



The Scottish Parliament  
Pàrlamaid na h-Alba

## Official Report

# MEETING OF THE PARLIAMENT

Wednesday 8 June 2011

Session 4

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## Scottish Parliament

*Wednesday 8 June 2011*

[The Deputy Presiding Officer *opened the meeting at 14:30*]

### Time for Reflection

#### **The Deputy Presiding Officer (John Scott):**

The first item of business this afternoon is time for reflection. Our time for reflection leader today is Kumanga Andrahennadi, who is a postgraduate student at the centre for natural design at the University of Dundee.

**Kumanga Andrahennadi (Centre for Natural Design, University of Dundee):** Good afternoon. I am from Sri Lanka, but I have made my home in beautiful Scotland and I am an active member of the Buddhist community in Dundee.

As I am a Buddhist, meditation or mindfulness practice, as it is recognised in the west, is the foundation of my spiritual practice and an integral part of my PhD at the University of Dundee. My research involves developing an online interactive mindfulness-based educational tool for children with attention deficit hyperactivity disorder that is designed around the theme of caring for water.

Most spiritual traditions value the qualities of water, and Buddhist teachers have used water to describe how mindfulness meditation can work on our mind. Our mind's activity is like a waterfall continuously pouring over a cliff. This is the first discovery in meditation: our thoughts flow continuously.

As we continue to meditate, thoughts lessen and the wish to follow them loses its power. Eventually, the experience varies from following the thoughts to focusing on the practice. This is known as the river.

Like a river meandering through a valley, the water runs smoothly. As it twists and turns or runs over rocks, the flow is interrupted. As with our minds, sometimes it will be agitated. Just as a river can flow calmly, sometimes we can focus without distraction.

As the practice continues, it is possible to maintain awareness and focus almost all the time with few distractions, just like the ocean without waves. This encourages confidence and trust in the practice. Any disturbance on the surface of the ocean, such as a wave, gradually settles back to the ocean itself. Finally, the experience is like a calm ocean without wind. We can meditate for as long as we want without distraction and we can rest our mind at will.

My Buddhist practice informs all aspects of my life, inspiring me to help others. I am a founding member of Nilupul Foundation, a community charity in Dundee that works to help those in need. Nilupul has pioneered the introduction of mindfulness into pre-school nurseries, offers training for women carers through the mindful living project, and is currently developing a unique mindfulness-based recreational therapeutic programme for adults with complex needs in Scotland.

Nilupul is now establishing its charitable work in my home country of Sri Lanka. I am very happy to be helping people here in the same way as the Scottish Government's international activities are helping many people in Sri Lanka.

I thank the Scottish Inter Faith Council for nominating me and the Presiding Officer for the kind invitation to deliver today's time for reflection. Thank you for listening and ayubowan—may you all have long life to serve others.

## Taking Scotland Forward: Health, Wellbeing and Cities Strategy

### **The Deputy Presiding Officer (John Scott):**

The next item of business is a debate on taking Scotland forward: health, wellbeing and cities strategy. I call Nicola Sturgeon to open the debate.

14:35

### **The Deputy First Minister and Cabinet Secretary for Health, Wellbeing and Cities Strategy (Nicola Sturgeon):**

I am delighted to open the debate. In recent years, really significant progress has been made, under the Scottish National Party Administration and previous Administrations, in addressing the health needs of people in Scotland. We have made impressive improvements in waiting times for access to high-quality healthcare services and treatments; we have a world-leading patient safety programme, which is making a difference to standards of care and to hospital mortality rates; we have made substantial progress on issues as varied as access to dentistry, support for people with long-term conditions, and outcomes for cancer, stroke and heart disease; and we have the highest levels of patient experience in the United Kingdom. We are producing improved outcomes for people in terms of reduced need for hospitalisation, shorter stays, faster recovery and longer life expectancy.

Through our quality strategy, we have set ourselves three clearly articulated and widely accepted ambitions based on what people have told us they want from the national health service—care that is person centred, safe and effective. We are already seeing real progress on positive impacts for patients. For example, improvements in care for people with long-term conditions have resulted in a significant reduction in the number and rate of emergency bed days in hospital for people aged over 65. Current figures suggest that, in 2009-10, more than 125,000 bed days for people aged over 65 were avoided as a result of those improvements. Improvements in safety in our hospitals have resulted in a 7 per cent reduction in hospital standardised mortality rates since 2007, and with our strong focus on reducing healthcare associated infection—something that every member of the previous Parliament supported—we have also achieved a reduction in the incidence of *Clostridium difficile* cases of more than 70 per cent since 2008.

There has been good progress and we now have a really good foundation on which to build, but that is no cause for complacency. That is why this debate, which looks ahead to the vision that we seek to create, is so important.

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

I am listening carefully to what the cabinet secretary is saying, but I have also been reading the report “Review of Community Health Partnerships”, which was published by Audit Scotland last week. It shows that 30 out of 36 community health partnerships have seen an increase in multiple emergency admissions for older people for long-term chronic conditions. That seems to contradict what the cabinet secretary is saying.

**Nicola Sturgeon:** I hope that, when Mary Scanlon hears the rest of what I have to say, she appreciates the thrust of my argument, which is that, although we have seen improvements, there is much more to do not just in relation to quantity but in qualitative terms.

Looking ahead, we know that the demands for healthcare and the circumstances in which it will be delivered will be radically different in future years. Over the next few years, we must ensure that, in the face of those demands and changing circumstances, we are able to continue to provide the high-quality health service that people in Scotland expect and deserve. In order to achieve that, we must collectively recognise and respond to the most immediate and significant challenges that we face, which include our public health record, our changing demography and the economic environment in which we live.

I will touch first on public health. We have made good progress on cancer, heart disease and stroke, but there remain serious challenges for us in improving health-related behaviours. We are observing increases in the incidence of obesity and physical inactivity in too large a proportion of the population. Although smoking rates are falling, the harm that is caused to smokers remains considerable and preventable. Also, the past three decades have seen a considerable increase in the harm that is caused by alcohol, with the number of deaths from liver disease in Scotland now the highest in western Europe. That is why the Government will prioritise action to address our relationship with alcohol. We have said that we will take action to introduce a minimum price. We will also ensure smooth implementation of the Alcohol etc (Scotland) Act 2010, which will introduce a number of measures, including a ban on quantity discounts in off-sales and a restriction on where material promoting alcohol may be displayed.

I want to touch on demography. Over the next 10 years, the proportion of over-75s in our population—the highest users of the national health service—will increase by more than 25 per cent. By 2033, the number of people who are over 75 is likely to have increased by more than 60 per cent. There will be a continuing shift in the pattern of disease towards long-term conditions,

particularly with growing numbers of older people with multiple conditions and complex needs, such as dementia.

Over the next 20 years, as a result of demography alone there could be an increase in expenditure on health and social care of more than 70 per cent. That is one of the reasons why care for older people is such a priority. Through a focus on improving care for people with dementia and a wider programme of work to reshape and improve care for those with multiple and complex conditions, and through the integration of health and social care services, we must ensure in a way that is sustainable that older people receive the care, compassion and support that they need and deserve if they are to live with dignity.

**Margo MacDonald (Lothian) (Ind):** Does the minister agree that it would be a good idea to introduce a certificate of competence for everyone who works with old people, whether in care homes or in hospitals? I believe that no minimum requirement of knowledge, expertise or experience is required at present.

**Nicola Sturgeon:** In light of what I said earlier this week about the priority that I attach to that issue and that agenda, I am of the view that we should consider anything that we think is necessary. I would be happy to discuss with Margo MacDonald and others anything that might raise the standards of care for older people, regardless of the setting in which they are being cared for.

On the economic environment, public expenditure in Scotland will fall in real terms in the period to 2014-15. We have protected the revenue position of the NHS in relative terms. However, that vital protection must be seen in the context of the global pressures on health spending. As I have said previously, to meet those pressures, health boards are working this year to release cash savings of £300 million to be retained locally. Our efficiency and productivity framework has been introduced to help health boards to identify and realise opportunities for cost savings, to support the pursuit of our ambitions for sustainable quality. However, as Audit Scotland has said—in a different report from the one that Mary Scanlon cited—just doing more of the same or simply making incremental savings year on year will not be good enough. We must be bold enough to visualise the NHS that best meets the needs of the future in a way that is sustainable and then make the changes that are necessary to turn the vision into reality.

For example, we all know that too big a proportion of our health resource is tied up in acute and institutional care for both planned and emergency care. Some 60 per cent of all health and social care spend for the over-60s is on

institutional care in hospitals and care homes, with almost a third on emergency admissions to hospital. That is not the most efficient use of resources; more important, it is not good for older people or for patients more generally. We need to unlock some of that money in order to reinvest it. Doing that will sometimes involve difficult decisions, but it is undoubtedly in the interests of the health service and those who rely on it that we face up to those decisions. [*Interruption.*]

More generally, we need to ensure that efficiency and quality are, in reality, two sides of the same coin. For me, quality in everything is paramount. However, I also know that more efficient care is often higher quality care and, indeed, vice versa. We need a shared understanding of what we need to do over the next period. Of course, the starting point for that should be our commitment to the values of our NHS, ensuring that healthcare remains free for everyone at the point of delivery and is as local as possible.

Secondly, it is certainly my view that we should be categorical in our opposition to the route that is being considered in England as its response to those challenges. However, saying what we are against is not enough; we need to articulate and work towards a shared vision—a 20:20 vision, as it were—of an NHS and healthcare system that is fit for the future. For me, that 20:20 vision is of a system in which we have integrated primary and social care and a focus on prevention, anticipation and supported self-management, in order that everyone can live longer, healthier lives at home or in the community. We need consensus that, when hospital treatment is required—when treatment cannot be provided in a community setting—day-case treatment should be the norm, but that, whatever the setting, healthcare should be provided to the highest standards of quality, safety and experience. An even greater focus should be placed on ensuring that people get back into their home or community as soon as that is appropriate, with minimal risk of readmission.

The role that people themselves are required to play is vital. We must mobilise and enable people to play a full part in their own care, which will ensure that they stay healthy at home and in a community setting for as long as possible.

To turn that into reality, we need to embrace the following action. We need a shared understanding with everyone who is involved in delivering healthcare that sets out the support, involvement and reward that they should expect, alongside their commitment to strong, visible and effective engagement that ensures shared ownership of the challenges and solutions.

We need to develop a shared understanding with the public that sets out the high-quality healthcare that they should expect, alongside their

shared responsibility for prevention, anticipation, self-management and the appropriate use of planned and emergency health services. The Patient Rights (Scotland) Act 2011, which was passed in the Parliament's previous session, will help us to achieve that.

We need to secure integrated working between health and social care services and more effective working with other agencies and with the voluntary sector. We need to prioritise preventative spend such as support for parenting and for the early years.

We need to prioritise support for people to stay at home as long as that is appropriate and avoid unplanned admission to hospital. We need to ensure that people are admitted to hospital only when they cannot be treated in the community. When people require hospital treatment, it should be done as a day case when possible.

We need to recognise, welcome and embrace the fact that doing all that I have described will result in changes in the pattern of acute care. Let us be clear—caring for more older people in the community or doing more procedures as day cases result in fewer acute beds. As long as that is appropriate and results from the service change that we want and need, we should see that as a positive change in our health service's structure and delivery.

Our health service is nothing without the staff who provide it. As changes in patterns of care result in changes to the mix and sometimes the number of professionals who are required to deliver care, we must ensure that staff are fully involved in ensuring the quality of care. On valuing our staff, I repeat our commitment to no compulsory redundancies in our national health service.

That is the vision that we are determined to set and to work towards. It will not always be easy—we know from experience how difficult making such change can be—but we must embrace the vision. I look forward to working with everybody from across the chamber to turn that vision into reality.

I will speak briefly about my new role as cities minister, but I intend us—subject to the Parliamentary Bureau, of course—to have a stand-alone debate on cities as soon as possible. Unsurprisingly for a Glasgow MSP, my view is that cities are vital to our economy's success. The more successful our cities and the regions in which they sit are, the more successful Scotland will become. My new role recognises that and I am delighted to have the opportunity to work with all our cities—individually and collectively—to see how we as the Government can best help them to maximise their potential.

The agenda is shared and our cities are already working together. In May, together with the Scottish Council for Development and Industry, the cities published a vision for the city contribution to Scotland's success. That set out a clear approach to the roles that cities and their wider regions can play. In my role as the minister, I look forward to helping to bring strategic leadership to that collaboration and to working with all partners—in the public, private and third sectors—to identify how our Government policy programme can best support our cities to grow and flourish.

**Sarah Boyack (Lothian) (Lab):** Will the cabinet secretary take an intervention?

**Nicola Sturgeon:** I am in the Presiding Officer's hands.

**The Deputy Presiding Officer:** The cabinet secretary is just about to close.

**Nicola Sturgeon:** I apologise to Sarah Boyack—I will ensure that I take her interventions in future debates. I was told that I had 14 minutes for my speech today.

I look forward to the debate, to contributing to and hearing discussions and—more important—to working with all members as we take some of the agenda forward.

**The Deputy Presiding Officer:** Before I call Jackie Baillie to speak, I point out that the proceedings thus far have been interrupted three times by a mobile phone, a BlackBerry or a pager. Please switch them off.

14:49

**Jackie Baillie (Dumbarton) (Lab):** I welcome this early opportunity to debate some of the headline issues in the cabinet secretary's expanding portfolio and look forward to working with her and, indeed, her colleagues over the next few years. I welcome in particular the promotion of Michael Matheson, whose contributions to the Health and Sport Committee and in the chamber have been at times challenging but always thoughtful and fair. Of course, he is also a fellow Partick Thistle supporter. I also welcome Shona Robison to her new post, which gives prominence to sport.

In the short time available, I want to touch on health and the challenging financial context in which the NHS will operate; the care of Scotland's older people; how poverty will be tackled; and the cities strategy. Despite the rough and tumble of election hustings, more actually unites than divides us with regard to the future direction of health policy. Driving down waiting times is already a shared commitment. Both Labour and the Scottish National Party want to go further by

reducing the wait for cancer patients, given that early diagnosis and earlier treatment lead to much better outcomes for patients. As a result, we will work with the Government to make that promise real. We also agree with the need for further action on tobacco and alcohol and, on that basis, we will support the Government in bringing forward a refreshed tobacco control strategy.

As ever, the cabinet secretary has made clear her intention to return to the chamber with minimum unit pricing proposals. She will not be surprised to learn that we are still not convinced, but I am always happy to engage in dialogue with her. Across the chamber, we agree on the scale and seriousness of the problem of alcohol abuse so I suggest that where we agree we should simply get on with things. The cabinet secretary knows of my disappointment that the measure on discount bans, which we both supported, has yet to be implemented; according to the University of Sheffield study, that measure alone would have had the same effect as minimum unit pricing. We will also bring forward proposals for a legal limit on caffeinated alcohol, fine diversion schemes with alcohol counselling as an alternative and early identification of and support for children in families where alcohol is abused. I hope that the Government will engage with us on those issues.

**Neil Findlay (Lothian) (Lab):** Will the member cast her mind over issues other than the price of alcohol? What, for example, is her response to local authorities such as my own that have cut a fifth of their budgets for alcohol diversionary projects for young people?

**Jackie Baillie:** Such moves are clearly disappointing. After all, if we do not fund projects on the ground to enable diversion to take place, we are simply storing up trouble for ourselves later on.

On the tight financial context in which the NHS is operating and workforce planning issues, I know that the cabinet secretary was very fond of telling us how the SNP would protect the NHS and of claiming that it had given the service a real-terms increase over this session of the Parliament. However, that is just not the case. The SNP's history with regard to health funding is instructive. At a time when the United Kingdom Labour Government was increasing the health budget by 6.7 per cent, the cabinet secretary was passing on merely half of that, leaving the Scottish NHS more exposed to the chill wind that is now blowing. The *British Medical Journal*, the British Medical Association and even the Scottish Parliament information centre, among others, have pointed out that there is now a real-terms decrease in the health budget. We need to stop the pretence and be honest about the scale of the challenge that the NHS faces. The cabinet secretary is right to point

out that health service inflation runs much higher than the standard rate of inflation and that efficiencies alone will not close the gap. We are already seeing cuts to services and staff, and some health boards are even talking about service redesign as a means of saving money. How does that begin to square with the SNP's promise, which I support, to keep services local?

I am very proud of Labour's commitment in the very first session of the Scottish Parliament to no compulsory redundancies in the NHS, and I am pleased that the cabinet secretary has committed to continuing the policy. However, it is equally clear that health boards will view staffing reductions as a principal means of reducing budgets. Last year, workforce plans indicated a reduction of 4,000 NHS staff, 1,500 of whom were nurses. That number of nurses cannot be taken out of the NHS without some impact on patient care.

