those who say, or imply, that the problem of delayed discharges is worse under this Government than under the previous Government are simply wrong. It is not worse; it is significantly better. Those who say that delayed discharges are higher because social care budgets have been cut under this Government are doubly wrong. Repeatedly in past weeks, and as recently as yesterday, Jackie Baillie has claimed in this chamber that the social care budget has reduced by £400 million. She cites Audit Scotland figures and compares a figure of £3.2 billion in 2007-08 with one of £2.8 billion in 2009-10. However, what Audit Scotland has confirmed—and it has now amended the relevant document to make this clear—is that the 2007-08 figure is gross expenditure and the 2009-10 figure is net expenditure. It is simply not legitimate to compare those two figures, and Jackie Baillie's assertion that there has been a cut in the social care budget is false.

The accurate figures can be drawn from other Audit Scotland documents—the overview of local government in Scotland reports. The 2008 report shows social work spend in 2007-08 as £3.3 billion, and the 2010 report shows social work spending in 2009-10 as £3.7 billion—in other words, not a £400 million cut but a £400 million increase.

I have written to Jackie Baillie today to set out those facts. I therefore trust that the false assertion that she has repeatedly made about

social care funding—while I accept that it might be the result of an honest error—will not be repeated.

Reducing delayed discharges is a priority for this Government, and as long as one elderly person finds themselves delayed in hospital for a day longer than they need to be, we will know that we have more work to do. However, we have made progress and I believe that that should be acknowledged.

If we are to reach a stage when delayed discharges are eradicated for good—not just those over six weeks—we need to do things differently and better in future.

Reshaping care for older people is a key piece of work that is driving change in care and support for older people and end-of-life care. However, the financial climate that we live in and the fact that it is the right thing to do means that we must pick up the pace of change. That is exactly why this Government has established the change fund—a £70 million fund for older people's services, which is to be used not to plug gaps left in budgets as a result of Westminster cuts but to enable and support radical changes to the way that services are provided across health and social care. That is why we, like others in this chamber—I hope that this is a point on which we can reach consensus—believe that a single system that integrates health and social care is needed.

I very much look forward to continuing to debate these issues in the months ahead as we maintain a firm focus on reducing delayed discharges and as we all live up to the responsibilities that we owe to all our older people.

The Deputy Presiding Officer: The cabinet secretary will now take questions on the issues raised in her statement. There will be about 20 minutes for that process.

Jackie Baillie (Dumbarton) (Lab): Like the cabinet secretary, I, too, send my condolences to the families affected. I thank her for an advance copy of her statement.

I found it disappointing that the cabinet secretary used the majority of her time to attack the Opposition, rather than shining a light on the scandal of people dying, perhaps unnecessarily, while awaiting discharge from hospital.

I think that we would all agree that the situation in Fife is deeply concerning. As recently as three weeks ago, there were 156 delayed discharges; 61 of those cases were waiting more than six weeks. Each of those statistics represents a person. We discovered that in the past year in Fife alone, 93 people died in hospital while awaiting discharge—that figure has almost doubled in the past two years. Let us be clear: all those 93 were deemed medically fit for discharge—clinicians said

that they should not have been in hospital because they did not need to be there. Does the cabinet secretary have any more information as to the circumstances of the 93 people who died?

Many other health boards claim not to record the information, but we believe that Fife could be the tip of the iceberg. Can the cabinet secretary tell us whether this is a problem in other Scottish health boards? Will she as a matter of urgency publish data for all Scottish health boards on people who have died in hospital when they were deemed medically fit to leave hospital but remained there waiting for a care package?

Nicola Sturgeon: I said clearly in my statement that the situation at the end of last year in Fife was unacceptable. I outlined the action that Fife Council and NHS Fife have taken and the action that Shona Robison and I are taking to continue to monitor the situation.

I also said clearly that it is unacceptable for anybody who has been deemed fit for discharge to remain in hospital and to die there. However, the idea that that is something that has simply happened under this Administration, when the numbers of delayed discharges were much higher under the previous Administration, is somewhat incredible. Jackie Baillie should reflect on that.

I cannot give Jackie Baillie information about the circumstances of the 93 patients in Fife, because, as I said in my statement, the medical director of NHS Fife is reviewing those cases. The fact that I have asked all medical directors to ensure that there is full review of any such cases suggests how seriously I take the issue. I hope that Jackie Baillie will be reassured by those comments.

I did not attack the Opposition—I simply pointed out a few facts. They may be inconvenient facts for the Opposition, but they are facts nevertheless.

Fact 1 is that the number of delayed discharges was significantly higher under the previous Administration than it is now. It is not low enough, and I want to get it lower, but let us acknowledge the direction of travel.

Fact 2 is that in recent times Jackie Baillie has been peddling the assertion that social work budgets have been cut by £400 million. Audit Scotland has clarified the point. I am disappointed that today Jackie Baillie did not have the good grace to acknowledge that, for whatever reason, the assertion that she has made in the chamber is false. She should do that. In the meantime, as the Cabinet Secretary for Health and Wellbeing, I will continue the important and serious work of reducing even further the number of delayed discharges. I ask the Opposition to stop playing politics with the issue.

Murdo Fraser (Mid Scotland and Fife) (Con): I thank the cabinet secretary for her statement and for providing me with advance sight of it, although I intrude with some trepidation on what appears to be a private conversation between the cabinet secretary and Jackie Baillie.

First, as a local member, I welcome the focus on Fife. I am grateful to ministers for their updates on the situation there. To put it politely, there seems to have been a breakdown in communication between Fife Council and NHS Fife. That situation has now been resolved. What assurances can ministers give us that it will not be repeated in the future?

Secondly, I agree with the cabinet secretary that integration of health and social care budgets would help to reduce the problem of delayed discharge. What is her proposed timetable for that much-needed change, for which the Conservatives have called for some years?

Nicola Sturgeon: Towards the end of last year, things did not go as they should have in Fife. I am not here to attribute blame in either direction between the health board and the council. However, we have made absolutely clear to both that they have a duty to work together in the interests of older people. In my statement, I outlined the financial and other action that the board and the council have taken. It is my responsibility, as the Cabinet Secretary for Health and Wellbeing, and that of Shona Robison, as the Minister for Public Health, to monitor such action to ensure that the progress that the board and the council have started to make continues and that they do not go back to the situation that existed at the end of last year.

On Murdo Fraser's wider question, the situation in Fife demonstrates the need for single-system working. It is good that, whatever else may divide us, we now have unanimity—or as near to unanimity as we ever get in the chamber—on that issue. We may have different views on how to achieve single-system working, but I hope that over the next period we can focus more on the ends than on the means. If we ensure that implementation is done properly, our preferred model of lead commissioning, which is about to be piloted in the Highlands and is already successful in parts of England, could produce an integrated system within two years—which is much more quickly than a system involving primary legislation. We will continue to look carefully at the issue. I hope that, whatever the make-up of the Parliament after the election, we will find the unanimity to move forward in that way, because it is the right thing to do to improve outcomes for older people.

Jamie Stone (Caithness, Sutherland and Easter Ross) (LD): I, too, thank the cabinet secretary for providing me with an advance copy

of her statement. On behalf of my party, I join others in expressing our condolences to the families that have been affected.

My party recognises that in recent years there has been an improvement in the number of delayed discharges. However, the number is increasing again, with significantly more delayed discharges at the previous census than at the same time the previous year. There is no point in protecting the health budget if patients end up languishing in expensive hospital beds for weeks on end. The question is, whose foot has come off the pedal, and why is the issue not being tackled as a top priority?

We need the barriers between hospital care and community care to be broken down, but that must be done in a way that reflects local circumstances. Much has been said on the topic in recent weeks.

The Deputy Presiding Officer: This is not a speech, Mr Stone.

Jamie Stone: I am coming to my question.

The Deputy Presiding Officer: You have already had a minute to do so.

Jamie Stone: Does the cabinet secretary agree that, in meeting that challenge, local people and authorities, not Government ministers, should be able to determine what is good for their area? I am talking about localism.

Nicola Sturgeon: I believe in localism, but I also believe that older people, regardless of where they live, have a right to expect certain standards of care. That is why the status quo in the delivery of health and social care services should not be defended and we should consider how to improve it.

I am glad that Jamie Stone recognised the improvement, as it is right for him to do that. I assure him that the issue has been tackled as a top priority throughout the Government's term of office. He is also right to point out that, based on the most recent census, the figures are too high. I said that expressly in my statement. That is why we will continue to work with local partners to drive down the numbers.

On funding, it is absolutely right to protect the NHS budget, but that is not all that we have done. As I said in my statement, we have also established the change fund, which is specifically for health and social care to work together on more radical solutions for the future. That is the right way to go, pending full integration of systems in future.

Michael Matheson (Falkirk West) (SNP): The cabinet secretary referred in her statement to the general trend of strong progress that the Government has made in tackling delayed

discharges. I, too, remember the time under Labour when more than 2,000 people were waiting six weeks or more for a discharge. I bring to her attention information that has become available in the past hour that the SNP-Lib Dem budget in Fife Council includes £4 million of additional social work spending to go towards adult care to help with progress on delayed discharges. Interestingly, the Labour group on Fife Council today voted against that extra £4 million and proposed an alternative budget that has no additional money for social work.

The Deputy Presiding Officer: Can we get to the question, Mr Matheson?

Michael Matheson: Does the cabinet secretary agree that that is yet further evidence of the false outrage from the Labour Party and that it demonstrates the hypocrisy that lies at that party's heart?

Nicola Sturgeon: I am aware of that information from Fife, which, if accurate, suggests that the SNP-Lib Dem budget proposed £4 million additional spending for social work, part of which would be used in adult care to continue the good progress that has been made on tackling delayed discharges. Unfortunately, according to the information that I have, Labour voted against that and supported an alternative budget with no new money for social work.

Not only has it been revealed in the chamber today that the information that Jackie Baillie has put forward repeatedly about a cut in social work budgets is wrong, but we have found that, although Labour members profess concern about the problem of delayed discharges—I believe that their concern is genuine, because it is shared by all members—they do not tell us that their colleagues across the country are voting against additional resources that would help to tackle the problem. Let us all say that we will continue the progress that has been made and work consensually to ensure that we provide the right standard of service for our older people.

Dr Richard Simpson (Mid Scotland and Fife) (Lab): I deeply regret the tone in which the cabinet secretary has addressed this serious problem. We at least have transparent data from Fife. We have information on other reasons for removal from the database—which can include death—from only six boards, but that amounts to a further 100 or more patients, many of whom may have died, although we do not know. In addition to the issue of deaths, we have the separate issue of readmissions. When will the cabinet secretary ask the right questions of the boards so that we have clear data? I include in that the issue of people who are waiting for beds and who do not have complex needs but are reclassified as having them. The situation is a mess, but it is a mess in which

people are dying, and that is the issue that we must address.

Nicola Sturgeon: Based on the statement that I have given, nobody can be in any doubt about how seriously I treat this issue. I will tell Richard Simpson what I regret. I regret that the Labour Party seems intent on playing party politics with very serious issues that we have a collective responsibility to address not only in the Parliament but in health boards and local authorities around the country. I also regret that Labour has seen fit to peddle inaccurate information for many weeks now and on many different occasions. When it is pointed out that the information is false, Labour members do not even have the good grace to acknowledge their perhaps honest if careless errors.

Because of the action that the Government has taken, we have been able to roll out the new electronic discharge information system online—EDISON—across Scotland over the course of last year so that the information that health boards record and report on delayed discharges can be even more accurate. That is the kind of action that we are taking to ensure that we have the information that we need on the issue. Even more important is the action that the Government has taken that has reduced delayed discharges from the level that we saw under the past Administration to the level that they are at now. The number of delayed discharges is still too high, but it is much lower than it was before.

Linda Fabiani (Central Scotland) (SNP): I welcome the cabinet secretary's clarification of the Opposition's false assumption about a £400 million budget cut. Of course, the backdrop against which that has to be seen is the Scottish Government's commitment to protecting health spending over the next four years. Despite the rhetoric from Labour, its party leader was unequivocal in saying on "Newsnight Scotland" on 7 September last year that Labour would not ring fence the health budget. What effect would Labour's failure to protect health spending have on the Government's ambition to eradicate delayed discharge?

Nicola Sturgeon: I say to Labour and everybody else that, on this, as on so many issues, actions speak louder than words. It is all very well for the Opposition to criticise the Government—it is entitled to do that on any issue—but it also has to be honest with the Scottish people about its alternative plans. We hear repeatedly from Labour criticisms of the settlement that the Government has given to the NHS—in this financial climate, I have to say that the settlement is an extremely good one—but Labour does not tell people that, if it was in power, the settlement would be less generous. Labour

has not committed to protecting the health budget in the way that the Government has. By all means, let us have a robust debate, particularly on an issue that is as serious as this one, but let us do that in a spirit that brings to bear accurate facts and figures and treats the issue with the respect that it deserves.

Johann Lamont (Glasgow Pollok) (Lab): I am hearing—including anecdotally—that pressures from the SNP on local government budgets are leading to decisions that result in delayed assessments and people having to stay on in hospital. Does the cabinet secretary acknowledge the evidence of the critical role of carers in preventing delayed discharges and of the absolute necessity of supporting carers to look after their loved ones at home? Does she recognise the deep anxiety of carers organisations that current care support does not meet the level of need? What steps is she taking to plug the gaps and end the postcode lottery of support for carers? Surely the situation of carers is, in itself, critical to preventing delayed discharges.

Nicola Sturgeon: Johann Lamont and I disagree on many occasions about many different things, but she raises an important question. Carers are vital to the challenge of reducing delayed discharge. It is often the contribution of a carer that allows someone to leave hospital and go home or move to a more appropriate setting. She asked what we are doing. I point her towards the range of things that we are doing to improve support for carers. It may not be enough but, again, we are making progress on ensuring that carers get the support that they need.

The £70 million change fund is exactly in recognition of the pressure on local government budgets. The fund means that the NHS and local government can work together collaboratively; it supports radical change in the way in which services are delivered. I would have thought that all members across the chamber, including Labour members, even though they voted against the budget yesterday, could find it within themselves to support that. The budget is a good one and will begin to make the differences that we want to continue to see in the delivery of these kinds of services.

Mary Scanlon (Highlands and Islands) (Con): Given that we look for high-quality services and best value for taxpayers' money, will the cabinet secretary discuss and review with the Convention of Scottish Local Authorities council funding to council care homes, which can be up to 80 per cent more than that for care home placements in the independent and voluntary sectors? Dealing with that would enable what is a fixed budget to finance more care home places and help to reduce the number of delayed discharges.

Nicola Sturgeon: That issue has been raised repeatedly not just by Mary Scanlon but by many people who provide care home services. COSLA will continue to discuss that with the private care home sector. We must ensure that we have the best quality of services, regardless of their provider. We are focused on ensuring that.

Christopher Harvie (Mid Scotland and Fife) (SNP): In asking my question, I speak as the carer, over the worst winter that we have ever had, of two 93-year-olds who have a valuable two hours' carer time each day. I will not ask what would have happened if I had not come back in the snow in December, which walled us in at Melrose for 10 days. I am glad that the £70 million change fund has been made available. Will the cabinet secretary outline what that will mean for my constituency, Fife, which I see by the day when I can at the moment?

Nicola Sturgeon: The change fund is important because, as I have outlined, it will help health and social care to redesign services. Christopher Harvie asked what the fund means for Fife. Fife's allocation from the fund next year will be just under £5 million—£4.8 million.

The Presiding Officer (Alex Fergusson): I ask for a bit of quiet in the chamber, please—other than from the cabinet secretary.

Nicola Sturgeon: I am sure that that allocation will assist NHS Fife and Fife Council in continuing to make the progress in reducing delayed discharges that we have spoken about.

Marilyn Livingstone (Kirkcaldy) (Lab): The cabinet secretary outlined the issues that relate to delayed discharges in Fife. As she said, I have met Shona Robison and NHS Fife's medical director and acute services chair to discuss delayed discharges and the wider community care agenda. I hope that the cabinet secretary believes and understands my genuine concern for families and the 93 patients who died before they could be discharged. As has been said today, each of those cases is a tragedy for the family involved.

I have had representations from NHS Fife staff about the experience on the ground, which is that bedblocking is causing a catastrophe in our health service. Patients are waiting up to 19 hours in accident and emergency for a bed. They are not being treated in the most appropriate environment, which is putting their lives at risk—NHS Fife officials have said that to me. Boarding out to surgical wards has caused operations to be cancelled.

The Presiding Officer: Could we have a question, please?

Marilyn Livingstone: Will the cabinet secretary and the Minister for Public Health and Sport

urgently ask Fife Council to work in co-operation with NHS Fife to sort out the problem now, which is affecting people in my constituency today?