However, this year those figures might be higher. Indeed, I understand that the Government has been so spooked by the prospect that it is changing the mechanism for measuring the numbers. I will, of course, be curious to see how it does that, because it would be quite strange to measure the loss of a nurse as anything other than just that. I never underestimate the Government's creativity when it comes to statistics, but the effect, however it is measured, will be devastating. The loss of experienced staff will place a disproportionate burden on those who are left behind, struggling to cope.

On the surface, blanket recruitment freezes appear to be painless, but they lead to unplanned gaps in services that may have unforeseen consequences. We have already seen problems emerging. Bed numbers are reducing to make savings, not for the positive reasons that the cabinet secretary outlined; the number of cancelled operations is rising; readmission rates are up; and, despite the Government's considerable efforts, delayed discharges are starting to go the wrong way.

When all those things are taken together, they paint a picture of a service that is starting to creak at the seams. All members rightly praise the work of health service staff. Consultants, nurses and cleaners are all guardians of the NHS, and warm words and acknowledgement of their hard work are always welcome, but they are no substitute for practical support and resources to enable them to do their jobs well.

We need only look at the Vale of Leven public inquiry to see the truth of that. There was a tragic set of circumstances, with 60 people affected—38 died as a consequence of what happened. When people go into hospital, they expect to get better, not to get ill. We should all pay attention to the

outcome of the Vale of Leven public inquiry so that lessons are learned throughout Scotland.

**Nicola Sturgeon:** I hope that we can build some consensus. I would never seek to diminish what happened in the Vale of Leven hospital, but in the interests of balance and fairness to our health service's staff, will the member acknowledge the 70 per cent reduction in C diff cases since then?

**Jackie Baillie:** I am happy to acknowledge that. The cabinet secretary will recall that we wanted a tougher target than that which the Government set at the beginning, as we recognise the importance of the matter. However, families at the Vale of Leven have told stories about the nurses being rushed off their feet and trying to do their best under enormous pressure, with a lack of support from the health board, no adequate systems in place, infection control measures not used and no appropriate training given. Therefore, we must be ever vigilant.

I move on to tackling poverty. I came to the Parliament with a background in community economic development. I recognised that a strong economy and a strong society were different sides of the same coin. My passion then—it still is now—was to provide people with opportunities to improve their economic and social wellbeing and get skills or qualifications and a job, and to build the capacity of individual families and whole communities so that they could break out of the cycle of poverty. Grinding poverty visited itself on successive generations, limited ambitions and aspirations, and damaged confidence. I believe that employment is one of the best ways out of poverty. However, we need to do much more.

**John Mason (Glasgow Shettleston) (SNP):** Will the member give way?

**Jackie Baillie:** No.

We need an approach that has early intervention at its heart. It is tragic that a child's life chances can be determined by the time that they are three. Intervention needs to happen very early. I welcome family-nurse partnerships as just one element in challenging those life-limiting circumstances, but we need to take more concerted and joined-up action, and to work with families, children and all generations.

We also need to tackle poverty of people and place together, because poverty has an unwelcome geography. People who have very different futures live in areas with similar postcodes. I am disappointed that the cabinet secretary did not spend much time on that matter, which I hope will be picked up, perhaps in the Government's closing speech.

We need to be explicit about targeting resources at people in the most hard-pressed communities through additional support whether for local authorities or for general practitioner surgeries in areas with the most need. We need to acknowledge that we need to disinvest in some more affluent areas in order to do that, as there is not enough money to go around.

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

**Jackie Baillie:** I am running out of time.

The poverty strategy was published only at the tail end of the previous session. I am disappointed that that was the case, but there is little in it to disagree with fundamentally. The key questions are how it will be implemented and funded, and how we will know what success looks like. I urge the Government to produce an action plan and monitoring framework so that we can co-ordinate action across Government and begin to see the strategy making a difference.

Child poverty declined sharply under the UK and Scottish Labour Governments. The Joseph Rowntree Foundation found that, in the decade from 1998, there were sharp declines that were to be welcomed. Progress has now stagnated. We face difficult circumstances, so poverty is now likely to grow. We are already facing a substantial rise in fuel bills. I urge the Scottish Government to undertake talks with Scottish Power and other providers to try to provide relief.

The cabinet secretary has said that she is personally committed to improving the care of Scotland's older people. I welcome that and I look forward to exploring with her tomorrow exactly how she will do that. I am delighted that she said that there will be a dedicated debate on cities strategy. I look forward to contributing to it.

15:01

**Murdo Fraser (Mid Scotland and Fife) (Con):** I welcome the opportunity, at this early stage in this session, to debate the Government's priorities on health, wellbeing and cities. I congratulate the cabinet secretary on her reappointment to the Cabinet and on the expansion of her portfolio to include the new cities brief. I welcome back Shona Robison in her new job, and I particularly welcome the much-deserved elevation of Michael Matheson to his new role in the Government. I am sure that the robust discussions that we have had in previous years will continue.

It is fair to say that there has been a reasonable degree of consensus on health in the past four years, with the possible exception of the debate on appropriate policies to tackle alcohol abuse. Unlike the Liberal Democrats, we remain unconvinced that there is an evidence base in support of

minimum unit pricing, but we look forward to the new Health and Sport Committee's scrutiny of the Government's proposed legislation on that. We will consider objectively any new evidence that the Government can produce in the field.

On health more generally, the issue that will dominate debate in the next five years is the financial situation. I welcome the SNP Government's commitment to ring fence the health budget, which is in line with the UK coalition Government's stance and with what we proposed. However, as we all know, that does not mean that there will not be pressures on the NHS budget because, as we have heard, NHS inflation runs well ahead of general cost increases. There have already been cost pressures on health boards across Scotland and resulting workforce reductions. In the past, the cabinet secretary has made the fair point that the total number of people who are employed in the NHS today is higher than it was four years ago. Nevertheless, the trajectory is likely to be downwards.

The British Medical Association and the Royal College of Nursing, in their briefings for the debate, call for better workforce planning. We should all agree on that. As other members have done, I have met young doctors and recently qualified nurses who are finding it extremely difficult, if not impossible, to find employment in the NHS in Scotland. That seems to be an utter waste of talent, not to mention the waste of precious resources that is involved in providing training to individuals who are then lost to the Scottish health service. Ensuring that NHS boards develop a coherent strategic approach to workforce planning must be a top priority for the next five years.

I believe that efficiencies can still be found in the NHS. Better workforce planning would in itself provide efficiencies, through reduced reliance on locums. On the drugs budget, a greater move to prescribing generic drugs would free up precious resources. We believe that there is an opportunity in permitting pharmacists greater discretion in prescribing drugs, if issues around security of medical records can be resolved.

In the previous session of Parliament, the Scottish Conservatives raised the issue of early intervention, and specifically the need for a dramatic expansion in the provision of health visitors. A huge body of evidence demonstrates that we can save money down the line and deliver much better health and life outcomes for the individuals who are involved if we invest early—in the first two or three years of life—in identifying and assisting with potential problems. To do that, we need a universal health visiting service, which should be a high priority for the Government.

At a time when resources are tight, it is more important than ever that we encourage individuals to take greater responsibility for their own health. The cabinet secretary referred fairly to health-related behaviours. We need to promote a culture in which everyone is interested in having a lifestyle that is conducive to better health outcomes in terms of diet, alcohol intake, smoking and taking exercise.

**Margo MacDonald:** Does Murdo Fraser agree that drug replacement could happen if exercise was available as a prescription in a much more imaginative way than it currently is?

**Murdo Fraser:** That is the sort of imaginative approach that needs to be looked at. Whether we need to provide prescriptions for exercise is a different issue, but we need to encourage individuals to take greater responsibility for their own health.

We have proposed free universal health checks for the over-40s as an important element in helping those who wish to help themselves. During the recent election campaign, I had my blood pressure checked and was rather dismayed to find out that I was suffering from mild hypertension. Whether that was brought on by the number of hustings that I did with Nicola Sturgeon and Jackie Baillie I cannot say, but as a result, thanks to the promptings of Mrs Fraser, I recently signed up for a heart health check that is being provided in the Parliament later this month, in which my blood pressure will again be checked at a time that is convenient for me. Those simple checks should be available not only to MSPs or those who work in this building, but to the whole population. There would be substantial savings and cost benefits if we went down that road.

I have in the past raised with the cabinet secretary the issue of cancer drugs. We now have a situation in which a cancer drugs fund is being established south of the border and, increasingly, rare and expensive cancer treatments that are denied to people in Scotland are being made available in England and Wales. I hope that the Scottish Government will not lose sight of that issue. It may affect a relatively small number of individuals in the population, but they feel that they are being badly let down by the current arrangements.

I understand that we will debate the issue of social care in more detail tomorrow. We all owe a debt of responsibility to the older generation to ensure that when they need help in the later years of their lives, they get what they need and are treated with dignity. There have been too many cases recently in which that has not happened. As a society, we should be ashamed whenever we hear about the ill treatment of elderly, vulnerable

citizens who have contributed so much over their lives.

I hope that, in the spirit of consensus, all parties can work together over the next five years to deliver an excellent health service and a better standard of care for all those who require it.

15:07

**Bob Doris (Glasgow) (SNP):** I am pleased to speak in the first debate in the new parliamentary session to have a focus on Scotland's cities. I am also pleased to see that there will be a stand-alone debate on that specific issue early in the new session.

I welcome Nicola Sturgeon, our Deputy First Minister, to her role as cities minister. I also welcome the elevation of Michael Matheson and look forward to working constructively with the front-bench team.

It is important that Nicola Sturgeon has health as well as cities in her portfolio, and it is particularly appropriate given the significant health needs and inequalities that are faced by many in our home city of Glasgow. It is important to say that health is improving in the round, but significant inequalities endure. For instance, men in Glasgow's north and east community health partnership area still live for eight years less than those in East Dunbartonshire, which is not acceptable. I therefore read with great interest the submission from the British Medical Association, which is keen for additional support to be given to general practices in areas with the greatest need. I am keen to hear more about how the Scottish Government seeks to ensure that there is an appropriate resource balance in relation to healthcare provision between general practices in communities with very different health needs.

I very much hope that, as cities minister, Nicola Sturgeon will look at whether further positive health and social care interventions can be made in order to close the health inequality gap, building on the work that has already started with the equally well initiative. I know that work is in progress in that area.

The reintroduction of minimum pricing legislation will be particularly important in addressing health and wider social concerns in our cities. As a new recruit to the Scottish Parliament's Health and Sport Committee, I look forward to working constructively on that legislation as it progresses through Parliament.

I welcome the SNP Government's commitment to a £1 million family-nurse partnership in Glasgow: further information on how that will be progressed would be welcome. It will provide the young mothers and fathers I know in deprived

areas of Glasgow with intensive support for six months before their baby is born and for up to two years afterwards. It has been successfully rolled out in Edinburgh and Dundee, and I look forward to hearing more about what will happen in my city of Glasgow.

Turning to the regeneration of our cities, I believe that it is true that our cities are drivers of the country's economic wealth. For instance, I welcome Glasgow's key role as Scotland's premier retail and conference destination and its growing significance as a financial and renewable energy centre. However, in seeking to ensure that Scotland's cities are key drivers of our economy, we must not forget the long-standing communities outwith the city centre that suffer from the significant health inequalities that have already been mentioned, as well as from high levels of unemployment that are way above the Scottish and UK averages.

**John Mason:** Does the member agree that significant investment made over the past four years—including, for example, the completion of the M74—has greatly benefited cities such as Glasgow, their outlying parts and the communities that sit outwith them?

**Bob Doris:** I completely agree. Unfortunately, however, I have to point out that the unemployment rate in Glasgow east is 7.7 per cent, in Glasgow north-east it is 7.5 per cent, in Glasgow south-west it is 6.7 per cent and in Glasgow north-west it is 6.4 per cent. Those are the four worst areas in the country, and three of the four are in the north of our city. That is simply not acceptable, and the cabinet secretary now has a crucial cross-Government remit in ensuring that appropriate investment is made not just in Glasgow's city centre but in the outer areas, such as those in the north of the city that I have mentioned.

I have two suggestions for the cabinet secretary. First, I am keen to discuss with her how Glasgow can get an appropriate share of the £50 million of the joint European support for sustainable investment in city areas—or JESSICA—fund, which is specifically for urban regeneration. Such moves will be crucial not just to regeneration and anti-poverty strategies but in promoting a pro-health approach in our city.

Secondly—and perhaps more significant—I understand that John Swinney is currently considering four new enterprise zones for Scotland, a matter that has been brought into sharp focus by the UK Government's decision to progress 21 such zones in England. I fully appreciate the complexity of ensuring that in such zones there is a balance between attracting new businesses to locate and grow in the area and displacing business from elsewhere in Scotland,

but I have every confidence that John Swinney can iron out such complexities.

Given her cities remit, I seek the cabinet secretary's support in ensuring that deprived areas in Scotland's cities get an opportunity to be designated as one of those enterprise zones. Given the very real problems of ill health, deprivation and unemployment, I believe that the case for exploring the prospect of north Glasgow being one of the four enterprise zones is powerful, and I am arranging for early meetings with John Swinney and Glasgow City Council to explore the idea further. By tackling poverty and joblessness we can promote positive health in our communities. Our cities are central to economic prosperity across Scotland, and we must ensure that our deprived communities share in the wealth creation that is evident in our city centres. Such moves are vital to public health.

I very much welcome Nicola Sturgeon's new cities remit, I look forward to working with her and her front-bench team in the years ahead and I hope that we can make progress with the issues that I have raised this afternoon.

15:13

**Patricia Ferguson (Glasgow Maryhill and Springburn):** I, too, welcome Nicola Sturgeon to her new extended portfolio and the concentration on sport that Shona Robison is now being allowed to have. I am sure that she will very much enjoy that portfolio. I also congratulate Michael Matheson on his elevation to the ministerial benches. As a Partick Thistle supporter, I particularly like to see other such supporters being recognised. However, I wonder whether we are doing Mr Matheson any favours by continually mentioning his footballing allegiances, given that his constituency is in Falkirk. Perhaps we can draw a line under such comments.

This debate offers the Parliament an early opportunity to discuss policy areas that are vital to Scotland's future. In her excellent speech, my colleague Jackie Baillie outlined our concerns and ideas about the health and care services that we will all, at some time, have to rely on. I want to concentrate on the importance of our cities, and in that respect I make no apologies for concentrating on my home city of Glasgow.

At a time when Scotland's youth unemployment rate is more than double the average unemployment rate, and given that the number of 16 to 24-year-olds claiming jobseekers allowance for six months or more has risen by 126 per cent over the two years from November 2008 to November 2010, we need a coherent strategy for economic growth. Central to any such strategy are our cities, especially the greater Glasgow

conurbation. If the economy of Glasgow and west-central Scotland flourishes, all of Scotland will benefit. To have any realistic prospect of success in creating an overarching, coherent strategy for growth, the Government at Holyrood, regardless of its political complexion, needs to work in partnership with local government.

The needs and requirements of any city are complex. In that, Glasgow is no different from any other major city around the world. Glasgow needs infrastructure that can help it to create employment and to deliver growth, and it needs that infrastructure to be resilient. In recent years, Glasgow has made a tremendous effort to become a tourism destination of real value, and it has succeeded in that regard. The work of previous Labour Administrations in initiating work on the M77 and—I say to Mr Mason—the M74 helped enormously, as did the route development fund, which was also a driver in Glasgow's success. However, the Glasgow airport rail link and Glasgow crossrail were complementary to those schemes. Their cancellation was a mistake—a missed opportunity for Glasgow and Scotland. I regret those SNP decisions, because I genuinely believe them to be mistakes that all of us will come to regret.

**Kevin Stewart (Aberdeen Central) (SNP):** I am interested in Ms Ferguson's comments about the cancellations of major projects. I am most interested in how Labour would have paid for those projects and what projects it would have sacrificed to pay for the likes of GARL. For example, would those have included the Aberdeen western peripheral route? Beyond that, does the member recognise that, if the Parliament had not made the mistake of paying for the Edinburgh tram system, there would have been much more to spend on infrastructure projects elsewhere?

**Patricia Ferguson:** I am not in the game of playing one project off against another. A more interesting question that the member might like to consider is why almost all SNP members—certainly those who represented or aspired to represent Glasgow—were supporters of crossrail and GARL until the moment when the pen was put through the relevant line in the budget. That is an interesting question to which I have never received a satisfactory answer. However, given that there is little likelihood of a rethink on the issue in the next five years, there is probably little point in my dwelling on it further at this time.