Nicola Sturgeon: I appreciate the way in which Marilyn Livingstone raises issues. She has raised several health matters in Fife with me and she has always done so extremely responsibly.

I outlined in my statement the progress that Fife Council and NHS Fife have made to begin to get to grips with the problem. I repeat that Shona Robison and I will monitor that carefully. Marilyn Livingstone is right to point out the impact on the health service of delayed discharges—I am sure that she appreciates that that term is better than bedblocking, which suggests that the fault somehow lies with individuals—but the impact with which we should be concerned is that on individuals. That is why, regardless of party, all of us in the Parliament should focus absolutely on continuing the progress that we have made to reduce delayed discharges.

Helen Eadie (Dunfermline East) (Lab): The issue is desperately serious for everyone in the Parliament. The cabinet secretary said that the latest figure that she had—128 delayed discharges—was from October and she said that the trend was downwards, but I can tell her that our latest figure, which is from 15 January, is 156 delayed discharges.

I have always campaigned seriously on the issue. I took exception when Shona Robison accused me of "scaremongering" on 24 January 2008—that is in the *Official Report*.

The Presiding Officer: I must press you for a question, please.

Helen Eadie: We have had this every year. What more will the cabinet secretary do to ensure that the trend is downwards? What is coming from her directorates at the moment is just not credible.

Nicola Sturgeon: As I am sure Helen Eadie is aware, the last official statistics that are available are from October, and the rules mean that ministers are able to quote those national statistics. I am well aware of the trends in Fife and elsewhere, which is why we are taking the action that was outlined in my statement—action that is having and will continue to have an impact in Fife.

I am sure that Helen Eadie will be as concerned as I am about the news that has been relayed to the chamber this afternoon about votes in Fife Council. The Scottish National Party's budget proposes £4 million extra for social work, and Labour voted against that. I ask all members of the Parliament to continue to bring their concerns about delayed discharges to me and to the chamber, and also to relay those concerns to their

colleagues locally, so that the actions of local members match up to their words in the chamber.

Points of Order

17:00

Stewart Maxwell (West of Scotland) (SNP):

On a point of order, Presiding Officer. I seek your guidance on a matter that was raised this afternoon. Unfortunately, that means that I have not had time to give you advance warning of my point of order.

This afternoon, the Cabinet Secretary for Health and Wellbeing gave the Parliament the correct information regarding the figures on social care budgets. Could you advise me what action a member should take if they have misled the Parliament by saying repeatedly that social care budgets have been cut by £400 million, whereas the opposite is true? Even if that member has misled the chamber inadvertently, what action should they take to correct that?

The Presiding Officer (Alex Fergusson): It is not a point of order for me, but you asked me what action you might take. I suggest that you go and have a word with the other member and see whether you can come to any form of agreement.

Kenneth Gibson (Cunninghame North) (SNP): On a point of order, Presiding Officer. Standing order 7.3.1 states that members must consider their conduct in the chamber. Earlier this afternoon, at First Minister's question time, the leader of the Labour Party in the Scottish Parliament, Iain Gray, inferred that it was the Scottish National Party group in North Ayrshire Council that suggested to the ruling Labour Party that the council should consider the possibility of a four-day school week. After looking at the record and discussing the issue with North Ayrshire Council this afternoon, I have had confirmation that that is absolutely contrary to the truth. I therefore ask whether it would be possible for the leader of the Opposition to be given an opportunity to consider his comments and to bring them into order in terms of his obligations under standing order 7.3.1.

The Presiding Officer: That is not a point of order for me, Mr Gibson. [*Interruption.*] Mr FitzPatrick!

Members will be well aware of what I have said before about veracity in the chamber and they do themselves no favours by continuing to raise that same old chestnut.

Scottish Parliamentary Pensions Act 2009

17:02

The Presiding Officer (Alex Fergusson): The next item of business is consideration of motion S3M-7736, in the name of Mike Pringle, on behalf of the Scottish Parliamentary Corporate Body, on technical changes to the Scottish Parliamentary Pensions Act 2009.

Motion moved,

That the Parliament—

(a) in exercise of the powers conferred by section 3 of the Scottish Parliamentary Pensions Act 2009 (asp 1) (the “2009 Act”) determines that with effect from the day after the day this resolution is made the Scottish Parliamentary Pension Scheme (within the meaning of section 4 of the 2009 Act) is modified in accordance with Annex 1 to this resolution, and

(b) notes that the Parliamentary corporation has, in accordance with Rule 8.11A.5 of the Parliament’s Standing Orders, consulted with relevant individuals whose interests may be affected by the modifications.

ANNEX 1 TO THE RESOLUTION

Paragraph (a)

MODIFICATIONS TO SCOTTISH PARLIAMENTARY PENSION SCHEME

1. Rule 13 (member-nominated trustees) of schedule 1 to the 2009 Act is omitted.
2. In rule 49 (deferred pensioner’s ill-health pension) of schedule 1 to the 2009 Act, for “4 and 5” substitute “5 and 6”.
3. In rule 85 (buying added years by instalments) of schedule 1 to the 2009 Act, in sub-paragraph (2) for “irrevocable” substitute “revocable by the member giving notice to the Fund trustees”.
4. After rule 85, insert—

“Revocation of accepted application

85A (1) This rule applies—

(a) where an MSP member buying added years by monthly instalments revokes the application before paying the last instalment, and

(b) where an office-holder member (who is not an MSP) buying added years by monthly instalments revokes the application before paying the last instalment.

- (2) Where this rule applies no more instalments are payable and the individual’s reckonable service as an MSP or, as the case may be, office-holder is increased by a number of added years calculated as follows—

$$\frac{B}{A \times \frac{C}{C}}$$

where—

“A” is the number of added years the individual applied to buy;

“B” is the period (in days) in respect of which instalments have been paid; and

“C” is the period (in days) for which instalments would have been paid had the individual remained in the scheme continuously and not revoked the application.”.

5. In paragraph 18 (added years) of schedule 3 to the 2009 Act—

(a) in sub-paragraph (2)(a), after “effect” insert “, subject to the modifications in sub-paragraph (2A),”, and

(b) after sub-paragraph (2) insert—

“(2A) (a) in paragraph 3 of Schedule 5 to the 1999 scheme rules for “irrevocable on and from the date when the Parliamentary corporation accepts it” substitute “revocable by the member giving notice in writing to the Fund trustees”, and

(b) after paragraph 3, insert—

“3A. Where a participating member buying added years by periodical contributions revokes the application before paying the last instalment—

(a) no more instalments are payable; and

(b) the Fund trustees must calculate the number of added years in respect of which the periodical contributions have been paid as follows—

$$\frac{B}{A \times \frac{C}{C}}$$

where—

“A” is the number of added years the individual applied to buy;

“B” is the period (in days) in respect of which instalments have been paid; and

“C” is the period (in days) for which instalments would have been paid in accordance with paragraph 4(a) had the individual not revoked the application.”.—[Mike Pringle.]

Decision Time

17:03

The Presiding Officer (Alex Fergusson):

There are a lot of questions to put as a result of today's business. I remind members, in relation to the debate on early intervention in health and education, that, if the amendment in the name of Shona Robison is agreed to, the amendments in the names of Des McNulty and Ross Finnie will fall. If the amendment in the name of Des McNulty is agreed to, the amendment in the name of Ross Finnie will fall.

The first question is, that motion S3M-7904, in the name of Mike Pringle, on the reappointment of the Scottish Public Services Ombudsman, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: Did I hear a no? I did not hear a no. That motion is therefore agreed to.

The Minister for Housing and Communities (Alex Neil): No.

The Presiding Officer: Make it obvious, please.

I put the question again. The first question is, that motion S3M-7904, in the name of Mike Pringle, on the reappointment of the SPSO, be agreed to. Are we agreed?

Alex Neil: No.

Members: No.

The Presiding Officer: We are not agreed. Thank you, Mr Neil. There will therefore 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)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Carlaw, Jackson (West of Scotland) (Con)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Coffey, Willie (Kilmarnock and Loudoun) (SNP)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Crawford, Bruce (Stirling) (SNP)
 Don, Nigel (North East Scotland) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Eadie, Helen (Dunfermline East) (Lab)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Foulkes, George (Lothians) (Lab)

Gillon, Karen (Clydesdale) (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, Patrick (Glasgow) (Green)
 Henry, Hugh (Paisley South) (Lab)
 Hume, Jim (South of Scotland) (LD)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Adam (South of Scotland) (SNP)
 Johnstone, Alex (North East Scotland) (Con)
 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)
 McArthur, Liam (Orkney) (LD)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Tom (Hamilton South) (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)
 McNeil, Duncan (Greenock and Inverclyde) (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)
 Murray, Elaine (Dumfries) (Lab)
 O'Donnell, Hugh (Central Scotland) (LD)
 Oldfather, Irene (Cunninghame South) (Lab)
 Park, John (Mid Scotland and Fife) (Lab)
 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)
 Salmon, Alex (Gordon) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Elizabeth (Mid Scotland and Fife) (Con)
 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)
 Tolson, Jim (Dunfermline West) (LD)
 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

Constance, Angela (Livingston) (SNP)
 FitzPatrick, Joe (Dundee West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Harvie, Christopher (Mid Scotland and Fife) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McMillan, Stuart (West of Scotland) (SNP)
 Neil, Alex (Central Scotland) (SNP)
 Paterson, Gil (West of Scotland) (SNP)

Abstentions

Campbell, Aileen (South of Scotland) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gibson, Rob (Highlands and Islands) (SNP)
 Hepburn, Jamie (Central Scotland) (SNP)
 Maxwell, Stewart (West of Scotland) (SNP)
 Thompson, Dave (Highlands and Islands) (SNP)
 Watt, Maureen (North East Scotland) (SNP)

The Presiding Officer: The result of the division is: For 98, Against 8, Abstentions 9.

Motion agreed to,

That the Parliament nominates Jim Martin to Her Majesty The Queen for reappointment for a second term as the Scottish Public Services Ombudsman from 1 May 2011.

The Presiding Officer: The next question is, that motion S3M-7905, in the name of Mike Pringle, on the reappointment of the Scottish Parliamentary Standards Commissioner, be agreed to.

Motion agreed to,

That the Parliament agrees with the recommendation of the Scottish Parliamentary Corporate Body under Rule 3A.1.2 of Standing Orders that Stuart Allan be reappointed for a second term as the Scottish Parliamentary Standards Commissioner from 31 March 2011.

The Presiding Officer: The next question is, that motion S3M-7906, in the name of Mike Pringle, on the reappointment of the Commissioner for Children and Young People in Scotland, be agreed to.

Motion agreed to,

That the Parliament nominates Tam Baillie to Her Majesty The Queen for re-appointment for a second term as the Commissioner for Children and Young People in Scotland from 18 May 2011.

The Presiding Officer: The next question is, that amendment S3M-7923.3, in the name of Shona Robison, which seeks to amend motion S3M-7923, in the name of Murdo Fraser, on early intervention in health and education, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, Brian (Aberdeen North) (SNP)
 Allan, Alasdair (Western Isles) (SNP)
 Brown, Keith (Ochil) (SNP)
 Campbell, Aileen (South of Scotland) (SNP)
 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)
 FitzPatrick, Joe (Dundee West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Highlands and Islands) (SNP)
 Grahame, Christine (South of Scotland) (SNP)
 Harvie, Christopher (Mid Scotland and Fife) (SNP)
 Hepburn, Jamie (Central Scotland) (SNP)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Adam (South of Scotland) (SNP)
 Kidd, Bill (Glasgow) (SNP)
 Lochhead, Richard (Moray) (SNP)
 MacAskill, Kenny (Edinburgh East and Musselburgh) (SNP)
 Marwick, Tricia (Central Fife) (SNP)
 Mather, Jim (Argyll and Bute) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West of Scotland) (SNP)
 McKee, Ian (Lothians) (SNP)
 McKelvie, Christina (Central Scotland) (SNP)
 McLaughlin, Anne (Glasgow) (SNP)
 McMillan, Stuart (West of Scotland) (SNP)
 Morgan, Alasdair (South of Scotland) (SNP)
 Neil, Alex (Central Scotland) (SNP)
 Paterson, Gil (West of Scotland) (SNP)
 Robison, Shona (Dundee East) (SNP)
 Salmond, Alex (Gordon) (SNP)
 Somerville, Shirley-Anne (Lothians) (SNP)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Sturgeon, Nicola (Glasgow Govan) (SNP)
 Swinney, John (North Tayside) (SNP)
 Thompson, Dave (Highlands and Islands) (SNP)
 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)

Against

Aitken, Bill (Glasgow) (Con)
 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)
 Brocklebank, Ted (Mid Scotland and Fife) (Con)
 Brown, Gavin (Lothians) (Con)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Carlaw, Jackson (West of Scotland) (Con)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Foulkes, George (Lothians) (Lab)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gillon, Karen (Clydesdale) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Goldie, Annabel (West of Scotland) (Con)
 Gordon, Charlie (Glasgow Cathcart) (Lab)
 Grant, Rhoda (Highlands and Islands) (Lab)

Gray, Iain (East Lothian) (Lab)
 Harper, Robin (Lothians) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Henry, Hugh (Paisley South) (Lab)
 Hume, Jim (South of Scotland) (LD)
 Johnstone, Alex (North East Scotland) (Con)
 Kerr, Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lamont, John (Roxburgh and Berwickshire) (Con)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Macintosh, Ken (Eastwood) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 McArthur, Liam (Orkney) (LD)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Tom (Hamilton South) (Lab)
 McGrigor, Jamie (Highlands and Islands) (Con)
 McInnes, Alison (North East Scotland) (LD)
 McLetchie, David (Edinburgh Pentlands) (Con)
 McMahon, Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Duncan (Greenock and Inverclyde) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Mulligan, Mary (Linlithgow) (Lab)
 Murray, Elaine (Dumfries) (Lab)
 O'Donnell, Hugh (Central Scotland) (LD)
 Oldfather, Irene (Cunninghame South) (Lab)
 Park, John (Mid Scotland and Fife) (Lab)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Pringle, Mike (Edinburgh South) (LD)
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Elizabeth (Mid Scotland and Fife) (Con)
 Stephen, Nicol (Aberdeen South) (LD)
 Stewart, David (Highlands and Islands) (Lab)
 Stone, Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Tolson, Jim (Dunfermline West) (LD)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Whitton, David (Strathkelvin and Bearsden) (Lab)

Abstentions

MacDonald, Margo (Lothians) (Ind)

The Presiding Officer: The result of the division is: For 46, Against 68, Abstentions 1.

Amendment disagreed to.

The Presiding Officer: The next question is, that amendment S3M-7923.2, in the name of Des McNulty, which seeks to amend motion S3M-7923, in the name of Murdo Fraser, on early intervention in health and education, 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)
 Godman, Trish (West Renfrewshire) (Lab)
 Gordon, Charlie (Glasgow Cathcart) (Lab)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Harper, Robin (Lothians) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Henry, Hugh (Paisley South) (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)
 McMahon, Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Duncan (Greenock and Inverclyde) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Mulligan, Mary (Linlithgow) (Lab)
 Murray, Elaine (Dumfries) (Lab)
 Oldfather, Irene (Cunninghame South) (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)
 Smith, Elaine (Coatbridge and Chryston) (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)
 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)
 Harvie, Christopher (Mid Scotland and Fife) (SNP)
 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)

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)
 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)
 Salmond, Alex (Gordon) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Smith, Elizabeth (Mid Scotland and Fife) (Con)
 Somerville, Shirley-Anne (Lothians) (SNP)
 Stephen, Nicol (Aberdeen South) (LD)
 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)

Abstentions

MacDonald, Margo (Lothians) (Ind)

The Presiding Officer: The result of the division is: For 41, Against 73, Abstentions 1.

Amendment disagreed to.

The Presiding Officer: The next question is, that amendment S3M-7923.1, in the name of Ross Finnie, which seeks to amend motion S3M-7923, in the name of Murdo Fraser, on early intervention in health and education, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: 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)
 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)
 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)
 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)
 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)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morgan, Alasdair (South of Scotland) (SNP)
 Mulligan, Mary (Linlithgow) (Lab)
 Murray, Elaine (Dumfries) (Lab)
 Neil, Alex (Central Scotland) (SNP)
 O'Donnell, Hugh (Central Scotland) (LD)
 Oldfather, Irene (Cunninghame South) (Lab)
 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)
 Salmond, Alex (Gordon) (SNP)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)

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)
 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)

Abstentions

MacDonald, Margo (Lothians) (Ind)

The Presiding Officer: The result of the division is: For 99, Against 15, Abstentions 1.

Amendment agreed to.

The Presiding Officer: The next question is, that motion S3M-7923, in the name of Murdo Fraser, on early intervention in health and education, as amended, be agreed to.