I commend two infrastructure initiatives on which there seems to be common ground. I hope that the benefits of those initiatives will guarantee sustained central Government support for them. The modernisation of Glasgow's subway meets one essential of Glasgow City Council's city plan 2: the need to reduce travel by car. I notice that

the SNP manifesto specifically echoed Labour's promise of "significant investment" in that regard. That is the right thing to do. Modernisation will result in increased patronage and deliver more than £280 million-worth of economic benefits and a further £47 million in wider economic benefits to the region. I hope that substantial Government investment will allow the root-and-branch revamp of the system that Strathclyde partnership for transport has argued for and which is desperately needed.

I also hope that the Government will look again at the idea of a rolling programme of regeneration moneys being made available to our local town centres. I know that the money that has been invested in Maryhill burgh halls will make a real difference to Maryhill, but I also know how much the money that Possilpark bid for would have achieved and how disappointed local people and traders were that it did not materialise. I hope that we can revisit that fund, for the sake of the many local town centres across Scotland that would benefit from it.

Glasgow has long understood the transformational value of sport and culture, and the added value that both bring to tourism. The city understands sport, and the city council has worked long and hard to make Glasgow a world-class venue. Its success in securing the Commonwealth games will allow it to build a lasting legacy for years to come—not just in infrastructure.

We also have a strong cultural heritage in Glasgow. The city has produced many world-renowned artists over the years, not by accident but because it is a city that recognises that art raises the spirits and allows people a glimpse of another world. For an outward-looking city, that is important.

A proper cities strategy is vital to economic recovery and to the building of a better Scotland. As a city that still lags far behind in terms of life expectancy and has all the other indicators that suggest that poverty is still too endemic, we cannot afford to wait.

We must unite across the chamber to address this issue. I very much look forward to hearing the ideas that the cabinet secretary brings forward in her new role.

**The Deputy Presiding Officer:** I call Jim Eadie to make his first speech in our Parliament.

15:20

**Jim Eadie (Edinburgh Southern) (SNP):** It is a great privilege to be elected to serve the people of Edinburgh Southern, and it is a huge honour for

me to make my maiden speech in this, our national Parliament.

I pay warm tribute to my predecessor, Mike Pringle. Mike is a political adversary, but he has never been a personal enemy. He has been a friend of the communities and people of south Edinburgh for more than 20 years, providing conscientious public service first as a City of Edinburgh councillor and then as the constituency MSP. Members will wish to join me in wishing him and his family well for the future.

The Parliament draws its strength from the diversity of experience and views that are found within it, but we surely do our best on behalf of our constituents when we are able—I accept that it is not always easy—to rise above our different political perspectives and reach agreement on what is best for the people of Scotland.

One of the Parliament's proudest achievements has been the introduction of free personal and nursing care for older people, so today I will focus on the care of older people. In doing so I declare an interest as a former employee of the Royal College of Nursing—during my employment with the RCN, I campaigned on this issue.

In recent days there has been widespread coverage of problems in the care home sector, in particular the continuing investigation at the Elsie Inglis nursing home. It is shocking and distressing when there are cases of abuse of older people.

The role of Government is to ensure that the regulatory regime is robust, to keep that system under constant review and, where necessary, to strengthen it. We must always act to address failings and shortcomings when they arise through proper inspection, and we must also be prepared to carry out further investigation where appropriate.

In acknowledging difficulties when they arise, we should also recognise and pay tribute to those healthcare professionals—be they nursing, medical or other staff—whose job it is to provide high-quality patient care each and every day in a variety of settings. Two such settings are in my constituency, at Liberton hospital and at the Astley Ainslie hospital. Providing appropriate high-quality care to an increasingly older population is one of the most fundamental challenges that we face as a society. By 2031, 1.3 million people will be at or above the state pension age—one in four of the population. The cost of free personal and nursing care for older people is set to rise—and rise significantly—as the population ages.

The Scottish Government estimates that around £4.5 billion is spent every year on older people's services. About a third of that—£1.4 billion—goes on unplanned emergency admissions. At the moment, the situation can be characterised as one

where the patient follows the money, rather than the money following the patient. Much of that money is currently tied up in spending on the acute sector, rather than being used to provide services where they should be provided and where the most effective outcomes can be achieved—in the community.

The rise in the number of emergency admissions to hospital is a real and growing issue, and behind each statistic lies a human story: an older person who has a relapse or complication with their condition; someone who develops a new problem that was previously undiagnosed; or a person who has complex medical needs or social problems. The point is that not all those people are receiving the optimum care, and they are not all receiving their care in the most appropriate setting. If we were to reduce unplanned emergency admission rates by even one tenth, we would save around £560 million in the course of the next spending review. How we unlock that money and make it follow the patient is one of the key issues to address if we are to make progress.

The Christie commission is charged with examining public sector reform, and I urge its members to make clear recommendations to ministers. If the rising cost of care and unplanned emergency admissions are the problem, the solution must be the integration of health and social care.

Research by Age Scotland, whose national office is in my constituency, shows that only 26 per cent of people over 50 believe that the current structures for delivering health and social care by separate organisations should remain. Professor Sir Stewart Sutherland, who chaired the Royal Commission on Long Term Care for the Elderly, which was UK-wide, and who carried out the Scottish Government's review of free personal and nursing care in Scotland, said:

"Lead commissioning provides the best and quickest way of achieving an integrated care system, and I believe the Scottish Government's approach is the right one."

If we get it right and make the right improvements, we will ensure that older people receive care packages promptly and that delayed discharges, lengths of stays in acute hospitals and unplanned emergency admissions to hospital are reduced.

We must confront the rising costs of people living longer and we must allow people to stay at home, with good support, rather than be admitted to hospital or residential care. We must utilise the opportunities of telehealth to support independent living in the community. Those are just some of the issues that we must face as we seek to meet our responsibilities to our older citizens. Professor Sutherland said:

"The time for talking is over. It is now time just to get on with it."

The Scottish Government is getting on with it. It is getting on with the job of delivering the integration of health and social care. The people of Scotland deserve and expect no less.

15:26

**Sandra White (Glasgow Kelvin) (SNP):** I congratulate Jim Eadie on and thank him for his excellent and informative speech, which got to the nub of the debate about health and wellbeing. I also congratulate you, Presiding Officer, on your new position.

It is good to be here making my maiden speech as the constituency member for Glasgow Kelvin. *[Applause.]* Thank you. I intend to make a positive speech, but I must say that I was pretty disappointed by Jackie Baillie's speech and, to an extent, by Patricia Ferguson's speech. Perhaps the Labour Party should remember that it did not win the election, and perhaps there should be a label that says, "Labour is bad for your health." It was Labour's negative campaigning that lost it the election. I pay tribute to the SNP's team and I pay tribute to the cabinet secretary for her commitment and positive attitude to the wellbeing of the people of Scotland.

The cabinet secretary said that she is new to her role as cities minister, so perhaps she has not got round to looking at some of the issues that I will mention, but I hope that she will pick up on some of my suggestions in the debate that we will have on the cities strategy.

As I said, I am the constituency member for Glasgow Kelvin, which is a hugely diverse area. It includes Glasgow city centre and areas that continue to grow and flourish, bringing improvements in health and wellbeing, as many members have said. Alongside those areas are areas that perhaps have not had the same opportunities, and I look forward to working with the cabinet secretary to improve those areas and to bring them up to the level that should be achieved, not just in Glasgow Kelvin but throughout Scotland.

We have heard about tangible issues to do with health and wellbeing, which we can measure, such as waiting times and alcohol abuse, but there is more to health and wellbeing than that. It is about having flourishing communities in which local businesses can grow and in which people can take pride in their neighbourhoods and have a say in the future direction of the community. That is important for people's health and wellbeing.

The question is how we achieve such flourishing communities. One of the most powerful ways of doing so is through community empowerment. The

Scottish Government proposes to introduce a bill on community empowerment and renewal, to achieve just that. The cabinet secretary said that the details are still to be worked out, but will she tell us whether the bill will play a part in her strategy for the regeneration of our cities?

In "Building a Sustainable Future: Regeneration Discussion Paper", the Scottish Government said that as a priority for 2011-12 it will

"Continue to support our Urban Regeneration Companies"

and

"Continue to invest in vacant and derelict land".

Such investment is fundamental to improving communities and thereby improving health and wellbeing.

I am sure that if I asked members around the chamber whether they could think of a piece of land in their constituency that is underused or derelict and could be put to better use, they would immediately be able to think of a number of examples. I can certainly name a number of them, but I will not do so because of time constraints. However, there is an example in my constituency that some people may know of, particularly Patricia Ferguson—the old public baths building at the bottom of Byres Road, which has been raised as an issue on many occasions. It is in a well-known area of the west end and has been left to fall into a disgraceful state of disrepair. That has had a huge adverse impact on people and small businesses there—not just on older people who remember it as the baths—because it is a small part of the bottom of Byres Road that is lying derelict.

I undertook a survey during the election period and afterwards to see whether we could do something about this eyesore, because it is driving away investment in that area of Glasgow Kelvin. Businesses and people in the area say that they would love it to be regenerated, perhaps for housing or a community facility. People also ask why they cannot have a huge market there, with fresh food and vegetables, and so on. People all say that the building detracts from that area of the community. The bottom line is that people there desperately want something to put in its place. I wonder whether the cabinet secretary, who is responsible for cities strategy, can let me know in her summing up speech whether communities could take ownership of such buildings or land.

In May, Scotland's six cities—we hope that there will soon be seven—signed a joint statement of their shared vision for Scotland's success. It pointed to the fact that our cities need innovative finance and investment models—I think that Patricia Ferguson touched on one of them—such as tax increment financing and social impact

bonds. We will hear more about the borrowing powers in the Scotland Bill when it is debated. I hope that such areas will be looked at. I think that Bob Doris also mentioned the JESSICA fund.

I want to be positive about this issue; I do not want to make negative comments about it. All parties must work together and recognise, as Patricia Ferguson said, that our cities, particularly Glasgow, are the powerhouses for generating the economy and employment. We need to ensure that we get extra monies, such as tax increment financing and social impact bonds, into our cities to ensure that they create employment for the people who live there and that not only Glasgow but Scotland as a whole flourishes.

**The Deputy Presiding Officer (Elaine Smith):**

I call Margaret McDougall, who is making her first speech, to be followed by Alison McInnes.

15:32

**Margaret McDougall (West Scotland) (Lab):**

Thank you, Presiding Officer. I offer my congratulations on your new position. I offer my congratulations also to new members on the quality of their maiden speeches over the past few weeks.

I pay tribute to the members of the former West of Scotland region who stood down at the election or were not returned to the Parliament, in particular, Irene Oldfather. She was on the European and External Relations Committee and its predecessor committees during all her time at Holyrood and she was that committee's convener for two sessions. Irene also sat on the cross-party group on Alzheimer's. I thank her, on behalf of the people of Cunninghame South, for her stoic work over the past 12 years.

I am proud to have been elected to represent West Scotland in the Scottish Parliament and I thank the voters for their support. I have served as a councillor for Kilwinning in Labour-held North Ayrshire for the past 12 years. It has been a great privilege to represent Kilwinning, and the people in that area will always have a special place in my heart. Sadly, though, the west of Scotland is an area that has entrenched social deprivation and health inequalities. In the area where I live, the data that we are presented with is frightening. For example, a man living in the deprived area of Fullerton in Irvine has an average life expectancy of just 74 years, while another man living just 14 miles along the road in the more affluent area of Fairlie can expect to live eight years longer. That is one of many grim examples of social deprivation in Scotland that demonstrates that the people who are still most likely to suffer from NHS cuts are the very poorest in our society.

No one can doubt the commitment of NHS staff to the health and wellbeing of the people of Ayrshire and Arran, but over the past four years I have found that those staff have continuously been hampered by a Scottish Government in Edinburgh that has not shown the same level of commitment to tackling health inequalities. After an enlightening presentation from Dr Harry Burns, the Scottish Government's chief medical officer, North Ayrshire Council was reassured that we were justified in making a significant investment in early years intervention as well as taking greater steps to promote preventative healthcare. Those measures include providing 210 priority nursery places through our early years partnership programme, including 80 day-care places for the most vulnerable children in the area. We are ensuring that 100 per cent of looked-after children are given health assessments and we are delivering an increase in health-enhancing behaviours such as walking, cycling and swimming through our healthy futures project.

Those first steps in tackling health inequalities are encouraging, but they are only the first steps. Gastric bands and heart bypasses are not the cure for obesity and heart disease; they are reactive treatments. We need preventative measures and early intervention.

The health secretary might boast that her party is protecting the NHS from the worst of the cuts, but in North Ayrshire we are painfully aware of the squeeze on health spending. The NHS in Scotland has had to cope with a real-terms reduction in health spending, which is a poor settlement for health boards when set against the SNP's promise to protect their budgets. It might be uncomfortable for SNP members to accept, but the NHS in Scotland is now experiencing its worst financial settlement since devolution.

To compound the difficulties that we in Ayrshire are facing, the introduction of the NHS Scotland resource allocation committee—NRAC—formula, which is the new mechanism that decides the proportion of funding for health boards in Scotland, means that we are looking at a smaller share of funding. That lack of funding is partly because the formula no longer accounts for unemployment and deprivation, so it disproportionately discriminates against poorer areas such as the Ayrshire and Arran NHS Board and Greater Glasgow and Clyde NHS Board areas. Despite having the largest island in Scotland—Arran—and the Cumbrae isles, NHS Ayrshire and Arran is not entitled to the same island adjustment as Highland, Western Isles, Orkney and Shetland health boards. It seems that, although Arran is an island, it is not enough of an island. I ask the cabinet secretary to instruct the NRAC technical committee to review the formula for allocating funding to ensure a more

equal and fair share for the health boards in the west of Scotland.

To take Scotland forward, we must eradicate the inequalities in our society. I call on the cabinet secretary to work with all members to achieve that aim. If we do, we will see a better and healthier Scotland.

15:39

**Alison McInnes (North East Scotland) (LD):**

In speaking for the first time as the Liberal Democrat health spokesperson, I first pay tribute to my predecessor, Ross Finnie. Ross was a great parliamentarian, serving as a minister in previous executives and, most recently, ably chairing the committee that was set up to consider Margo MacDonald's member's bill. It is a disappointment to us that Ross was not returned and I am sure that most members concur that he will be missed.

We are pleased to acknowledge the substantial progress that has been made during the past 12 years in Scotland in tackling the big killers, such as heart disease, and in improving the patient experience and reducing waiting times. NHS staff are a credit to Scotland's health service. However, as the cabinet secretary said, enormous challenges for the future still face the health service, particularly from the growing elderly population and from Scotland's obesity epidemic, and the Scottish Government must set out long-term plans to tackle them. Although we have heard much from ministers about spending to save and preventative action, just this week Sir John Elvidge warned that the Government's current spending plans are unsustainable and that much more focus needs to be placed on outcomes than on political targets. We know that Scotland's health service is about more than targets and statistical inputs. Joined-up thinking, cutting out waste and smart investment in preventative care will all improve the long-term health of the nation and the care that patients receive in their communities.

Liberal Democrats believe that healthcare should be delivered as locally as possible. Despite all the rhetoric on shifting the balance of care, most spending is still directed towards acute services. People are being cared for in hospitals, often miles from their home, when they would receive better and more cost-effective care in the community, so it is deeply concerning that Audit Scotland has produced such a damning report on the bodies that were intended to drive local delivery and the integration of health and social care.

The fact that the quality of community health partnerships is extremely variable—some are little more than large and unwieldy talking shops—

seems to have led to GPs disengaging completely from CHPs in many areas. We simply cannot understand how it is possible to have a CHP without the involvement of GPs, who are the main providers of healthcare in the community. It is clear that local health and care services are not nearly sufficiently connected. A recent SAMH survey found that, on average, each of its service users received services from 14 different agencies. That cannot be a good use of resources and it leads to poorer levels of care for individuals.

**Kevin Stewart:** Does the member agree that there are huge differences in the amounts that health boards spend on advocacy to deal with folk such as the people who were questioned in the SAMH survey that she mentioned? Does she think that there should be a look-see to find out how much each health board is spending on that, and that some guidance should be given?

**Alison McInnes:** As I said at the outset of my comments on service delivery, we think that services should be delivered locally; it is not a case of one size fitting all. However, there would be some benefit in looking at how advocacy is delivered, and that was discussed at a meeting that I had with NHS Grampian last Friday.

Our vision is for CHPs to be smaller and more efficient, bottom-up, clinically led bodies that have proper responsibility for improving health and care outcomes locally. We will oppose any efforts to centralise services or to impose a one-size-fits-all approach. Efforts to integrate health and social care must reflect local circumstances.

Good progress has been made on beating cancer. Advances in treatment and higher awareness mean that more people are surviving longer and cancer treatment waiting times have reduced, but Scotland's cancer survival rates still lag behind those of the best-performing countries in the world. We need to make earlier detection of cancer a priority for the NHS. The SNP has set out plans in that area, but it must work to tackle the unacceptably high number of cancer cases that are detected for the first time only on emergency admission to hospital.