Motion, as amended, agreed to.

That the Parliament recognises the importance of early childhood development and the impact of early intervention in determining future health, social wellbeing and educational achievement of individuals; notes the large and growing body of evidence that highlights the importance of child and parental interaction in the early years of life; recognises the vital role performed by health visitors in supporting families in the early years; notes with concern that, in seven NHS board areas, there was a fall in health visitor numbers between 2009 and 2010; agrees with the conclusions of the Finance Committee's recent inquiry into preventative spending that the current balance of government spending is skewed too much in favour of reactive, rather than preventative, spending; recognises that early intervention has proven benefits not only in health and education but also in other areas such as crime reduction measures, support for carers and services for older people, and supports a long-term shift to sustained investment in a high-quality, preventative approach to the growing social and economic challenges faced by public services.

The Presiding Officer: The next question is, that motion S3M-7900, in the name of Fiona Hyslop, on the Public Records (Scotland) Bill, be agreed to.

Motion agreed to.

That the Parliament agrees to the general principles of the Public Records (Scotland) Bill.

The Presiding Officer: The next question is, that motion S3M-7840, in the name of John Swinney, on the Local Government Finance (Scotland) Order 2011, 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)
 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)
 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)
 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)
 Harvie, Christopher (Mid Scotland and Fife) (SNP)
 Henry, Hugh (Paisley South) (Lab)
 Hepburn, Jamie (Central Scotland) (SNP)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Adam (South of Scotland) (SNP)
 Johnstone, Alex (North East Scotland) (Con)
 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)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Tom (Hamilton South) (Lab)
 McGrigor, Jamie (Highlands and Islands) (Con)
 McKee, Ian (Lothians) (SNP)
 McKelvie, Christina (Central Scotland) (SNP)
 McLaughlin, Anne (Glasgow) (SNP)
 McLetchie, David (Edinburgh Pentlands) (Con)
 McMahan, Michael (Hamilton North and Bellshill) (Lab)
 McMillan, Stuart (West of Scotland) (SNP)
 McNeil, Duncan (Greenock and Inverclyde) (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)
 Murray, Elaine (Dumfries) (Lab)
 Neil, Alex (Central Scotland) (SNP)
 Oldfather, Irene (Cunninghame South) (Lab)
 Park, John (Mid Scotland and Fife) (Lab)
 Paterson, Gil (West of Scotland) (SNP)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Robison, Shona (Dundee East) (SNP)
 Salmond, Alex (Gordon) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Elizabeth (Mid Scotland and Fife) (Con)
 Somerville, Shirley-Anne (Lothians) (SNP)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Stewart, David (Highlands and Islands) (Lab)
 Sturgeon, Nicola (Glasgow Govan) (SNP)
 Swinney, John (North Tayside) (SNP)
 Thompson, Dave (Highlands and Islands) (SNP)
 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

Harper, Robin (Lothians) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Stephen, Nicol (Aberdeen South) (LD)

Abstentions

Brown, Robert (Glasgow) (LD)
 Finnie, Ross (West of Scotland) (LD)
 Hume, Jim (South of Scotland) (LD)
 McArthur, Liam (Orkney) (LD)
 McInnes, Alison (North East Scotland) (LD)
 O'Donnell, Hugh (Central Scotland) (LD)
 Pringle, Mike (Edinburgh South) (LD)
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Stone, Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Tolson, Jim (Dunfermline West) (LD)

The Presiding Officer: The result of the division is: For 101, Against 3, Abstentions 11.

Motion agreed to,

That the Parliament agrees that the Local Government Finance (Scotland) Order 2011 be approved.

The Presiding Officer: The final question is, that motion S3M-7736, in the name of Mike Pringle, on technical changes to the Scottish Parliamentary Pensions Act 2009, be agreed to.

Motion agreed to,

That the Parliament—

(a) in exercise of the powers conferred by section 3 of the Scottish Parliamentary Pensions Act 2009 (asp 1) (the “2009 Act”) determines that with effect from the day after the day this resolution is made the Scottish Parliamentary Pension Scheme (within the meaning of section 4 of the 2009 Act) is modified in accordance with Annex 1 to this resolution, and

(b) notes that the Parliamentary corporation has, in accordance with Rule 8.11A.5 of the Parliament’s Standing Orders, consulted with relevant individuals whose interests may be affected by the modifications.

ANNEX 1 TO THE RESOLUTION

Paragraph (a)

MODIFICATIONS TO SCOTTISH PARLIAMENTARY PENSION SCHEME

1. Rule 13 (member-nominated trustees) of schedule 1 to the 2009 Act is omitted.
2. In rule 49 (deferred pensioner’s ill-health pension) of schedule 1 to the 2009 Act, for “4 and 5” substitute “5 and 6”.
3. In rule 85 (buying added years by instalments) of schedule 1 to the 2009 Act, in sub-paragraph (2) for “irrevocable” substitute “revocable by the member giving notice to the Fund trustees”.
4. After rule 85, insert—

“Revocation of accepted application

85A (1) This rule applies—

(a) where an MSP member buying added years by monthly instalments revokes the application before paying the last instalment, and

(b) where an office-holder member (who is not an MSP) buying added years by monthly instalments revokes the application before paying the last instalment.

- (2) Where this rule applies no more instalments are payable and the individual’s reckonable service as an MSP or, as the case may be, office-holder is increased by a number of added years calculated as follows—

$$B \\ A \times \frac{B}{C}$$

where—

“A” is the number of added years the individual applied to buy;

“B” is the period (in days) in respect of which instalments have been paid; and

"C" is the period (in days) for which instalments would have been paid had the individual remained in the scheme continuously and not revoked the application."

5. In paragraph 18 (added years) of schedule 3 to the 2009 Act—
 - (a) in sub-paragraph (2)(a), after "effect" insert "subject to the modifications in sub-paragraph (2A)," and
 - (b) after sub-paragraph (2) insert—

"(2A) (a) in paragraph 3 of Schedule 5 to the 1999 scheme rules for "irrevocable on and from the date when the Parliamentary corporation accepts it" substitute "revocable by the member giving notice in writing to the Fund trustees", and

(b) after paragraph 3, insert—

"3A. Where a participating member buying added years by periodical contributions revokes the application before paying the last instalment—

 - (a) no more instalments are payable; and
 - (b) the Fund trustees must calculate the number of added years in respect of which the periodical contributions have been paid as follows—
$$\frac{B}{A \times C}$$

where—

"A" is the number of added years the individual applied to buy;

"B" is the period (in days) in respect of which instalments have been paid; and

"C" is the period (in days) for which instalments would have been paid in accordance with paragraph 4(a) had the individual not revoked the application."

St Margaret of Scotland Hospice

The Deputy Presiding Officer (Trish Godman): The final item of business today is a members' business debate on motion S3M-7506, in the name of Des McNulty, on the St Margaret of Scotland Hospice. The debate will be concluded without any question being put.

17:10

Des McNulty (Clydebank and Milngavie) (Lab): This is the third members' business debate that I have had on the St Margaret of Scotland Hospice; the issue has been going on for more than three years.

I remember bringing a group from the hospice—many of the same people are in the public gallery tonight—to a debate in December 2008. We sang carols outside the chamber and had Cardinal Keith Patrick O'Brien in attendance. The issue then is the issue now: Greater Glasgow and Clyde Health Board decided, without consulting the hospice, to remove the funding for the continuing care beds there.

The health board then sought to force the hospice to alter its provision—which is extraordinarily well regarded in my constituency and, I believe, throughout the west of Scotland—from continuing care and palliative care, which work very closely together, to some other kind of use, such as nursing care or mental health care, that St Margaret's felt was entirely inappropriate, particularly in the absence of consultation. The justification was a decision, which the health board had made previously, to rationalise continuing care beds in the north of Glasgow. It decided that it needed 180 continuing care beds. It also decided that the 30 beds at St Margaret's hospice were surplus to requirements and that 60 beds would be provided at the nearby Blawarthill hospital. St Margaret's has nothing against continuing care beds being provided at Blawarthill hospital, but it has everything against changes being imposed on an outstanding facility.

It is not only St Margaret's staff who say that the hospice is outstanding. I speak to ordinary people in and beyond my constituency, and everybody—without exception—who has had a friend or relative in the hospice or knows people who have had to use its facilities says that it is a centre of excellence in palliative and continuing care. They did not understand why people who were trying to get into a facility that they say is valuable—people are trying to get into St Margaret's all the time—were being denied the opportunity or why the hospice was being asked to change, without any rhyme or reason.

Ministers have had an opportunity since the 2008 debate—in fact, since before then, because I was in touch with them before I brought the issue to the Parliament—to get some common sense into the situation. I believed then and believe now that there is more than enough need for continuing care to continue at St Margaret's—there are more than enough patients who need the kind of care it provides and who should be accommodated there—but I ended up against a brick wall: Greater Glasgow and Clyde Health Board. It simply would not listen. Its argument was, “We have decided. That is it and you have to deal with the consequences.”

The consequences for St Margaret's were potentially severe. Its skilled staff, who have been built up over a period of time and are dedicated to providing excellent care, would have been reduced in a way that was inappropriate not only for the continuing care provision but for the hospice provision. The integration of the care that St Margaret's hospice was able to provide would also have been affected. The care that is needed by somebody who is weeks away from death is not fundamentally different from that needed by somebody who is a few months away from death, which is what many continuing care patients are. The kinds of nursing support that those two groups need are not miles apart.

What existed at St Margaret's was unique not only in respect of the support it gave patients, but in respect of the support it gave families. Thankfully, that support still exists there, but we ran up against a brick wall—the health board had gone into partnership to build up the facility at Blawarthill and it simply was not able to discuss any alternative arrangement that would allow St Margaret's to continue.

Margo MacDonald (Lothians) (Ind): Will the member give way?

Des McNulty: No. Let me continue, if I may.

Yesterday, the health board put out a press statement that said—surprise, surprise—that Southern Cross Healthcare, which was one of the partners at Blawarthill, is no longer able to provide the service that it had contracted to provide, and the contractor has indicated that the continuing care part of the package can no longer go ahead. I put it to ministers that there is now an opportunity to say to St Margaret's, “Circumstances have changed and our policies have changed. There's a commonsense solution here, which is that instead of St Margaret's continuing care stopping in 2012, as is currently scheduled, it can be given a contract and have a process of negotiation and proper discussion with the health board, and we can get an outcome.” That is what thousands of people in my area and in areas around Clydebank want. That is not asking for more money or for

something impossible. Rather, we are asking for the continuation of something that exists.

I say to the minister that there are questions that need to be asked about the health board. Why has it taken the collapse of the deal for the health board to move in any shape or form? In fact, it has not moved. That is the reality. It has not said that Blawarthill has gone so it will put the continuing care beds in St Margaret's; it has said that it will conduct a review and that it will let us know what the results are at the end of the summer. The staff and patients and everybody concerned with St Margaret's have had three years of uncertainty. That is more than enough.

Ministers could have intervened at any point in the past three years and said that they were concerned about the way in which things were developing. People I know have knocked on Nicola Sturgeon's door and the doors of other Scottish National Party members, as they have knocked on mine, and said, “This makes no sense. There's a sensible solution here. Can we not move towards a sensible solution?” St Margaret's is the outstanding facility for continuing and palliative care in my part of Scotland. Now is the time for a sensible solution and for ministers and Greater Glasgow and Clyde NHS Board to say to St Margaret's, “Yes, you can continue. Yes, we will agree that these beds can continue; we now recognise that we were wrong to put you under pressure, to give you all that anxiety and to leave you in a situation of insecurity over the past three to four years. We are going to put that right.” I hope that the minister will say that today.

Margo MacDonald: It occurs to me that the member already has a team on his side. Campbell Christie's commission exists to examine the sort of process that the member has outlined. The member is right, and he should use Campbell Christie, who is on his side.

Des McNulty: I have the best will in the world towards Campbell Christie, but we are talking about an absolutely open-and-shut case. We do not need to get into the debate about public sector reform. There is an answer to a question that is begging to be answered, and I hope that the minister can answer it tonight.

17:19

Gil Paterson (West of Scotland) (SNP): When a vital issue such as the future and wellbeing of an institution such as the St Margaret of Scotland Hospice has been rightly debated many times, it is difficult to find something new to say about it or a spark that might keep the audience and members further informed. Over the past week, I have reviewed the contributions on the issue that colleagues and I have made in previous debates

and in many appearances in front of the Public Petitions Committee.

In truth, I found nothing new on the merits of the case to bring to the chamber, then—bingo—we got the statement from Greater Glasgow and Clyde NHS Board on the Blawarthill development, part of which I will read for the benefit of members who have not seen it. It says:

“NHS Greater Glasgow and Clyde has been advised by the private contractor responsible for the development of the Blawarthill site that they are no longer in partnership with Southern Cross, the company contracted with Glasgow City Council to run the nursing home which was to be built on the site.

The contractor therefore cannot fulfil the contract to deliver the development proposal that would have seen 60 nursing home beds and 60 NHS continuing care beds—along with social housing provision—built at Blawarthill Hospital.

The Health Board meeting on 15th February will receive a recommendation that this contractual situation means that the proposals for the site developed over a period of many years with strong support from the local community, Glasgow City Council, Yoker Housing Association and the NHS Board cannot now be delivered as planned.

We are committed to finding an alternative approach to ensure that the planned social housing with Yoker Housing Association goes ahead and we have also offered to negotiate with Glasgow City Council to accommodate the 120-bed care home they have committed to develop in West Glasgow on the Blawarthill site.

The Health Board will now consider the options for continuing care beds in the West of Glasgow and this review should be concluded by late summer.”

Let me help the health board by telling it about the St Margaret of Scotland Hospice, which will provide it with a ready-made solution. I will pose a number of pertinent questions and answers.

Are the hospice buildings of an adequate standard? They are either new or newly refurbished to a very high standard, with integral high-quality resources for patients, their families and members of staff.

Does the service that is provided meet the requirements of the board? The hospice has sailed through every audit that has ever been carried out, and the plaudits that it has been given by patients and their families are of the highest order, so the answer is, of course, that St Margaret's is as good as anywhere else, if not better.

Are the costs of the hospice out of kilter with the provision? No questions or concerns about the costs relative to the services that are provided have ever arisen.

Is the hospice's location a factor from the point of view of accessibility? Is it outwith the catchment area, which would adversely affect its usefulness to the board? The hospice is located in the council

ward directly next to the intended location of the establishment that is favoured by the health board. The distance between them is less than the distance that a child must walk to qualify for a free bus service.

I do not have time to go through all the reasons why St Margaret's comes up to the spec that is required by the board. It deserves the Parliament's full support to retain the continuing care beds—not for the sake of it, but because it has carried out the job with distinction and continues to offer a service that is second to none.

We still have time—there is still an opportunity to do the right thing. I have no hesitation whatever in thanking Des McNulty for yet again bringing the issue to the Parliament for debate. I declare without reservation that I fully support the motion.

17:24

Hugh Henry (Paisley South) (Lab): I apologise in advance because I have a meeting to attend and so need to leave imminently.

I commend Des McNulty for his persistence and tenacity, and for his determination to ensure that the issue is resolved successfully. I have a long-standing awareness and knowledge of the affection in which St Margaret of Scotland Hospice is held in the local area. As someone who grew up in the grounds of Erskine hospital, it was one of the highlights of my summer to go across on the Erskine ferry to the annual fundraising day in Clydebank to participate in the activities there. I know what a significant contribution the hospice makes to the local community.

Des McNulty highlighted two issues in the wider debate that we need to have. We need to consider, first, the role and contribution of hospices and, secondly, the services that we provide for older people in our hospitals. On the first issue, I am acutely aware of the important contribution that hospices make. In Renfrewshire, we are privileged to have two of the most outstanding hospices in the country—Accord Hospice and St Vincent's Hospice. I know from talking to staff and people who have friends and relatives in the hospices how much people value the contribution that hospices make. Reflection on and a review by the Government and the Parliament of the support that is given to hospices—in specific and general terms—are long overdue, because hospices make an immense contribution and often have to rely on tight budgets. What they can do with a fraction of the total NHS budget to transform the lives of people in our communities is considerable.

The second issue relates not just to Des McNulty's specific point about care in the St Margaret of Scotland Hospice but to a more

general point about the NHS. Although I admire, and will defend to my last breath, the contribution that the health service in Scotland makes to the wellbeing of our citizens, and although I know from my family's experience how well the NHS does when there is an emergency or an acute issue that needs to be addressed, I think that we should be big enough to reflect on what we do for older people. Des McNulty highlighted the quality of care that is given to older people in a facility where there is a caring, loving and highly professional ethos.