In addition, preventative action needs to be taken to tackle obesity. The majority of Scots are overweight or obese, and the number of people who suffer from high blood pressure, type 2 diabetes and heart disease is likely to soar over the coming years. Scotland's recent progress on reducing levels of heart disease could be overturned and the gains that have been made in reducing mortality through the reduction in smoking reversed. Scotland is no longer the heart disease capital of the western world, and we would like to keep it that way.

The country's alcohol problem is another key public health challenge that faces us. The SNP has said that it will introduce a minimum pricing bill and, this week, our party has signalled a change to our approach to the issue. We will work constructively with the Government to make the bill the best that it can be.

However, minimum pricing will not be the whole answer. We will also need to see much more stringent enforcement of the current law, especially when it comes to selling alcohol to drunk people and underage young people. Early intervention measures to tackle cycles of dependency and better access to treatment are key, too. The Scottish Government needs to take those measures far more seriously than it has done. Ultimately, efforts need to be made to focus on changing the damaging culture of drinking to excess and to raise awareness of the fact that many of Scotland's drinkers are failing to recognise that they are consuming alcohol in quantities that are damaging to health. That will require broad action across society, and I acknowledge that minimum pricing should be part of that action.

One in four adults will experience mental ill health in their lifetimes. Mental health problems place enormous burdens on individuals, their families and the Scottish economy. Mental health is not just an NHS issue; it is at the core of Scotland's wellbeing. Without action to improve mental health, action on education, employment, criminal justice and poverty will all fail. We would like to see a more holistic approach, less reliance on drug therapies, and greater priority given to provision of mental health services across all age groups. We must ensure that those affected by mental health problems have access to the help that they need in the community. That will require an ambitious new mental health strategy.

**The Deputy Presiding Officer:** I call Richard Lyle, who is making his first speech.

15:45

**Richard Lyle (Central Scotland) (SNP):** Thank you, Presiding Officer. I wish you well in your new job.

I rise to make my maiden speech in the Parliament. First, I record an interest: I used to work part-time for NHS Lanarkshire.

I thank the many SNP members throughout the country who worked hard to get a majority SNP Government elected. Although they are too numerous to mention, I will remember here former members from my area, no longer with us, who worked throughout the years not knowing that we would eventually see an SNP majority Government: Gordon Appleyard, Flora Rice, Jim

Scott, Billy Hooper, David Woods and Margaret Pirie Murray.

I joined the SNP in 1966 to gain independence for Scotland. When people talk about independence lite, it reminds me of products such as Ryvita, Tab or even Lurpak. I assure members that the only light that we will switch on over the next few years is the light on the road to independence for Scotland.

There have been three important political dates in my life. The first was 1976 when I won the Orbiston by-election in Motherwell District Council in Lanarkshire. I told my wife then that I would be in the council for six months. That was 36 years ago. Orbiston was then an area of deprivation, but that has changed over the years because of hard work. I thank the people of Orbiston and Bellshill for their trust in allowing me to be their councillor for the past 36 years. It has been an honour to serve them.

The second most important political date for me was 2007, when the SNP Government was elected. During the first two years of the SNP minority Government, I held the position of SNP group leader in the Convention of Scottish Local Authorities. During that period, I was able to secure several important votes for the new SNP Government. When I was first elected to COSLA over 20 years ago, we could have held our group meeting in a phone box. I know how the Liberals in the Parliament must feel. I can recommend a few telephone boxes to them.

Today we debate health, wellbeing and cities strategy. In the past two years, I have seen the way in which this Government has helped the people of Scotland through health provision. Before the end of last month, I was a driver for the NHS Lanarkshire out-of-hours service. I worked five shifts a month driving one of five cars to ferry doctors to house calls all over Lanarkshire—6 pm to midnight, Saturdays 8 until 4, 4 pm to midnight and, sometimes, the overnight shift. I was also one of the drivers who worked in what we called the swine flu car during the swine flu outbreak. In the initial outbreak, we were dispatched to homes of suspected swine flu carriers to swab and quarantine if necessary, and dispense Tamiflu tablets.

I have been in Monklands, Wishaw and Hairmyres accident and emergency departments when they have been overflowing on Saturday nights and week nights. I have seen for myself the excellent work done by our health service staff. I pay tribute to our health workers and all the out-of-hours services in Scotland. I have worked in Monklands accident and emergency department, which the SNP kept open four years ago, thanks to the cabinet secretary. She also saved Ayrshire A and E. Over 200,000 patients have been treated

in Monklands A and E in the past four years. How Labour thought that it could close it and send patients to Wishaw A and E is well beyond me.

I note the key SNP achievements since 2007: hospital waiting times at a record low, 70 per cent reduction in hospital infections, more than 1 million more Scots registered with dentists and—one of the best—the abolition of prescription charges in Scotland. There has also been action on smoking and investment in tackling alcohol abuse.

In the last regard, I welcome the reintroduction of the proposal on minimum pricing for alcohol. All the doctors I worked with support the proposal. I ask the cabinet secretary to look at how money raised through minimum pricing can be secured in order to fund treatment centres, which could be located throughout the country.

During the past four years, I have also been the UK chair on social care for the local government organisation APSE—the Association for Public Service Excellence. I have also been chair on sport in Scotland for APSE. My committees have looked into all aspects of social care and sport, and I look forward to being a member of the Health and Sport Committee and bringing my knowledge to it. APSE represents all councils in Scotland, England, Northern Ireland and Wales.

To finish, I will mention my third political date. After 36 years in opposition, I now sit on the Government benches—it is a fabulous feeling. I look forward to the challenge of working hard for the people of the Central Scotland region, who have placed their trust in me as their MSP. I look forward to the day that Scotland becomes independent, and I intend to work to make that dream a reality.

15:51

**Ruth Davidson (Glasgow) (Con):** It gives me great pleasure to be called to speak in this debate, to follow Richard Lyle, who gave a robust but dignified maiden speech, and to welcome, in absentia, the cabinet secretary to her expanded role. As the Conservatives' newly minted cities spokesperson, I was delighted to hear in the last minute of her speech that, at a future date, we will have a wholly separate debate on city issues.

Instead of discussing cities strategy today, therefore, I will turn to an issue of health and wellbeing that is of great importance to my own city of Glasgow and which was touched on by Alison McInnes. It is an issue not of acute care, which we have heard a lot about already, but of primary care—the issue of mental health. At this point, I give a nod to my colleague Mary Scanlon for her continued hard work in this area.

Mental ill health is a huge problem in Scotland. It affects thousands of people in any number of aspects of their life. It is an element in one in three visits to the GP. It is not like a broken leg that can be reset, or an infection that can be cured. Anxiety, depression, bipolar disorder, personality disorder and schizophrenia do not follow a linear diagnosis-to-cure pattern. Some conditions recur, some can stand alone, some are contributing factors to other health and social problems, and some mental ill health can be the side effect of those problems.

The care across Scotland can vary widely in approach and timescale and the social stigma attached can be great. I appreciate the feelings of fear, confusion, shame and sometimes even guilt—at not being strong enough or at letting people down—that can surround the diagnosis of mental ill health. Considering an approach that too often sees pills as the answer and tells the patient that they will be put on a sometimes very long waiting list for talking therapy before they can see someone to discuss those feelings, it strikes me that we have not quite got the balance right.

If members ask why that relates to Glasgow, the answer is fairly simple. As with a number of health conditions, a so-called Glasgow effect exists for mental health. Even if we account for age, gender, economic activity, physical activity and alcohol consumption, residents of the Greater Glasgow and Clyde NHS Board area are still more than twice as likely to have symptoms of severe anxiety as people elsewhere in the country. If we look in purely numbers terms, that can be played out with pretty fatal consequences: Glasgow's suicide rate is significantly higher than that of the rest of Scotland.

I contend that we need to do better at addressing those conditions for the sake of both the patients and our communities. The impact and legacy of the conditions is great. The cabinet secretary has invested a great deal of political capital in minimum pricing by unit to reduce alcohol consumption. While it is true that alcohol abuse is a contributor to mental ill health, it is also true that mental ill health can be a contributor to alcohol abuse, so I ask that the cabinet secretary use a small portion of her political capital to address that side of the argument as well. Just as mental ill health can be a contributing factor to alcohol abuse, so it is in other areas that affect the health and wellbeing of not just our cities, but our nation—such as homelessness, criminality, family break-up and economic inactivity. The proportion of people on our streets, in our jails and in the welfare system who have an underlying mental health problem shows the wide scope and scale of the issue and how important it is that we make advances.

I know that we are living in straitened times and that the allocation of taxpayer-funded resource must be weighed judiciously before it is apportioned. However, the social and health costs of mental ill health in Scotland are £8.6 billion a year, which is more than the entire NHS budget that the cabinet secretary controls. In its manifesto, the SNP promised to support the NHS in making £300 million of efficiency savings to be reinvested in the health service—not over the course of the Parliament, but in the next year. My plea is to consider whether any of that money could be reinvested to support mental health. In the same manifesto, the cabinet secretary expressed sympathy for a new mental health bill and said that she would consult on the development of a new national mental health strategy. I ask her to turn that sympathy into legislation that she can bring to the Parliament and that talking therapies be front and centre of any new strategy on mental health. I also look to my colleagues on the Labour and Liberal Democrat benches, for all our manifestos stated a wish to see a greater provision of talking therapies, earlier intervention and reduced waiting times. The Scottish Government has expressed the wish to gain consensus where it can, and this is one such area.

My final point surrounds social stigma. We have come a long way in a short time on mental health, but there is more to do. People can still leave doctors' surgeries with the same feelings of fear, confusion, guilt and shame, and those feelings can be aggravated by the treatment that they receive in the workplace, in education and even in their own families. Those feelings are often made worse not through badness but through ignorance. Campaigns such as the see me television and radio adverts can and do make a difference to attitudes and understanding, and I ask the cabinet secretary whether there is any provision for such campaigns.

I know that it is not usual to see a Conservative arguing for more resource, but I am doing so at this time and on this issue because prioritising mental health could do so much for so many across this nation. I do not want to see the continuation of the Glasgow effect. We know that looking after our country's mental health will help to reduce unemployment, the prison population, the level of homelessness, alcohol abuse, the amount of acute care that is necessary and all the associated costs of all those issues. It is not a silver bullet, but it is a place to start. Beyond the economic case for doing more on the issue is the human case: there are thousands of Scots whose lives will be poorer if we do not.

15:58

**Colin Keir (Edinburgh Western) (SNP):** It is an honour for me to address the Parliament for the first time, representing the people of Edinburgh Western. The debate is about taking Scotland forward. I am sure that every member in the chamber shares the same goal and aspiration of taking Scotland that step further towards becoming a more equal and prosperous nation. What we may disagree on is how that can be achieved.

Before I dwell on the politics of the debate, I pay tribute to the work of my predecessor, Margaret Smith. I say that not merely in the spirit of maiden speech tradition but in the knowledge that she served the constituency well for 12 consecutive years in the Parliament. Despite our political differences we were able to work together on different issues and, on a personal level, we have always had an amicable relationship. Margaret is respected among the communities of Edinburgh Western and I am sure that members will join me in wishing her well in all her future endeavours. *[Applause.]*

My colleagues have touched on the progress that has been made in the Government's health and wellbeing portfolio; my speech will focus predominantly on the Government's cities strategy, which is closely linked.

Edinburgh Western could not be any more relevant to a debate on city development. Its prime location as an internationally competitive business location makes the area an indispensable component of the city's economy. It contains Edinburgh airport, the Royal Highland showground, Edinburgh Park, the Forth bridges, the Gyle shopping centre, Edinburgh zoo and more than 1,000 other businesses, many of which are supported by the Edinburgh business gateway. Further, the tourism that is generated by areas such as Cramond and South Queensferry makes western Edinburgh a hub of economic growth and potential.

Edinburgh Western is also a diverse constituency, comprising suburban areas such as Corstorphine and Blackhall and the rural villages such as Dalmeny. It would be too easy for me to spend my six minutes acknowledging Edinburgh's successes, Edinburgh as the tourism and festival city and Edinburgh's ability to drive economic growth. Although all that is true, as in every other city there are fields that deserve particular attention. One of them is housing.

For decades, areas such as Muirhouse and Drylaw in my constituency have had to cope with inadequate housing that has often contributed to the cycle of poverty, crime and poor health. To that end, I welcome the Scottish Government's

priority for urban regeneration. The City of Edinburgh Council is leading a major investment project in social housing that is worth up to £150 million. The 21st century homes project will include Muirhouse and Pennywell. The redevelopment of those areas will contribute to Edinburgh delivering 12,000 new affordable homes over the next 10 years. For the first time in a generation, after decades of neglect, council homes will be built in Edinburgh.

More important, regeneration will give the residents of those communities an opportunity to look to the future. We all aspire to live in prosperous, safe and healthy communities, and it is our duty as parliamentarians to fight for the equality of place and people, creating new opportunities and horizons for all.

The argument for developing a coherent cities strategy has a driving economic focus, but the social elements of the strategy should never be neglected. There is an unequivocal correlation between poor health, drugs, crime, low educational attainment, poverty, unemployment and poor housing. The rate of hospital admission that is related to alcohol misuse is around three times higher in the most deprived areas. That is why any cities strategy cannot fail to address the social inequalities that are present in our society.

The fact that the Scottish Government has made the cities strategy a priority and has integrated it into the Deputy First Minister's portfolio, along with health and wellbeing, reassures me that the link between growth and tackling inequalities has truly been made. Indeed, the Scottish Government has already taken action to address some of those inequalities and has supported the idea of community empowerment.

The climate challenge fund has allowed 261 communities to benefit from 331 awards and, in 2011-12, the scheme will be extended. Cashback for communities has invested more than £20 million in a range of youth and sport projects, benefitting more than 300,000 young people. The town centre regeneration fund has also invested in community-led projects.

Undoubtedly, some work still needs to be done to tackle deep-rooted social problems in our most disadvantaged areas. To that effect, policies such as those on minimum pricing, to reduce excessive drinking, and on short-term prison sentences, to reverse reoffending, will be pivotal.

Edinburgh is in a good position in comparison with most of its UK counterparts. I am confident that the actions that the Government is taking will prove effective in redressing the imbalances that exist.

Cities act as hubs. They are unquestionably the drivers of our national and regional economies.

Regenerating many of our communities and redressing the inequalities that exist will be essential to achieving our cities' long-term success.

16:04

**Drew Smith (Glasgow) (Lab):** I congratulate Colin Keir and the other members who are speaking for the first time this afternoon. I welcome the cabinet secretary to her place and congratulate her on her appointment as minister for cities strategy.

There has been some speculation in the press—particularly the Glasgow press—about why the cities strategy has found its way into the health portfolio. However, as Bob Doris said, health inequalities demonstrate an important link between health and the cities strategy, with the 100 GP practices that serve the most deprived areas being found predominantly in Glasgow, some parts of Edinburgh and Dundee.

As Colin Keir said, Scotland's cities are our nation's economic powerhouse. Each is home to excellent universities whose teaching and research can drive Scotland forward. The cities are hubs for business and tourism and for social and cultural life. Here in Edinburgh and in Aberdeen, Dundee, Inverness, Stirling and my own city of Glasgow, our people are proud of our cities' heritage and ambitious for their future.

The previous Labour-led Government produced the cities review, which was the last major piece of work on cities. In a recent written answer to me, the cabinet secretary stressed her desire for the new cities strategy to

"be developed collaboratively with the cities",—[*Official Report, Written Answers*, 2 June 2011; S4W-193.]

and I welcome that commitment. As the cabinet secretary said, the six cities vision is the starting point. That agreement, which the Scottish Council for Development and Industry brokered, shows that the cities have come together to focus on their shared economic ambitions and priorities and deliver long-term sustainable growth.

Scotland's cities—and particularly Gordon Matheson, Glasgow City Council's leader—have pursued the cities agenda in recent times. It is therefore welcome that the Scottish Government is now listening to what our cities need to prosper and grow, especially in these times when city governments are taking tough decisions as a result of budgets that are not in their control.

The cities want a focus on building infrastructure that can deliver economic impact; developing our cities as creative centres of productivity, knowledge and innovation; and putting cities at the heart of Scotland's sustainability. The Government

should recognise our cities' economic contribution to Scotland and create trade and tourism plans that acknowledge our cities as the gateway to Scotland.

The truth is that Scotland has lagged behind many other countries that have invested in their cities. Taking a strategic approach to their welfare and contribution is in the interests of all. Of Scotland's population, 27 per cent live in our cities, but our cities produce 47 per cent of gross value added, which amounts to £44 billion; 43 per cent of business turnover; 40 per cent of jobs; and 36 per cent of research and development.