Both my elderly parents—God rest them—had to be hospitalised for lengthy periods. I witnessed dedication from staff, the like of which I could never hope to match, but I also witnessed examples of dubious care, in which elderly people were left unfed or slumped in bed without being picked up, and their quality of life left a lot to be desired. Indeed, we had to remove my father from hospital before we could see an improvement in the quality of his life. Hospitals are not really geared to the long-term wellbeing of elderly people who need treatment and care.

That is why facilities such as St Margaret's are so important. They make a difference and provide something that the NHS is failing to provide. If we allow a facility such as St Margaret's to disappear, not only will the people who are currently supported and served by the hospice be affected, but society as a whole will be the loser, because St Margaret's is a model for what can be delivered throughout Scotland. I wish Des McNulty and the campaigners every success. If they win, they will have done us all a service.

17:28

Jackson Carlaw (West of Scotland) (Con):

We began today's business with a debate on health visitors. The Conservatives brought that debate back to Parliament and make no apology for doing so in the cycle of parliamentary business. Des McNulty, too, need make no apology for bringing back to Parliament a debate on the St Margaret of Scotland Hospice, because it is unfinished business. It is a matter on which most, if not all, members have agreed, but which remains unresolved as this session of Parliament draws to a close.

I have no particular comment to make and cannot add anything new to the debate, so I intend to be brief. Ross Finnie, Gil Paterson and, in particular, Des McNulty have spoken in all the debates on St Margaret of Scotland Hospice during this session of Parliament and are equally committed to ensuring that the matter is resolved. I have said repeatedly that I regard it as my responsibility as a regional member of the Parliament to give every assistance to the

campaign in defence of the hospice, which Des McNulty has admirably led.

Like other members, I am able to give personal testimony, having had relatives who were lovingly looked after in their final days by staff at the St Margaret of Scotland Hospice, so I know what an outstanding job they do. I am also happy to pay tribute to the commitment of both Sister Rita, who is one of the most formidable women I have met—I will not say that she is scary, as that is probably an oxymoron in the context—and to Leo Martin, who has taken over responsibility. They have given admirable, obvious, sustained and committed leadership to the campaign that has been mounted on behalf of the St Margaret of Scotland Hospice.

Nevertheless, we have had to endure endless prevarication by the health board over what needs to be done. That has ended in a ludicrous stand-off, which I previously invited the cabinet secretary to try to break by appointing a special representative to broker an arrangement and draw the matter to a conclusion. However, that has just not happened. With only weeks of the session of Parliament left, we are still more or less where we were. Eighteen months ago, we were told that the hospice could carry on until 2012. I said then that, surely, we do not have to wait until the 11th hour in 2012 to find a resolution. Let us use the time that we have now to reach an agreement sooner rather than later.

Interestingly, Des McNulty says that there is a commonsense solution. The most formidable woman I have come across in politics once said to me, "The problem with common sense, Jackson, is that it actually isn't very common." In the context of the St Margaret of Scotland Hospice, I am afraid that that is very much the case.

We now have the announcement about Blawarthill hospital. If I were the cabinet secretary, I would be pretty annoyed. The cabinet secretary has given every latitude that she could give to NHS Greater Glasgow and Clyde. She has given it every encouragement and impetus to try to get a discussion going. She has been quite sympathetic to the arguments that it has made, albeit that she has always said that she wants a solution.

What do we now have from the health board? The suggestion of a review. What can that review do? We know that the St Margaret of Scotland Hospice is ready, willing and able to provide the on-going care that it has always provided. Suppose that we were to consider the options of the review at the end of the summer. Are we seriously to suppose that one of them would be that, between the end of the summer and spring next year, the health board could identify another site, find architects, secure planning and build another facility—all to frustrate St Margaret of

Scotland Hospice and prevent its carrying on? Is the health board so perverse that it would open up portakabins somewhere and put people in them to stop the facility at the hospice?

Des McNulty: I am worried about the member's direction of travel. I would not put that past the health board.

The Deputy Presiding Officer: Mr Carlaw, watch your time, please.

Jackson Carlaw: I will, Deputy Presiding Officer.

We are at the point at which the perverse seems to be prevailing. I say to the minister that, surely, we do not need to wait for the new Parliament to assemble to consider the outcome of a review sometime later on this year. We have three weeks or so of business left. Is it not time for the cabinet secretary and the minister to make the Government's position completely clear and to say to NHS Greater Glasgow and Clyde that enough is enough and that we should resolve the matter now, with an urgent and conclusive agreement with the St Margaret of Scotland Hospice?

17:33

Ross Finnie (West of Scotland) (LD): I congratulate Des McNulty on securing a debate on St Margaret's for the third time. I am only sorry that he has had to do so. It is with great sadness that we have found it necessary to continue the debate, but continue it we will.

I will not rehearse what has been said about the excellent facilities and staff at the hospice. Anyone who is listening to the debate should be in no doubt that I need no persuading about the value of the staff, the excellence of those who run the hospice and the excellence of its buildings, its location and its cost base. I do not need to be persuaded about those things, and they are not the matter at issue tonight.

This sad, sorry exercise has driven the perfectly reasonable people who run the hospice to a state in which they feel threatened—let us not kid ourselves about that. The health board, NHS Greater Glasgow and Clyde, used sweet language in saying that it did not intend to close down the hospice and that it intended to provide financial support—but on its own terms, with the hospice doing what it was told and the health board not being open to negotiation. That stand-off has led to a point where the obduracy of the health board is matched by the quite understandably defensive position of the board of the hospice.

I want to pick up on the interesting points that Gil Paterson made about the criteria that might be applied. A normal, rational person would follow his analysis. The buildings are excellent. NHS Greater

Glasgow and Clyde has known that all along, but has never acknowledged it. The staff are outstanding and—funnily enough—are trained in continuing and palliative care. NHS Greater Glasgow and Clyde has known that all along, too, but it does not want them to perform the tasks for which they are trained; it wants them to perform different tasks. The board has also known all along the cost basis, because that has been shared with it. The location might be in Clydebank but, as Gil Paterson will remember, NHS Greater Glasgow and Clyde told us that certain functions could not possibly be performed there because Clydebank is remote from Glasgow and the functions could not be managed from there. That is what the board said. It has known that all along.

The minister might be beginning to form the impression that that is an irrational argument. If she is, she is following me precisely. That is why we desperately need the minister to take some action. I wholly understand the position that the cabinet secretary has taken up to this point, which is that it is not her purpose to micromanage the work of NHS Greater Glasgow and Clyde—and I would not wish it to be. However, as Jackson Carlaw has just eloquently put it, there comes a point at which a situation is totally irreparable and when common sense and good sense must prevail. NHS Greater Glasgow and Clyde might persist in the notion that it is actively engaging with the hospice, but we must raise serious questions about that. The health board has been instructed by the cabinet secretary to enter into those negotiations, but nothing has happened. There has been no movement and the future of the hospice remains uncertain.

The situation is wholly unsatisfactory, and I have no confidence that NHS Greater Glasgow and Clyde will resolve it of its own volition; it needs some kind of intervention. We hope that, tonight, the minister will recognise that perhaps—only perhaps, because we must be cautious—the Blawarthill situation offers the minister an opportunity to suggest a way in which we can go forward. I accept that there are other issues about those who are employed at the Blawarthill site and that there are other contractual obligations in that regard. Nevertheless, the Blawarthill situation offers an opportunity with regard to the amount of continuing and palliative care beds that are required in the health board's area. They are adequately provided in many circumstances by the hospice, and it should be supported. However, that will not happen unless someone else intervenes.

17:38

Jackie Baillie (Dumbarton) (Lab): Like others, I pay tribute to my colleague, Des McNulty, for

securing this debate on St Margaret's hospice and for his persistence in making the case strongly. I recognise the consensus that exists on this matter in the chamber. Gil Paterson, Jackson Carlaw and Ross Finnie are not new to this debate and have supported the case for the continuing care beds at the hospice.

Timing is everything in politics, and we meet today with the knowledge that NHS Greater Glasgow and Clyde's plans for continuing care beds at Blawarthill are now in disarray. I do not know whether to be astonished or disappointed to note that NHS Greater Glasgow and Clyde appears to be determined to pursue continuing care beds at that site.

Although I recognise that what has happened is of concern, it provides an opportunity for ministers and the health board to consider matters afresh. In that regard, I want to return to the debate that we had in March last year. At that time, the Cabinet Secretary for Health and Wellbeing urged NHS Greater Glasgow and Clyde to engage with St Margaret's, which was welcome. Even at the most recent annual review of NHS Greater Glasgow and Clyde in November last year, there was the promise of more meetings and a resolution.