The Centre for Cities report "Cities Outlook 2011" identified Scotland's major cities as being better placed to avoid a double-dip recession than cities elsewhere in the UK. It argues that cities should be given more power and flexibility to respond to their problems and to identify their opportunities for growth.

We need a new funding model to support long-term investment in Scotland's cities that learns lessons from the cities growth fund and the derelict land fund. I know that Glasgow City Council places importance on that; Sandra White also mentioned the issue.

Glasgow needs changes from the Government if it is to prosper. Despite huge investment in our roads—for example, Glasgow City Council has committed £12 million this year and more is to come—they are still not up to scratch. Government funding is based on lengths of road and not usage. Union Street in the city centre is an unclassified road that is not eligible for much support, but it is four lanes wide and carries 2,000 buses every day.

**Margo MacDonald:** Can I look forward to Drew Smith's support for my argument that funding for roads should be based on usage? Usage in Edinburgh is of course very much higher than that elsewhere.

**Drew Smith:** I agree absolutely with Margo MacDonald on that point.

As Patricia Ferguson said, if Glasgow airport is to be a destination and not just an outbound airport, we need a replacement for the air route development fund. Other European Union cities can offer airlines practical support and, by not taking action, the Scottish Government is allowing Glasgow to be left behind.

The leaders of Glasgow City Council and the City of Edinburgh Council have pushed for our cities' inclusion in the UK's high-speed rail network, which is crucial to ensuring that Scotland is not cut off from our British capital or the European and world markets to which the network would open us up. The business case for high-

speed rail is weaker without Scotland's inclusion and our existing rail links already lack capacity at a time when intercity rail demand is increasing. Within Glasgow, we need the Scottish Government to commit to the whole fastlink route to link the Southern general, the city centre and—vitally—the Commonwealth games site at Dalmarnock.

On all those issues and more, a minister for Scotland's cities must be an enabler and not a centralising force that seeks to take control. Since the election, some members of the Scottish Government have faced two ways on controversial restructuring of Glasgow's universities and weighed into arguments about care provision in a manner that seems to single out Glasgow for party-political purpose. However, the cabinet secretary was quoted in *The Herald* as saying that she would not seek to interfere with council powers in Glasgow, and I take her at her word. Instead, we should focus on the areas in which strategic support and enabling of city governments can make a difference, such as those that I have highlighted today, and, in Glasgow's case, tackling poverty and creating enough new jobs.

Given that Glasgow asked for a stronger cities policy, it would not be acceptable if that were now used as a platform to attack particular administrations or to campaign for a change in political leadership. The debate on Glasgow's future must be about more jobs for Glaswegians, not more councillors for the SNP.

Collaborative engagement with Glasgow on the cities agenda is in the interests of our whole country. I look forward to further debate in the weeks and months ahead.

16:10

**Joe FitzPatrick (Dundee City West) (SNP):** Philosophers and historians through the ages have often concluded that a society can best be measured by the respect and care that it gives to its most vulnerable citizens. The case of Mrs V in 2008, which a Mental Welfare Commission for Scotland report recently highlighted, is therefore a sad reflection on us all.

It must be made perfectly clear that the circumstances of that appalling case should never have occurred. Systems should have been in place to identify the failings of care that led to the death of Mrs V, but a catalogue of errors led to treatment of her that was described as lacking in both dignity and respect. Such errors must never be allowed to happen again.

The national dementia strategy, which was published last year and driven forward by my Dundee City East colleague, Shona Robison, has addressed many of the issues that the case

raised. Standards of dementia care in Tayside are being driven up; new procedures are now in place to identify failings in the wards. The news that all registered nurses in elderly medical wards will be required to attend nutritional care training, along with the introduction of dementia champions, is to be welcomed.

Last week, I met the chief executive and board chairman of NHS Tayside to find out what action had been taken in light of the Mental Welfare Commission report and to seek assurances that lessons had been learned and that the failings in the care that was received by Mrs V would not happen again.

The Mental Welfare Commission recommended specific staff training and education on treating dementia patients and addressing nutrition. I was pleased to hear that such training is taking place and that an advanced care planning training course, which is being piloted in Tayside, will be rolled out.

Today's debate is about identifying areas where we can improve. Although this will be cold comfort to the family of Mrs V, lessons have been learned and standards of dementia care throughout Scotland, and in Tayside in particular, have improved since that terrible time in 2008, so all patients and relatives can be assured that high priority is being given to treating patients with dignity and respect.

I turn to the cabinet secretary's new area of responsibility—cities. Not surprisingly, I want to talk about the city of Dundee in particular. The old image of Dundee has been left behind and the city is now well established as a global leader in life sciences and computer games. Those strengths are soon to be complemented by a strong manufacturing and development hub for renewable energy, as the Spanish company Gamesa has identified Dundee as the location for a manufacturing, logistics and maintenance base for the development of offshore wind farms.

In tandem with that manufacturing development comes the cultural development that is being spearheaded by the Victoria and Albert Museum at Dundee. The importance of that project should not be underestimated. The world's greatest museum of art and design, the V&A, will establish a permanent presence outside London for the first time ever—and it will be in Dundee.

Funding for that project from the Scottish Government is in place. I thank Fiona Hyslop, the Cabinet Secretary for Culture and External Affairs, for her input and support for the project and for making sure that we could secure Government funding even in times of difficult financial pressures. That funding was crucial in enabling the V&A to go to the next stage and to have the

confidence to encourage private backers across the world to support the project and ensure that it could go ahead. We have seen the next step of that with the announcement that the Japanese architect Kengo Kuma has been appointed to head up the V&A's design team to build an iconic building, which is set to become a national landmark and which will draw in tens of thousands of visitors to Dundee and Scotland.

The V&A is playing a big part in revitalising Dundee, which is already witnessing the generation of inward investment because of that project. The capital contribution from the Government has played a big part in getting the project off the ground. That is why I was surprised to hear Labour members making bizarre comments last week about the Government's commitment to the project. The only threat that ever existed to the V&A project came from the Labour Party, when it refused to back the budget that contained the vital funding for it. That fact was not overlooked by the people of Dundee in the recent election. I am pleased that members have now united on the issue behind the V&A and that we can look forward to the culture of Dundee blossoming.

The SNP Government has made impressive progress on health and wellbeing in the past four years. Waiting times are at a record low, more nurses have been employed, and prescription charges have been abolished. Unfortunately, however, we have been unable to tackle one of the biggest threats to health and wellbeing in Scotland: alcohol. Minimum pricing will save lives and improve the quality of life for communities throughout Scotland. That is why I am pleased that the Government will once more introduce legislation to tackle Scotland's alcohol problem. I know that some Opposition members have changed their minds on minimum pricing, and I welcome the Liberal Democrats' conversion. Their votes might not be as important as they would have been in the previous session, but what has happened is encouraging. It is important for us to try to build consensus in the chamber, and I hope that the Liberal Democrats' support and their preparedness to put aside party politics will be replicated across it. The issue is too important to play party politics with. I hope that we can unite and do what is best for Scotland.

16:17

**Derek Mackay (Renfrewshire North and West) (SNP):** Presiding Officer, I congratulate you on your election and the ministers on their appointments.

On the subject of appointments, in order to stand for the Scottish Parliament, I had to resign from some posts. One was appointed by the

cabinet secretary—I was a non-executive health board member of Greater Glasgow and Clyde NHS Board. I was also chair of Renfrewshire community health partnership. When the Audit Scotland report entitled "Review of Community Health Partnerships" was published, I think that I was at the front of the queue to see what it said about Renfrewshire. I suppose that I was delighted that there was not a case study of Renfrewshire, as the report was not great reading for some of the CHPs that were visited.

It would be wrong to say that the system is broken. There is much good work and positivity going on with CHPs and community health and care partnerships that is perhaps not reflected in the report. For example, Renfrewshire CHP, with partners, achieved the best child protection inspection in Scotland. Such joint partnership working should be held up as a good example of joint working in the public sector.

I commend the SNP Government for the incredible progress that has been made on hospital-acquired infections, a number of medical conditions and waiting times. My constituents in Renfrew and other parts of my constituency will have a great choice between the newly refurbished Royal Alexandra hospital in Paisley and, of course, the new Southern general hospital—an £800 million project close to our community. I make one request of the cabinet secretary and ministers: that we consider further the transport links to the Southern general. I know that fastlink and such projects were part of the early planning conditions. I believe that the Labour-led SPT is playing games with such transport infrastructure in the west of Scotland and that the Government should continue to pursue it with the package that is brought forward to ensure that fastlink goes to the Southern general and, indeed, beyond, into Renfrew, which is the largest town in Scotland without a link to the rail network. That can be done at very little expense to the taxpayer.

There are huge challenges in the health sector, such as the obesity epidemic and our relationship with alcohol. I agree with the Labour Party on issues around inequality and poverty, but it would be wrong to say that Labour made great progress. In fact, the gap between the rich and poor under the Labour Administration got wider, not smaller.

On demand, public expectations may well be beyond what can be delivered in future. That is why it is important that we have a process of engagement with the public on what can be expected and delivered with the demographic changes and financial pressure that the Parliament and the Government will face.

It is widely recognised that the health service has enjoyed budget protection that other parts of

the public sector cannot be afforded because of the Westminster reductions to this country's budget. When I hear Labour politicians complain about budget reductions, I wonder why they and fellow unionists allow our resources to fund things such as nuclear weapons, rather than public services in Scotland. The Parliament's poor settlement from Westminster might be a consequence of the financial powers that are retained in London.

To return to health, an alarming number of children are looked after by local authorities and have chaotic lifestyles. Unless we break the cycle of deprivation, we will never truly be able to make progress with our health improvement strategy. That is why I whole-heartedly support the Government's approach on early intervention and early years work. In areas such as Glasgow and the west of Scotland, we have the triple-P strategy, which does not involve the privatisation of public services—it means promoting positive parenting. That is society-changing work that will make a fantastic difference to the most vulnerable families in that part of Scotland, because it is a whole-population approach. I do not agree with Conservative members that simply increasing the number of health visitors and having a universal system is a positive way forward. However, a whole-population approach based on the proven and evidence-based triple-P programme will be welcome.

Linda de Caestecker, a director of public health in the west of Scotland, has said that we must tackle poverty and inequality. However, the Government's approach is absolutely right. Previous Administrations determined people's eligibility for services based on where they lived and what their postcode was and not on whether they were poor or in need. That is why I whole-heartedly support the Government's approach in which eligibility depends on a person's circumstances and not their postcode.

Great work on active lifestyles has been carried out by my local community health partnership on issues such as breastfeeding. There is only so much a man can do to support breastfeeding, but we absolutely should support those who encourage it. However, it was alarming that a survey of young people in Renfrewshire showed that they felt that breastfeeding should be discouraged and not encouraged. There is a need to tackle culture.

On the issue of culture, we must break down the barriers between local government and community health partnerships to ensure that the public sector works together and that we get the culture right. That does not necessarily mean radical structural change, with local government at war with the health service. There is absolutely a better way

forward on the integration of services. I look forward to the Christie commission opening the door to that reformation to ensure that we change what matters most.

The role of politicians is important. I enjoyed the intertwined role of council leader, CHP chair and health board member. We were able to make decisions to support public health in our area and to tackle alcohol. For example, we banned chip vans from our school gates. I am left wondering what Labour members are waiting for to convince them that minimum alcohol pricing is right or wrong. The Liberal Democrats have been convinced, so I hope that they will share their wise counsel with the Labour Party to convince it that the measure will make a difference to the people of Scotland and will tackle the costs that go along with alcohol. I encourage the Liberal Democrats to share their wisdom with the Labour Party.

16:23

**Malcolm Chisholm (Edinburgh Northern and Leith) (Lab):** I originally applied to speak in the debate so that I could consider the issues to do with care home inspection that have been thrown up by recent revelations at the Elsie Inglis nursing home in Edinburgh. However, that is clearly more appropriate for tomorrow's debate, but since I still have the slot in this debate, I shall try to cover a few other health issues.

The first half of the cabinet secretary's speech was on issues to do with the care of the elderly that are quite apart from the issue of care home inspection. I believe, on reflection, that my party's front-bench members, and all of us, should agree with the analysis that she gave of the demography of Scotland and the way in which we ought to respond to that challenge. The analysis and solutions that she presented were identical to the analysis and solutions that were given in the David Kerr report six years ago. We all know that too much money is spent in acute and institutional care and that the ideal should be continuous integrated care in the community in order to reduce emergency admissions. We all know that that is the way in which we will have to deal with the increasing number of older people with complex needs and conditions.

Shifting the balance of care in that way has been the holy grail of health policy for most of the time for which the Parliament has sat, but it has proved to be an intractable problem, as the increasing number of emergency admissions—which Mary Scanlon mentioned in her intervention—has highlighted. One of the biggest challenges in health and community care policy and, indeed, in the current session of Parliament, is for us to work together to address that

fundamental problem and to come up with solutions to it.

Community health partnerships were devised as a mechanism to deal with that but, as we know from last week's report, they have not been entirely successful, although we should acknowledge their achievements in many cases.

As members, including Jim Eadie, have said in the debate, health and social care integration is absolutely fundamental, and we need to work together on it. Labour proposes to use CHPs for a national care service, and the Scottish Government has a proposal on lead commissioning. There are differences between those solutions, but there is some overlap, so we urgently need to work together in Parliament to reach a solution to the integration issue.

We should remember that CHPs were also set up to bridge the divide between primary and secondary care. If primary and secondary care commissioners do not work together more collaboratively, we will not shift the balance of care. Again, there has been progress on that, and we must not be negative. There are wonderful examples of that shift, such as at the Leith community treatment centre in my constituency.

We set up an integrated system, on which we all agreed, a few years ago. Unlike the situation in England—for this I think we can all be grateful—the challenge for us in this Parliament is to make that integrated system more integrated.

Nicola Sturgeon acknowledged in her speech the significant progress that has been made under the current Administration and previous Administrations, and we agree with that. A big area in which there has been a lot of progress over the past 12 years is the quality of care and the monitoring and inspection of that quality.

Problems have been thrown up in relation to the care home inspection regime, which we will deal with tomorrow, but we should be grateful that we have such an inspection system, which never existed before this Parliament was created. Inspection is fundamental to quality, but I am sure that we all agree that staffing is, too; Jackie Baillie highlighted important workforce issues. We recognise the financial difficulties, but we must make the wisest choices to protect the quality of care.

The Royal College of Nursing sent in a briefing for this debate, and I met its representatives last week. It has several concerns; for example, around the skill mix in care settings and around the end of the one-year guarantee, which members may not know is being replaced by a 22-hour internship programme. That is very disappointing, although we understand the financial pressures that have led to it. Let us value

the whole health workforce, especially nurses in the settings in which they are required, and let us not go too far down the skill-mix route if it is not appropriate.

The financial pressures and the demography that the cabinet secretary described could easily lead us to the conclusion that all the health money should be spent on older people. However, with due respect to older people, that cannot be the case. The cabinet secretary highlighted in the second half of her speech the importance of prioritising preventative spend and supporting parenting and the early years, which was the conclusion that the whole Parliament was reaching before the election. I was on the Finance Committee, which highlighted the importance of preventative spending.

The reality is that even in the very difficult financial situation that we face, we must think long term and ensure that we invest in particular in the first three years of life. Some of that is a health issue; the Conservatives have understandably emphasised the importance of health visitors. We must ensure that we invest in the early years because it is, apart from anything else, an important way of dealing with inequalities. The "Growing Up in Scotland" report that was published this week contained an important section on parenting and children's health, which emphasised not only the importance of parenting but the wider societal issues that underlie inequality.

I am being told to wind up by the Presiding Officer. I have not been able to use my peroration on the Royal hospital for sick children in Edinburgh, but I think that the cabinet secretary can anticipate what I was going to say about it. Perhaps we will find out in her winding-up speech how quickly it will be built.

16:29

**James Dornan (Glasgow Cathcart) (SNP):** As this is my first opportunity to do so, Presiding Officer, I congratulate you on your new position and the ministers on their new positions, in particular Michael Matheson. It is always nice to see a local boy done good, so well done, Michael.

I will touch on a couple of things that Drew Smith mentioned in his wish list for Glasgow City Council. We should put some facts into the debate. The roads in Glasgow are so bad because Glasgow City Council cut the budget for them for five years straight, until two years ago. If the council had not done that, the roads in Glasgow would have been much easier for us all to drive on and it would not have been able to blame the Scottish Government, as the council has done for everything else that it has got wrong over the past

few years. Let us be honest: Drew Smith will find that it was a Labour Government that decided that high-speed rail was not coming to Scotland, so some of the responsibility lies there.

This debate is an extremely important one that can define how we move forward to improve the lives of all our citizens and, most important, the lives of those who are most difficult to reach. In my speech I will concentrate on those people, primarily from my city of Glasgow.

I spoke last week about the opportunities that the Commonwealth games will bring to Glasgow to tackle poverty, health inequality, unemployment and the self-esteem of people from all across the city. However, the Commonwealth games is not our only opportunity to take Glasgow forward and to break the cycle of infant mortality, low life expectancy and the on-going feeling of despair and worthlessness that affects far too many of its citizens.

This debate and how we move on from it can greatly benefit a people who are known for their resilience, but who now see far too many of their fellow residents flinging in the towel and retreating to alcohol or drugs. Most of us will have seen a recent high-profile BBC programme. I refused to watch it, because I did not want to take part in “poverty porn”, as Pat Kane so memorably called it, but last week I succumbed and watched it on catch-up TV due to domestic pressure—that is, “I’m watching it, so you’re watching it.” I found watching it extremely uncomfortable and at times disturbing, but it was always thought provoking. Unfortunately, I never found it particularly surprising. I have seen too many nice young kids who, in primary school, were great young boys. They were polite, with a keen sense of fun and full of energy. Although many of those kids grew up to be model citizens—some travelling halfway across the world to make a living and raise families and some making a success and a difference to society much closer to home—many of them are drunks, druggies, in jail or dead. What happened to them? Why them and not the others? Those are the questions that we should all ask ourselves, because we can see the same thing every day in our communities, if we care to look closely enough.

**Margo MacDonald:** I invite the member to sign the motion that I have before Parliament. I think that it is the 10th time I have asked the Government to set up a commission to look at who takes drugs, why they take them, why some people stop and in what circumstances, and so on. We have much to learn and we could do it if we had a mind to.

**James Dornan:** I am happy to look at the motion after the debate.

The BBC may well have focused on the most damaged and difficult people, and there may be a case for saying that the programme should not have been aired, but one thing it did is highlight again the deplorable and soul-destroying way in which some members of our society, a few but too many—they are strands in our tartan—live their lives. Yet even in that skewed view of residents, there were glimmers of hope and aspiration. However, this debate is not about a wee scheme on the outskirts of anywhere—it is about a problem that affects every town and city in the country, but particularly, unfortunately, the great city of Glasgow.

It is incumbent on each and every one of us, as politicians, to find out just how society got to the stage where some people feel that it is not for the likes of them, and to find out how they got to the stage of despair and despondency where the only thing to look forward to is oblivion. We must then use every method at our disposal to try to break the cycle of poverty, lack of aspiration and lack of respect for themselves and others that contribute to people’s feelings of hopelessness and worthlessness.

I said that it is incumbent on us all and I meant it. However, the primary responsibility for leading this charge has to lie with the Government of the day. That means us—the SNP—and I know that it is a responsibility that the Government takes extremely seriously.

We have been in power for four years, albeit as a minority Government, and will be in power for the next five as a majority Government. My view is that, despite our being in the middle of the worst economic crisis of our times, which was brought about by the careless handling of our finances by those down south, we will have failed as a Government if we do not see substantial improvements not only in the life chances of the most deprived people in our society, but in their lives. Chances are one thing, but we have to educate people to recognise and to grab with both hands opportunity, when it finally arrives. I am confident that the Government will not let me or—more important—them down. The evidence for that is clear and the appointment of Nicola Sturgeon to her new position illustrates the importance that we place on improving the economic and social wellbeing of the cities where, as I said, the most disenfranchised people live.

The focus has to be on bringing investment to the cities and on using that investment as a means of changing for the better the social problems and conditions for those who are most in need.

Our record is strong, as this Government has acknowledged the need to keep people in work during these hard financial times. Thanks to the good stewardship of John Swinney, we have also

ensured that more people have been kept in employment in Scotland than in any other part of the UK, which has benefited Glasgow greatly. Of course, under the SNP Government the council tax has been frozen for four years with the promise of its being frozen for another five; the keep well programme of health checks, which is targeted at our most deprived communities, has been extended; and prescription charges have been scrapped, which greatly benefits those who are most in need of our support. That is the mark of a progressive Government that recognises that it has a duty of care to all people in Scotland.

The Government not only recognised the incredible and long-term damage that alcohol was doing to communities, but decided to take on the vested interests of the licensed trade and supermarkets by introducing a number of measures to fight alcohol abuse, such as ending special offers in shops and continuing to educate our young people about the dangers of alcohol. Unfortunately, the one measure that I suspect all of us recognise was likely to have had the greatest impact was delayed by craven politicians desperately scraping around in the gutter for a vote, like a drunk after a weekend on the booze looking for a half-empty bottle of wine—tonic or otherwise. I am thankful that the people of Scotland saw through that shameful display of blatant politicking and called “time up” on those opportunists.

I have referred to the SNP Government’s primary responsibility. I trust it to do the right thing and ask the chamber to support it.

**The Presiding Officer (Tricia Marwick):** I apologise to Margo MacDonald for the fact that we have not been able to call her in the debate.

16:36

**Mary Scanlon (Highlands and Islands) (Con):** I agreed with much that Nicola Sturgeon said, and I agree that we still face serious challenges. I am delighted that she will continue in the health portfolio for the next five years. I also agreed with Jackie Baillie when she associated the word “challenging” with Michael Matheson. I hope that he will take up that challenge and apply it to his new public health portfolio.

Murdo Fraser spoke about better workforce planning. That is an important issue of which Nanette Milne constantly reminds us. I remind the chamber that we have a highly trained and skilled workforce that we never use—chiropractors. Not one NHS board in Scotland refers patients to chiropractors, despite the benefits that they bring.

I commend Jim Eadie, Colin Keir, Richard Lyle and Margaret McDougall for making excellent maiden speeches. I also commend my colleague

Ruth Davidson for making an excellent speech on mental health. It is wonderful to hear a new recruit speak so passionately on that issue.

The health budget accounts for one third of the devolved Scottish budget. In its report “Financial overview of the NHS in Scotland 2009/10”, Audit Scotland discussed the significant planned efficiency savings in the NHS, but it did so before looking more closely at the 36 community health partnerships. That additional layer of bureaucracy was intended to make closer working relationships between GPs, social services and the NHS. However, seven years later, all the main parties that are represented in the Parliament are committed in some way to integrating social care and health budgets because CHPs have not succeeded in doing the job that they were set up to do.

As NHS boards look for more efficiency savings while protecting front-line services, surely the starting point is the information on budgets and staffing that many CHPs were unable to give to Audit Scotland. It is a shocking fact that, according to paragraph 84 of the Audit Scotland report on CHPs,

“Not all CHPs know their management and administration costs”.

Community health partnerships were also tasked with reducing the number of emergency admissions—the cabinet secretary mentioned the issue earlier, and there will be more on it tomorrow—of older people to hospital, with greater emphasis on community care. Instead, the number of emergency admissions is rising. Money has also been invested in GP contracts to improve services for people with long-term conditions, yet the number of multiple emergency admissions for older people is rising in 30 out of 36 CHPs.

In the previous session, the Scottish Government talked a lot about narrowing the inequalities gap; one or two SNP speakers have mentioned that. However, according to paragraph 106 of the Audit Scotland report on CHPs, the health inequalities gap is widening, including in relation to deaths from coronary heart disease. There are serious challenges, but the record that I have set out is hardly a ringing endorsement of SNP management over the past four years.

As Alison McInnes said, against a challenging financial background, surely spend-to-save policies make most sense. Mental health, care of the elderly and tackling obesity are three areas that fall into that category.

In the time that I have left, I will focus on obesity. About 1 million Scottish people are classed as obese, with a body mass index—BMI—over 30 and waists over 35 inches for women or 40 inches for men. The direct NHS costs that were

attributable to obesity in 2010 came to £175 million. Seventy per cent of obese people suffer co-morbidities such as type 2 diabetes, cancer and heart disease, not to mention other illnesses such as sleep apnoea. Even the best treatments are not successful for every patient. The 100,000 Scots with a BMI over 35 and with co-morbidities undoubtedly need more radical treatment, as is stated in Scottish intercollegiate guidelines network guideline 115, "Management of Obesity". Paragraph 14.7 states:

"Bariatric surgery should be considered on an individual case basis following assessment of risk/benefit in patients"

with

"BMI  $\geq 35$  kg/m<sup>2</sup>"

and the

"presence of one or more severe comorbidities which are expected to improve significantly with weight reduction (eg severe mobility problems, arthritis, type 2 diabetes)."

Given the cost effectiveness of bariatric surgery and the fact that thousands of Scots are willing and able to undergo surgery and would benefit from it, why is it only offered to fewer than 200 people in Scotland each year? Such surgery would reduce the need for people in Scotland to go to Europe for surgery, in particular to eastern European countries where there is none of the essential follow-up care. On average, patients lose 58 per cent of their excess weight following bariatric surgery. That, in turn, benefits the treatment of diabetes, sleep apnoea, heart conditions, circulation problems and other conditions.

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

**Mary Scanlon:** My final question is—I have 14 seconds left—to ask that, instead of spending £175 million on treatment of obesity, can some of that resource be used instead for surgery to ameliorate the various conditions that I have discussed?

16:42

**Dr Richard Simpson (Mid Scotland and Fife) (Lab):** I welcome Michael Matheson to his new post. I look forward to working with him in as collegiate a manner as we did when we worked together on the Health and Sport Committee, which was a very successful committee in the previous session.

This has been a wide-ranging debate, notable for some excellent first speeches. It demonstrates the challenge that lies ahead for the SNP Government, for the new Health and Sport Committee and for the Parliament as a whole. It is evident, as Colin Keir and others said, that there are many areas in which we can work together constructively if the Government wishes to engage

with the Opposition parties. I say to Sandra White, however, that if laying out the facts is negative, she will be very disappointed in the course of this session, as it will be the duty of the Opposition to lay out the facts clearly, particularly where they are irrefutable.

We can agree on the extent of the democratic challenge that faces us. We can also agree that, whereas life expectancy has increased and improved under both Administrations since devolution, there has not been an improvement of any great substance in the quality of life. That is what is important—it is one of the big challenges that face us. The next five years will be a period of unparalleled austerity, notwithstanding the intention of the Government to protect health spending.

Good progress has clearly been made, and I agree with the cabinet secretary that a good foundation has largely been laid. Huge progress has been made, in particular, on waiting times. The patient experience, to which the cabinet secretary also referred, is really good in Scotland—it is better than in the rest of the UK. There is common purpose, certainly between Labour and the SNP, on the way forward and on the general direction of not engaging in the sort of mass privatisation and engagement of the private sector that is occurring south of the border.

I welcome the fact that the cabinet secretary has dropped some of the pledges that were made in the SNP's manifesto of 2007, which were not appropriate. One example was not reducing the number of acute beds. They were actually reduced by 4,000 in the course of the previous session. The cabinet secretary has now dropped that target, which is correct. If we can shift the balance of care—almost every speaker has referred to that—it could result in a reduction in the number of acute beds. We will see.

It is important that the Government comes clean about the nature of finance. John Appleby, the chief economist at the King's Fund, to whom Margaret McDougall referred in her maiden speech, made clear the differences between England, where there is a predicted reduction of 0.9 per cent, and Scotland, where there is a real-terms reduction of 3.3 per cent. The Scottish Parliament information centre has said that the reduction is 0.3 per cent. I call on the Government to make clear the likely and predicted reduction in expenditure, because we must start from a basis of clarity if we are to identify the challenges ahead.

Central to forward planning will be tackling workforce issues and efficiency savings, to which the cabinet secretary referred. To those issues I add tackling variation, which is fundamental.

As Murdo Fraser said, there is already a lack of employment and opportunity for many graduates. We have heard about the 56 out of 80 speech and language therapy graduates who were chasing one job, which none of them got, because a band 6 from England got the job. There are clearly problems. I recognise that the Government is not responsible for admissions to the allied health professions, but we must make common cause with the universities so that admissions policies reflect the workforce that we are likely to need.

Neither Audit Scotland nor the Health and Sport Committee in the previous session of the Parliament was able to determine whether efficiency savings are real—the committee was very critical of that. We need to identify what are real savings within the £300 million figure and what are not appropriate savings. For example, simply not replacing staff when vacancies occur, without undertaking adequate risk assessment, is dangerous and places enormous stress on front-line workers. Members mentioned the RCN briefing in that respect. The issue is important.

Variations are massive, as is shown by Audit Scotland's report, by the Scottish patients at risk of readmission and admission data and by the prescribing data—there is massive variation in levels of prescribing. There is also massive variation in referral data. The data on day-case surgery also vary hugely: NHS Fife has achieved the 70 per cent target for the 19 procedures, whereas Tayside's rate is much, much lower, at 20 to 25 per cent. The continuation of unnecessary surgical procedures in Scotland must also be addressed.

We will debate care of the elderly tomorrow in detail, but on bed blocking, the setting in 2008 of the target of zero for what is described as delayed discharge was not followed—in a period of growth—by an attempt to tackle the fact that people who had not reached the six-week limit were still waiting to be discharged. Those numbers have doubled, from 439 to 780. The area is important and needs to be looked at.

Malcolm Chisholm referred to lead commissioning and how we can work with CHPs. I will talk more tomorrow about CHPs and the really unwelcome failure to integrate services that we all wanted.

Joe FitzPatrick talked about the case of Mrs V, to which we will also return in tomorrow's debate.

We can make common cause on cancer. There has been a welcome reduction in cancer waiting times. Early diagnosis, to which the Government has committed substantial funding, is important. Three elements are equally important in that regard: public awareness; GP access to testing—it is important to consider variations in GP

recognition of signs and symptoms in that regard; and delays in seeing a consultant. Labour thinks that there can be a reduction in delays without the need for massive funding. However, that will require improved access to testing.

A number of members mentioned health inequalities. Bob Doris made a notable intervention on the matter and Jim Eadie mentioned it in his welcome first speech. Premature deaths in areas of deprivation are strongly linked not just to health but to housing, unemployment, intergenerational attitudes and poor access to healthcare at primary and secondary level. The report of the Westminster Public Accounts Committee, "Tackling inequalities in life expectancy in areas with the worst health and deprivation", was one of the most incisive and devastating analyses of failure that I have read.

We have all failed to tackle health inequalities—I do not exempt any of us. We have all had the desire to tackle health inequalities, but we have not done it. The GPs at the deep end steering group, to which members referred, said that we must look not at equality but at equity of distribution of resources. We must focus resources on areas of deprivation. That might involve revisiting the technical issues to do with NRAC.

I do not have time today to discuss many issues, but dealing with smoking remains our number 1 priority. On issues to do with alcohol, we will work with the Government—but I am fed up with people talking about there being political opportunism on minimum unit pricing. Those who say that there is should read the new paper by Jonathan Chick on harmful drinking in Edinburgh, which is absolutely fascinating. I hope that the Government will publish the affordability index with the Seabrook amendments, test the Sheffield formula against the most recent data, and publish details of the research to be undertaken.

**The Presiding Officer:** The member must wind up now.

**Dr Simpson:** I will wind up as I started—by saying that there are many areas in which we can co-operate. I hope that the Government will work with us in those areas, but there are other areas in which we will remain a critical, if constructive, Opposition.

16:51

**The Minister for Public Health (Michael Matheson):** I thank members for their kind words on my appointment as Minister for Public Health. Had you been here earlier on, Presiding Officer, you might have been forgiven for thinking that you were in a meeting of the Partick Thistle supporters club, as a number of us have participated in this debate. However, I was surprised that Patricia

Ferguson pointed out that I support Partick Thistle even though I represent Falkirk West. Falkirk Football Club is based in my constituency, so it is a challenge supporting Partick Thistle. However, Stenhousemuir and East Stirling are also based in my constituency, so by supporting Partick Thistle I can neutralise the issue at a local level.

Several important points have been made during this debate, and unfortunately I will not be able to address them all during these closing remarks. However, I will do my best. If necessary, I can write to members on any outstanding issues.

A number of important points were made with regard to the cabinet secretary's responsibilities for the cities strategy, and those contributions have demonstrated the need for us to have a stand-alone debate on the cities strategy. The cabinet secretary has given assurances that such a debate will be held at a later date.

In working on Scotland's healthcare, the Government is absolutely committed to ensuring sustainable quality in our healthcare services everywhere in Scotland. With the demographic and economic challenges that lie ahead, we are clear that, although the right decisions will have to be made, at times they will be difficult. We are also clear that those decisions will have to be made on the basis of a paradigm shift in the way in which healthcare services are delivered in the future. Marginal change will not deliver the quality or sustainability that we—and, rightly, the public—expect from our healthcare system.