What has happened in the intervening period since November? How many meetings has Andrew Robertson, the chair of the health board, had with Professor Leo Martin, from St Margaret's? How many meetings has Robert Calderwood, the chief executive of the health board, had with Professor Martin or, indeed, Sister Rita Dawson? Given that the Cabinet Secretary for Health and Wellbeing has clearly signalled the importance of finding a solution, we would expect a flurry of activity. At the very least, we would expect there to have been a few meetings, but my understanding is that there has been none. Frankly, I find it incredible that there has not been one meeting. Andrew Robertson stated in a recent e-mail that he meets Professor Martin regularly, but the last meeting was in October 2010. That is not regular; it is ages ago, and it predates the health board's annual review.

The time for playing games is long past. St Margaret's is an excellent facility that is second to none. It has rightly been praised by the Scottish Commission for the Regulation of Care and by all members in the chamber. The hospice care is exceptional, as is the continuing care provision. I know people who have been cared for at St Margaret's, people from my community who volunteer there and people throughout the west of Scotland who hold it in the highest regard. It is the support of ordinary people from all walks of life that gives us all a sense of how much St Margaret's is valued and loved, and the petition

with well over 100,000 signatures demonstrates that.

Des McNulty said that this is the third such debate. The uncertainty over the future of continuing care beds is now long-standing and it continues still. Gil Paterson rightly quoted the health board's statement about the review of care beds concluding in late summer, but members should read on, because later in the statement the chief executive states:

"I am optimistic that we can still secure a major care home and social housing development at Blawarthill".

Does that mean that the decision of the review is already determined? Does west Glasgow include St Margaret's or is it too far away in West Dunbartonshire? Is the review simply about the number of beds that will be at Blawarthill? We will clearly be waiting some time for answers, because the health board's lack of transparency has already been well documented. Its dealings with even its non-executive board members who sought to question the basis of its decision making is frankly the stuff of legend.

I will support—I am sure that this is the case for every member in the chamber—any measure that makes progress for St Margaret's and secures funding of the continuing care beds, wherever the suggestion comes from. For my part, I am pleased to confirm the Scottish Labour Party's support for St Margaret's. We have given an unequivocal commitment to funding the continuing care beds and we will ensure funding for the future for many years to come.

I echo Jackson Carlaw, because his speech was excellent. He said, "enough is enough". There is a window of opportunity. We should not wait until the end of the summer. It is time to take action; the time, minister, is now. I hope that the minister can offer certainty to St Margaret's in her closing speech.

17:43

The Minister for Public Health and Sport (Shona Robison): I thank Des McNulty for once again bringing this important issue before Parliament. I begin by joining members who have paid tribute to the unstinting effort and commitment of all those who give so much of their time and energy to help Scotland's magnificent hospices to continue to offer the highest quality of care to people in great need.

As has been said, this is the second members' business debate on St Margaret's in under a year. I want it to be clear that we fully recognise the strength of local feeling about securing the future of the hospice. Members throughout the chamber have demonstrated the strength of cross-party support for the campaign. To date, it has remained

a non-political campaign, and I urge all members to continue to make it so, because that is its strength.

I do not intend to rehearse all the arguments and history in relation to St Margaret's, not least because everybody in the chamber knows them well. I want to use the time to look forward. As members will know, St Margaret's currently provides two discrete areas of care: the 30 continuing care beds, and palliative and end-of-life care provision. Both areas of care currently attract funding under separate arrangements from NHS Greater Glasgow and Clyde. I put on record that no one has ever questioned the excellent quality of care that is offered by St Margaret's.

Nonetheless, as we have debated here before, the role of a health board is always to ensure that it provides health care services that best meet the needs of local people, which will sometimes require a review of services. A succession of local reviews identified an on-going need for 60 continuing care beds in the west of Glasgow, and the board gave notice at that time that it no longer required the beds that are provided by St Margaret's.

It is correct that the board wished to provide continuing care from Blawarthill hospital, but I clarify that that did not represent a simple transfer of beds from one location to another. It was the board's intention to locate continuing care beds within the existing 60-bed capacity at Blawarthill, and it was that decision that resulted in the 30 beds at St Margaret's being under question.

Members will be aware that there have been significant recent developments in relation to the Blawarthill project. The developer of the site, which would have provided sheltered housing, mainstream housing, a nursing home and the 60 continuing care beds, is no longer in partnership with the nursing home provider that was procured to run the care home by Glasgow City Council. I understand that the council has indicated that it would need to restart the procurement process to identify a new provider and that that could take a further 12 months.

The management of NHS Greater Glasgow and Clyde have carefully considered the implications of those developments, not least the prolonged delay in upgrading the existing continuing care accommodation at Blawarthill. In that context, the board has been in discussion with the council about the potential for using part of the site for its planned 120-bed care home for west Glasgow. The board will consider a paper at its next meeting on 15 February that will recommend the approval of further negotiations with the council about the future use of the site.

On what implications those developments have on the board's plan for continuing care provision in the west of the city, NHS Greater Glasgow and Clyde has confirmed its intention to carry out a further review, as members have said. I have been assured that the review will consider all the viable options, including maintaining the 30 continuing care beds that are currently provided by St Margaret's hospice. It is right that that review is completed by the end of the summer, as planned, because, as Des McNulty said, it is important that the uncertainty for staff and those who care deeply about St Margaret's is not prolonged.

However, it is important that the review is robust and takes full account of all the circumstances. Members will be aware that all boards are required to carry out their statutory obligation to engage appropriately with local people on the redesign of health care services. Any proposals that are considered major service change must be subject to formal public consultation and, ultimately, ministerial approval.

Des McNulty: I point out that there was no public consultation on the proposal to take the 30 beds away from St Margaret's. I also point out that, notwithstanding the fact that continuing care has continued at St Margaret's, it has also continued at Blawarthill for the past three years in very unsatisfactory premises. Patients are losing out while the board of NHS Greater Glasgow and Clyde prevaricates and wastes time. It seems to me that it is now time for a decision to be taken in support of St Margaret's. If 30 other beds are needed, then that should be the basis of the review and the consultation. Please sort out St Margaret's now and deal with the other issues separately.

Shona Robison: I understand Des McNulty's frustration, which a number of members throughout the chamber share. I will try to be helpful in that regard. NHS Greater Glasgow and Clyde has provided us with an unequivocal assurance that it will be willing to consider and discuss all viable options for future service provision, and the funding that goes with it, with the board of St Margaret's.

Let me be clear: we will ensure that NHS Greater Glasgow and Clyde gives full consideration to the issue of the continuing care beds at St Margaret's. I urge St Margaret's to take full advantage of what Ross Finnie quite rightly described as a new opportunity that has presented itself to find an agreement on the way forward. I understand that the health board intends to open up further discussions with the hospice in the coming weeks.

Des McNulty: I want to be clear about this. The cabinet secretary has said for the past year and a half that NHS Greater Glasgow and Clyde should

enter into negotiations with St Margaret's about a contract for St Margaret's to make provision available. She now seems to be saying that St Margaret's should contribute to the review and that only after the review is finished should there be negotiations about what the position of St Margaret's will be. We face not just a delay until the end of the summer but, potentially, a further delay after that until negotiations can be completed, if St Margaret's is successful. The scenario is getting worse and worse the more it is described. Please make a decision to support and secure the future of St Margaret's now.

Shona Robison: Des McNulty misunderstands what I said. I hope that he will not do that, because I think that we can seize this opportunity to get the result that he and many others have expressed a desire to achieve. We expect the discussions to start now. That is why I said "in the coming weeks", not at the end of the summer. Des McNulty said—I hope that I am quoting him correctly—that he wanted to know that there would be a proper process and a proper discussion between the health board and St Margaret's. What I am saying to Des McNulty tonight is that we can assure him that there will be a proper process and a proper discussion.

Jackie Baillie: Will the minister take an intervention?

Shona Robison: No thank you.

I remain confident that, by working together, it is possible to seize the opportunity that has undoubtedly arisen through the situation at Blawarthill to have the discussion that perhaps should have happened, has not happened and should happen now about the option of retaining the beds at St Margaret's. I understand the strength of feeling about that.

For our part, we will ensure that NHS Greater Glasgow and Clyde is at the table with an open mind. That is the role that I think is most appropriate for the Scottish Government to undertake. I can certainly give members throughout the chamber that commitment this evening.

Meeting closed at 17:53.

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