When we ask patients, carers, staff and other interested people about what they regard as the top priorities in healthcare in Scotland, they give a clear answer. They want a system that treats patients with care and compassion; they want clinicians to communicate clearly and to give clear explanations about treatments and people's conditions; they want effective collaboration between clinicians, patients and others who may be involved in an individual patient's care; they want to be treated in a clean and safe care environment; and they want continuity of care between the acute care sector, the primary care sector and the social care sector—they want the process to be joined up. People also want Scotland's healthcare system to lead in clinical excellence—leading the world in the ways in which people can be treated more effectively for a whole range of conditions. We must have a healthcare system that reflects the priorities of the people of Scotland.

Members have highlighted a number of priority areas. I turn first to the issue of financing our NHS. Some of the contributions from Labour members were a little difficult to listen to, as this SNP Government was criticised over the budget settlement for the NHS this year. Only the SNP

went into the election committed to protecting the budget of the NHS and ensuring that it continued. In Scotland, per head spending on health services is greater than it is in England. It is important to keep that in context. Also, between September 2007 and September 2010, the total number of staff employed by the NHS in Scotland rose by 3.6 per cent, compared with a rise of only 3.2 per cent in England.

There is clearly a challenging road ahead in financing our NHS, but significant progress has been made. Under the SNP Government—

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

**Michael Matheson:** I want to make some progress first.

Under the SNP Government, the cancer waiting time target was achieved. During the past few years, we have also been able to reduce the number of people who have died from heart disease and stroke; we have reduced infection rates within our NHS; and health boards, although they have made efficiency savings of £300 million over the past year, have also achieved the lowest waiting times within the NHS. The SNP Government has also committed to the biggest capital investment in the health service in Glasgow—to the tune of £842 million—through the Southern general hospital, which has been funded through public sector capital expenditure.

**Margo MacDonald:** I thank the minister for giving way during his short speech. However, I must have an assurance from the Government that in no way will the replacement for the Edinburgh sick kids hospital be undermined by the current difficulties in funding it. I would like to have that assurance now, because there is much concern in Edinburgh about that situation.

**Michael Matheson:** I assure the member that the Government is fully committed to the provision of the sick kids service here in Edinburgh and that that will remain the case.

I want to make progress on a few other issues that have been raised during the debate. Margaret McDougall made a point about NRAC and the way in which the allocation of funding is made under that system. I am not entirely sure that Margaret McDougall is aware that NRAC takes deprivation into account when allocating funding. There is also a technical advisory committee looking at some of the issues that the system has with remote and rural areas.

Several members have raised the issue of health inequalities, and the Government has put in place a number of measures to tackle health inequalities in Scotland. One of those measures is the early years strategy, which is about early intervention. Derek Mackay made a strong point

about trying to intervene to avoid crises developing in individuals' lives. We have also introduced the equally well and achieving our potential programmes. Alongside those measures, the Government abolished prescription charges, thus ensuring that the final element of taxation on people's ill-health was removed.

A significant amount of work has been done on health inequalities, but I recognise that some of the elements around that issue in Scotland are deeply embedded. I am sure that all members acknowledge that there is no simple or quick solution in tackling such problems, which have become embedded over generations. I suspect that it will take generations for us to address those problems and to achieve an effect that will satisfy us all.

I turn to caring for older people. Earlier, Jim Eadie made a strong contribution to the debate and that issue will be debated further tomorrow. Improving the quality of care for older people is a key priority for the Government, but it is worth keeping in mind Scotland's changing demographic. People in Scotland are living longer, which is a good thing, but by 2033 the number of people who are aged over 60 will have increased by approximately 50 per cent. In itself, that might reflect the fact that people are living healthier lives and that some of the health improvement initiatives that we have introduced are bearing fruit. However, that change will also impact on the funding of services.

In 2008, approximately £4.5 billion was spent on health and social care for people who are over 65. Of that, £1.1 billion was spent on social care and the other £3.4 billion on NHS care. If those costs are projected across the demographic changes that are taking place in Scotland, by 2016 we will have had to invest a further £1 billion in those services, and a further £3.5 billion will have to be invested by 2031. As we shape our future health and social care programmes, it is essential that we recognise that those highly significant demographic changes are taking place.

A number of members raised the integration of health and social care, which remains a priority for the Government—we will continue to pursue that, to ensure that the issue is addressed effectively.

On mental health, we have made a commitment to look at introducing further policies such as a programme to improve child and adolescent mental health services and a new programme for advancing the treatment of people with mental health problems.

I am acutely aware of the responsibility that the people of Scotland have placed on our shoulders to ensure that we have a health service that provides the quality of care that they deserve and

from which future generations will benefit. The chamber can be assured that this Government will make the decisions that are necessary to ensure that we have a healthcare system that is fit for the 21st century.

## Business Motions

17:01

**The Presiding Officer (Tricia Marwick):** The next item of business is consideration of business motion S4M-00233, in the name of Bruce Crawford, on behalf of the Parliamentary Bureau, setting out a revision to the business programme for Thursday 9 June 2011.

*Motion moved,*

That the Parliament agrees the following revision to the programme of business for Thursday 9 June 2011—

delete

2.30 pm Scottish Government Debate: Scotland Bill – Borrowing Powers and Growing the Scottish Economy

*followed by* Parliamentary Bureau Motions

5.00 pm Decision Time

*followed by* Members' Business

and insert

2.00 pm Ministerial Statement: Rural Schools

2.30 pm Scottish Government Debate: Scotland Bill – Borrowing Powers and Growing the Scottish Economy

*followed by* Parliamentary Bureau Motions

5.00 pm Decision Time

*followed by* Members' Business—[*Paul Martin.*]

*Motion agreed to.*

**The Presiding Officer:** The next item of business is consideration of business motion S4M-00232, in the name of Bruce Crawford, on behalf of the Parliamentary Bureau, setting out a business programme.

*Motion moved,*

That the Parliament agrees the following programme of business—

Wednesday 15 June 2011

2.30 pm Time for Reflection

*followed by* Parliamentary Bureau Motions

*followed by* Scottish Government Debate: Taking Scotland Forward - Justice

*followed by* Business Motion

*followed by* Parliamentary Bureau Motions

5.00 pm Decision Time

*followed by* Members' Business

Thursday 16 June 2011

9.15 am Parliamentary Bureau Motions

*followed by* Scottish Government Debate: Taking Scotland Forward - Education and Lifelong Learning

11.40 am

General Question Time

12.00 pm

First Minister's Question Time

2.15 pm

Themed Question Time

Finance, Employment and Sustainable Growth

2.55 pm

Scottish Government Debate: Scotland Bill - Scottish Broadcasting and the Scottish Digital Network

*followed by*

Parliamentary Bureau Motions

5.00 pm

Decision Time

*followed by*

Members' Business

Wednesday 22 June 2011

2.30 pm

Time for Reflection

*followed by*

Parliamentary Bureau Motions

*followed by*

Scottish Government Business

*followed by*

Business Motion

*followed by*

Parliamentary Bureau Motions

5.00 pm

Decision Time

*followed by*

Members' Business

Thursday 23 June 2011

9.15 am

Parliamentary Bureau Motions

*followed by*

Scottish Government Business

11.40 am

General Question Time

12.00 pm

First Minister's Question Time

2.15 pm

Themed Question Time

Justice and the Law Officers;  
Rural Affairs and the Environment

2.55 pm

Scottish Government Business

*followed by*

Parliamentary Bureau Motions

5.00 pm

Decision Time

*followed by*

Members' Business—[*Paul Martin.*]

*Motion agreed to.*

## Decision Time

17:02

**The Presiding Officer (Tricia Marwick):** There are no questions to be put as a result of today's business.

## Green Investment (Edinburgh)

**The Presiding Officer (Tricia Marwick):** The final item of business is a members' business debate on motion S4M-00096, in the name of Marco Biagi, on green investment in Edinburgh. The debate will be concluded without any question being put.

*Motion debated,*

That the Parliament welcomes Vince Cable's acknowledgement of Edinburgh's position as a frontrunner for the location of the new green investment bank; would welcome a united campaign supporting Edinburgh as the location; considers that the city is supremely qualified to be a location for the bank as it has expertise in the sectors relevant to what are expected to be the proposed bank's future activities, and hopes and looks forward to the 50 to 100 highly skilled jobs that it has been estimated that the bank would bring and the vote of confidence in Scotland's future that an Edinburgh-based green bank would represent.

17:03

**Marco Biagi (Edinburgh Central) (SNP):** It is my pleasure to open the first members' business debate of the fourth session of Parliament. I begin by recognising the work that has been done since the campaign started last September, which has been led by the Edinburgh Chamber of Commerce, the City of Edinburgh Council, the Scottish Government and its agencies, and parliamentarians from all parties.

I am a relative newcomer to the issue, but I wanted to give Holyrood an early opportunity to place firmly on the record our support for the project, which runs across all parties and all regions of Scotland. As a Parliament, we will disagree on many details, such as the role of the fossil fuel levy in the green investment bank. Those differences of opinion are real, but they are normal; we cannot wish them away, nor should we seek to. Their existence just serves to highlight how significant a development it is when we do agree. The Parliament is at its best when it is in agreement. Together we united to pass the Climate Change (Scotland) Act 2009 and together, I think, we are united in supporting Edinburgh as the natural place, the logical place, and in all respects the best place for the green investment bank.

I speak as the member of the Scottish Parliament for Edinburgh Central, and two key considerations stand out for me in this matter—that the green investment bank would be good for Edinburgh, and that Edinburgh would be good for the green investment bank. What benefits would the bank bring to Edinburgh? As the motion states, the United Kingdom Government, in its May update paper on the GIB, estimated direct employment from the institution of between 50 and

100 jobs and direct capital of about £3 billion, which will be rolled out in three stages up to 2015. That might seem quite modest compared with, for example, Standard Life, which has just shy of £200 billion in capital and thousands of employees, but the impact on Edinburgh should not be measured in such narrow terms.

In the election, we in the Scottish National Party presented an ambition for the whole of Scotland that was built on our vision of Scotland playing a central role in the low-carbon industries of the future. The people of Scotland endorsed that vision overwhelmingly, and those industries are already significant. In 2009, 10 low-carbon exports from Scotland totalled £845 million and growing, and they will grow further. HSBC predicted in "Sizing the climate economy" last September that the global market in low-carbon industries will reach \$2.2 trillion by 2020. As with all things these days, the most important market is estimated to be China, but I do not want our renewables revolution to be built wholly on imported Chinese technology.

As Mary Scanlon alluded to last week in our debate on green energy, there is a problem in that green investments in Scotland can be porous. We are not yet at the centre of the technology. For example, about half of all wind turbines in the world are made in Denmark. As a country, we in Scotland have for many years run the risk of being on the edge of developments, of being a branch economy and of being an importer. As I said in the green energy debate, the prize of the GIB is to be at the heart of the financing of new technologies—offshore wind, energy efficiency and waste reduction. Through steps such as the Saltire prize, the leasing agreements and the 100 per cent renewable energy target, together with the sheer political will that is being shown in Scotland, as a country we are starting to take our rightful place in the development of the technologies. However, as a global financial centre of long standing, Edinburgh has its own specialist niche to fill in the new economy. The GIB would put Edinburgh firmly on the global low-carbon investment map.

Convincing Edinburgh of those benefits is not the hard part. Convincing Westminster is more of a challenge. However, it is now widely acknowledged that the only credible bids on the table are those from Edinburgh and London. If I was Vince Cable, I would be a little bit worried, because for civil servants in Whitehall it has gone from being a default, almost as far as to become a reflex, that when a new institution is set up, it is set up within sight of the Thames. It would be the easiest thing in the world for the machinery of the relevant department just to continue the habits of a lifetime, but the case that has been put forward for Edinburgh is formidable. It was tremendously well presented in the March business case that was compiled by Grant Thornton and put forward by

Edinburgh Chamber of Commerce, which—with their forbearance, I hope—I will now shamelessly plagiarise.

At the heart of the business case is a simple proposition:

"Edinburgh is the only location in the UK which can bring finance and the clean energy industry together in a single location ... To support successful commercialisation, it is important that the GIB is closely connected to where the action is."

Some 38,000 people work in financial services in Edinburgh. Our financial sector continues to outperform that of the UK as a whole. Assets under administration in Scotland are estimated to total £1.3 trillion, and with tax increment financing, Scotland is also beginning to be at the forefront of innovation in project financing, just as we are—through Aquamarine, Pelamis and others—increasingly at the forefront of innovation in technology. We are indeed "where the action is." In fact, our green potential has been praised in the chamber so often that listing our share of Europe's offshore resource has become almost a cliché, so here is a different illustration. Our peak demand for electricity in this country is around 6GW; our practical offshore resource is a little over 206GW.

All of that goes without saying. I could spend every minute of every debate for the next five years shouting from the rooftops the virtues of my new constituency, but I think that I would try the patience of other members. Therefore, I say that although I was elected by Edinburgh Central, it was to serve as part of the Parliament of Scotland for all of Scotland, and all of Scotland stands to benefit from the investment. Members from other parts of Scotland will testify to that, and I look forward to their contributions.

I hope that, today, we can come together as parliamentarians across our divides to state the case not just for Edinburgh but for Scotland. In that spirit of consensus, let me—for the first and perhaps the last time—quote the Secretary of State for Scotland, who said of Edinburgh that

"the city's strategic location and financial expertise make it an ideal place to locate the Bank."

I could not agree more, and I hope that his own colleagues are in as much agreement with him as I am. Locating the GIB in Edinburgh would be a sign to one of the world's fastest-growing industries that Scotland is open for business.

**The Deputy Presiding Officer (John Scott):** I call Mark McDonald to be followed by Sarah Boyack.

17:11

**Mark McDonald (North East Scotland) (SNP):** Thank you, Presiding Officer. You caught me

slightly on the hop as I was not expecting to be called quite so soon, but there we go.

I begin by congratulating my colleague Marco Biagi on securing his first, and indeed this session's first, members' business debate. Some people will be asking why this man from the north-east is speaking in a debate that relates to locating the green investment bank in Edinburgh. Marco Biagi summed it up well at the end of his speech when he said that the bank would benefit the whole of Scotland, not just Edinburgh, and the north-east obviously has a particular interest.

Aberdeen—and the north-east in general—is the base of the offshore sector and is widely regarded as Europe's oil capital and offshore energy capital. A great number of transferable skills in the industry can directly transfer to the renewables sector.

In my maiden speech, I alluded to the importance of keeping as much money in and flowing around the Scottish economy as possible. I used the example of a community scheme in Aberdeenshire where, sadly, the money had to be borrowed from overseas to finance a project. Anything that can be done to keep money circulating in the Scottish economy should be done.

We in Aberdeen have acute experience of dealings with Whitehall when it comes to financing for energy. I invite Marco Biagi and anyone else to speak to some of the key players in the offshore industry in Aberdeen about the dealings that they have had. They are not always entirely complimentary, so anything that we can do to bring the decision making in finance much closer to where the action will be is entirely appropriate. I therefore commend Marco Biagi for his approach.

I recognise and understand that a large number of members will want to contribute, some of them with a much greater geographical proximity to Marco Biagi's constituency and the location itself. However, I think that it is important that we send a message that this issue is not just Edinburgh focused but Scotland-wide.

**Kezia Dugdale (Lothian) (Lab):** The member will be aware that the green investment bank is a United Kingdom initiative and that the business case for Edinburgh recognises that it is as important for us to draw from expertise in Newcastle as in Aberdeen. Does he accept that that is to Edinburgh's strength?

**Mark McDonald:** Absolutely, but the key point is that we want to headquarter as much of the renewables market, including the investment bank, here in Scotland. We are undoubtedly the nation that will lead the way in renewable energy.

Before Kezia Dugdale intervened, I was just about to say that all too often in Scotland we can be tribal between our cities, with different cities claiming right over other cities. However, this is one issue on which we as a nation can unite. All cities in Scotland can unite behind Edinburgh's case because it will be to their benefit.

17:14

**Sarah Boyack (Lothian) (Lab):** I congratulate Marco Biagi on securing his first members' business debate and on choosing such an excellent topic. It is highly appropriate that we debate the issue as one of our first members' business debates in this Parliament. In the previous Parliament, there was strong support for the green investment bank across all the parties, which I hope we will see again tonight—in fact, I am sure that we will.

I agree with Marco Biagi's comments about the excellent work that has been done by Edinburgh Chamber of Commerce. It is not enough to assert that Edinburgh would be an excellent place to locate a green investment bank; the real detailed work and the business case have been absolutely crucial. The fact that there is a serious competition between Edinburgh and London is the result of that excellent work by the chamber of commerce, which has lobbied mercilessly and effectively over the past few months. It is important that we all agree on the issue in this early debate. In the previous Parliament, a Labour amendment attracted cross-party support, and there is strong support both here and at Westminster for locating the green investment bank in Edinburgh.

As a Lothians MSP, I support the case for locating the green investment bank in Edinburgh not just for the jobs that it would create, much as I would welcome those, but for the significance of having it here. It is not a question of its being good for Edinburgh; Edinburgh is simply the best location for it in the UK considering the huge investment that we have already made in the renewables industry and the fact that we already have the legal and financial expertise in Edinburgh from companies doing deals at the moment for the massively ambitious raft of renewables projects in Scotland, particularly in offshore renewables. Much of that work is being undertaken in Edinburgh, as can be seen from the fact that renewables companies are choosing to base themselves in Edinburgh. Given the future expansion in low-carbon industries across Scotland, it makes sense for the green investment bank to be located in Edinburgh, and one has only to look at Edinburgh's higher education and research capacity to see the expertise that is on tap.

There is also access to key sectors in Scotland through the links to Glasgow and Aberdeen, which are only an hour or two hours' drive or train journey from Edinburgh. Up the east coast, there are renewables developments in Fife, Dundee and Aberdeen. Whether in renewables or low-carbon technologies, there are already industries working in those areas and we would see further opportunities if the green investment bank were located here. There is also the proximity of the Orkney test centre to be considered. All of those are real projects and developments in Scotland that are leading the way.

As well as the links within Scotland between Glasgow and Edinburgh and between Aberdeen and Edinburgh, which would enable that work to take place, there are important links between Edinburgh and the rest of the UK and excellent links between Edinburgh and other parts of the world. So, there would be a value to the UK Government in locating the green investment bank in Edinburgh. Also, the cost of locating it in Edinburgh would be a lot less than the cost of locating it in London, which must be good in terms of value for money. I really hope that the UK Government makes the right decision on the issue.

As Scottish and Southern Energy comments, establishing the green investment bank in Edinburgh would give a level of scrutiny and visibility to the green investment bank that would help it to become the high-performing, delivery-focused institution that it has to be if it is to be successful. If the £3 billion of investment is to be spent wisely, the green investment bank must be able to tap into existing research and development and existing projects. We have the expertise in Edinburgh and across Scotland to make that successful. If the UK is to come out of the recession successfully, the green investment bank will be absolutely critical in building the capacity of our existing industries. That is why Edinburgh is the natural location for it, as Friends of the Earth suggests. I hope that the UK Government will see the massive benefits of that. As Ron Hewitt has put it succinctly, the value for money, the expertise and the greater opportunities for clean energy and the low-carbon sector all make the case for Edinburgh. We have an excellent business case in front of us.

One of the benefits of our being part of the UK is the fact that we can seriously bid for the green investment bank to be in Scotland and potentially be successful. It would be part of a wider global UK economic push for renewables. Let us look for the £3 billion investment to maximise the current private investment in Scotland and make the most of the Scottish Government's investment in ports and infrastructure. We need this bank in

Edinburgh not just for Edinburgh's sake, but for the sake of the wider Scottish and UK economies.

17:20

**Gavin Brown (Lothian) (Con):** I congratulate Marco Biagi on securing the debate and on his speech. Mr Biagi acknowledged, as did Sarah Boyack, the outstanding work that Edinburgh Chamber of Commerce has carried out in leading the Edinburgh green investment bank group. It is right to commend the business case that it produced, in conjunction with Grant Thornton. In producing that good piece of work, it was assisted by contributions and sponsorship from engineers, banks, professional services, utilities, lobby groups and academia. The involvement of all those groups demonstrates Edinburgh's strength in relation to many of the Government's criteria.

It is important that we focus on the three broad criteria that are set out on page 26 of the Government's document "Update on the design of the Green Investment Bank". The first is "Ability to fulfil the GIB's mission", the second is "Ease of access to the talent pool" and the third is "Commercial costs". The first criterion involves close proximity to the players in the wider green and financial markets. It is clear that Edinburgh scores pretty highly there. With regard to private sector financiers, we are the fourth-largest financial centre in Europe, and Lloyds Banking Group and RBS contributed to the business case as sponsors. This city and this country are strong in banking, asset servicing—as we heard in an announcement last week—asset management, project finance, insurance and private equity. We have everything in Edinburgh with regard to private sector finance.

We are strong in project sponsors, by which the Government means utilities and waste companies. The business case was sponsored by two of the largest utilities in the United Kingdom. We are strong in specialist advisers, and we are strong in one of the other criteria: green thought leadership. Edinburgh, via the Edinburgh Chamber of Commerce, hosted the first ever Scottish low-carbon investment conference, which was an enormous success and gained us plaudits from all over the UK and Europe. Further, although it is based in Glasgow, Scottish Renewables is active in Edinburgh. That hugely impressive industry group can claim to exhibit green thought leadership. We are therefore strong on the ability to fulfil the mission.

We are also strong with regard to the second broad criterion, which is ease of access to the talent pool. We have always had a skilled and well-qualified workforce, and, as the business case points out, 11 universities are within one hour's drive of the city and there are 87 low-

carbon and environmental research centres in central belt universities.

The third criterion—commercial costs, which includes rental costs and the costs of recruiting advisers and employees—has also been touched on. Edinburgh's rental costs per square foot are around half of those in London, so we are extremely competitive compared with London and most other cities in the UK.

Edinburgh has the critical mass of activity that is required to make an impact with the green investment bank. We are strong in financial services and we are strong in green energy. As others have said, the green investment bank's identity will be more distinctive if it is located outside London. For all of those reasons, the Scottish Conservatives support the green investment bank being located in Edinburgh.

17:24

**Tavish Scott (Shetland Islands) (LD):** I want to widen the debate geographically and in terms of the bank's role. First, however, I congratulate Marco Biagi on securing this debate and encourage him and the other Edinburgh and Lothians members who have pushed the argument today to continue to make it.

Marco Biagi said that Vince Cable's civil servants had a default position that everything had to be located on the Thames. I see that Fergus Ewing is to respond to the debate. He and I cheerfully jostled in previous parliamentary sessions on Edinburgh civil servants' default position about where they wished organisations to be located. That position is no problem for Mr Biagi, who would like all organisations to be in Edinburgh. However, as Sarah Boyack will well remember, several pretty vigorous debates took place about where certain large organisations in Scotland might be located. Believe me, the default position was Edinburgh and not anywhere else. Mr Biagi makes a point about London, but it is equally applicable to how we do such things in this country, too.

The arguments are well made, and members from across the chamber have eloquently described them. Mr McDonald made a fair point about the north-east and Aberdeen. Robert Carr, the president of Edinburgh Chamber of Commerce, which Gavin Brown, Sarah Boyack and others have mentioned, said that if the bank came to Scotland—as I and my party hope—Edinburgh would become

“the renewable energy capital of Europe”.

That would, of course, be news to Aberdeen. I suspect that a fairly lively debate will continue about that—indeed, I stood next to Alex Salmond

at a hustings in the recent election campaign when he made rather that point about Aberdeen. However, I hope that Mr McDonald—and, in fairness, others—will reflect on the bank as a prize for Scotland and will put aside all other debates about the competing cases of cities, because the prize is worth winning.

On the wider point, I will reflect on what the bank must do. We can argue on a cross-party basis in the Parliament for the organisation to be based in Scotland but, in a week when Scottish Power has increased energy prices by 19 per cent and when utility prices are at an all-time high—the average cost is £1,162 per annum per household in Scotland—consumers will ask us, no matter who or where we represent, what the bank will mean for them. I suspect that the wider and stronger argument will be about what clean, green power will mean for energy prices that our constituents pay, whether they pay business or household bills. In my part of the world, the argument is about the percentage of household income that is spent on keeping the home warm.

I suspect that the green investment bank will play an enormous role in energy policy in the future. The direct question will be about what energy policy means for consumer prices the length and breadth of Scotland. If truth be told, not too many politicians are answering that question. The remorseless increase in price that we and our constituents face has not yet been answered by the whole green energy movement—by every business from the Scottish and Southern Energys and Scottish Powers of the world right down to the smallest and most innovative new energy businesses that are producing incredible pieces of engineering kit that are being placed around our coasts or in other areas.

Consumers will ask us not only whether we will keep the lights on but how power will be produced and whether prices will reduce or continue their remorseless rise. That fundamental issue for investment policy and energy policy will have to be considered for the future. Our constituents feel the economic pain of ever-rising utility prices. In bringing the green investment bank to Scotland, that is the bigger issue that all of us—no matter what party we are in—will have to confront.

17:29

**Rob Gibson (Caithness, Sutherland and Ross) (SNP):** I congratulate Marco Biagi on securing the debate at this time. I have been involved in the issue from the start of the campaign and I am delighted that it has reached its current stage.

I will take up Tavish Scott's remarks. I ask members to cast their minds back to a report of 5

October last year on the views of the Office of the Gas and Electricity Markets, which said that £32 billion of new infrastructure was needed in Britain to carry electricity here, there and everywhere. The report said:

“Gas and electricity charges will have to rise by an average of £6 per household a year over the next 10 years”.

We have to recognise that in the past energy was paid for directly through taxation and people did not notice the way in which the infrastructure was built. We are now in an age when private companies build infrastructure and seek finance out in the open. We also have to recognise that the replacement of fossil fuel production with the new energies will have an up-front cost. That is the difficulty from the point of view of dealing with fuel poverty and what people have to pay. The green investment bank is part of the argument about how we can get the job done.

When we took up the case for the green investment bank, we witnessed arguments with the Royal Bank of Scotland, which has made large investments in energy, although mainly in coal, oil and tar sands around the world, rather than in the renewable energies in Scotland—or Britain, for that matter. The argument for the green investment bank was that there had to be a publicly led bank that, working on sound banking principles, was able to ensure that we had sources of cash for renewable energies and could draw in cash from other banks, so that we could have the kind of investment that I am talking about.

Just this week, we have seen news about rebranding and sales in relation to SeaEnergy, which has partners for offshore wind farms in the Moray Firth and off Inch Cape. One of the points made in the recent stories about SeaEnergy's recent sale is that:

“The sale took a year to secure and came after SeaEnergy said it couldn't obtain the necessary funding to develop the three-year-old business.”

The point about getting the funding for offshore wind production is obvious: there has to be a source of funding that is sensible and available sooner rather than later.

We have a financial services hub in the centre of Scotland that has built up despite the recession and which has 300-year-old skills behind it. American firms are moving in here at a time when we are in the process of moving out of the recession—asset managers, insurance and other financial services have also been mentioned. We must build on that belief in Edinburgh as a financial hub to ensure that the investments provide a good return and that Scotland and the rest of Britain get a good return on the development of renewable energies.

There is an awful lot to say on this subject. As a north of Scotland member, I am delighted to recognise that we are looking to the green investment bank to provide the bridge towards securing the funds that will help develop the Moray Firth renewables scheme, the Beatrice offshore wind farm, the development at Inch Cape and so on. In the Scottish context, it is vital that the Edinburgh case is made. I hope that it has every success. It has had my support from the start and it has cross-party support. We will go on from here with the Parliament speaking with one voice.

**The Deputy Presiding Officer:** Given that there are two members still to speak in the open debate, to be followed by the minister, and that there is limited allocated time remaining, I invite any member to move a motion without notice, under rule 8.14.3, to extend members' business by up to 30 minutes.

*Motion moved,*

That, under Rule 8.14.3, the debate be extended by up to 30 minutes.—[*Sarah Boyack.*]

*Motion agreed to.*

17:33

**Malcolm Chisholm (Edinburgh Northern and Leith) (Lab):** I congratulate Marco Biagi on securing this important debate. I apologise to him and the minister for leaving soon; I am chairing a meeting of the cross-party group on cancer, which was supposed to start four minutes ago.

Like Marco Biagi, I will “shamelessly plagiarise” the excellent report by Grant Thornton and the Edinburgh Chamber of Commerce, which is an important report in terms of winning the arguments in London—I imagine that there is not really any need to win the arguments in this chamber.

Before I turn to some points made in the report, I will quote Friends of the Earth, which is always worth quoting on these matters. It stated not only that

“A properly funded Green Investment Bank with real borrowing powers could play a really positive proactive role in speeding transition to a low carbon future”,

but that locating the bank in Edinburgh will serve to

“exploit an impressive concentration of skills and expertise in clean energy and finance.”

In a way, that sums up the whole case, but it is clear that the matter has to be gone into in more detail.

The case for locating the UK green investment bank in Edinburgh centres on the city's unique position in the development of the clean energy and renewables sector combined with the fact that it is ranked as the fourth largest financial centre in

Europe. I am sure that we all agree that it is essential that we succeed in commercialising the sector in order to deliver on our climate change objectives, and Edinburgh is ideally placed to advance an effective collaboration between industry and finance.

I would like to highlight some of the arguments that are made in the report. It says:

“Edinburgh is the only location in the UK which can bring finance and the clean energy industry together in a single location.”

The industrial hinterland of the area, in oil and gas as well as clean energy, supplies an unrivalled source of experience and skill, which may be harnessed in support of effective commercialisation. It may be surprising to some people that oil and gas are mentioned in the report, but many skills from the oil and gas industries can be transferred to renewable energy. All the offshore sources of renewable energy illustrate that most obviously.

A location outside London will also provide all the benefits of achieving the geographical spread of a successful clean energy sector across the UK while maintaining the benefits of integration with a flourishing financial sector. We should remember that the financial services that are provided in Edinburgh are essential in assessing risk and dealing with high-return investment and commoditised asset lending. Such intelligence will be indispensable in facilitating a safe route to commercialisation. That is further supported by the fact that Edinburgh has world-leading academic and research centres and, in particular, courses that are supplied by educational institutions. Those resources effectively provide a base of expertise specifically suited to the needs of the green investment bank.

Edinburgh is, of course, already the location of a large number of businesses that are involved in the low-carbon sector. However, we should remember that it is not just about Edinburgh; it is about the super-region across a large part of Scotland of clean energy activity. Others have mentioned Glasgow and other locations. As the MSP for Edinburgh Northern and Leith, I should, of course, refer to Edinburgh and Leith, as we are looking to Leith for many of the developments in renewable energy in the next few years. In particular, Scottish Enterprise has identified the docks as a very suitable location for the development of wind turbine technology.

As I have only 20 seconds left, it would be remiss of me not to mention the application for a biomass plant at Leith docks, which I know the minister cannot comment on. That is not what we in Leith mean by positive green renewable energy. I am sure that I will be able to put the case against that in other debates and discussions.

Let us support genuinely green and renewable energy and a green investment bank in Edinburgh to promote it.

17:38

**Alison Johnstone (Lothian) (Green):** Strong cross-party support for Edinburgh as the home for the green investment bank is a very positive development, and Marco Biagi deserves our thanks for bringing the debate to the Parliament.

Scotland has the most extraordinary renewables potential, especially for wind, wave and tidal power. We are a nation of serial innovators and we know what the opportunities of an energy bonanza feel like. Similarly, despite a difficult few years, Edinburgh has particular expertise in developing financial markets. The real talent that will be needed will be readily available here, and readily committed to Scotland's future as a home and funder for low-carbon technologies.

We want to see Edinburgh win the battle, but we have a couple of concerns about the institution itself. Will it be a proper bank that invests in green technology? Will it have the key strengths of a real bank and be able to borrow and lend, or will it be just another grant-giving body? Without proper financial powers, the money will not come back, ready to be lent out again.

The greenness is also in question. In January, my colleague at Westminster, Caroline Lucas, asked Vince Cable whether he could guarantee that the bank would not be used to fund the new wave of nuclear power stations that has been backed by both the current UK Administration and its predecessors. He was unable to do so, and said:

“in the very long run we are not ruling out particular possibilities, including nuclear. It is not part of the bank's immediate planning, however.”—[*Official Report, House of Commons*, 24 May 2011; Vol 528, c 794.]

I am grateful to hear that, but that approach would be an absurdity, especially given the clear majority in this chamber against the dead end that nuclear power represents. A green investment bank needs to help us to prepare for the post-nuclear era, just as we must prepare for the post-oil era. As Rob Gibson touched on, it would be equally absurd if, in the name of low-carbon energy, the green investment bank were to pour its money—which is to say our money—into unconventional fossil fuel extraction, such as shale gas and deepwater oil drilling, on the pretext that the speculative technology of carbon capture and storage might one day get off the drawing board.

Successive UK Governments have form on the issue. We, the taxpayers, own a substantial slice of the banking industry, yet UK ministers have yet to require those banks to operate on a greener

basis, for example, by forcing the Royal Bank of Scotland to ditch dirty projects such as tar sands extraction in favour of projects that are of genuine public benefit. If the UK Government had sufficient political will on the issue, just think what a powerful institution RBS could become if we turned it into a green investment bank, with access to the new Government funds as well as its already vast lending and investment portfolio.

My concerns are genuine and I hope that the Scottish Government shares them. I ask the minister to open discussions on them with UK counterparts and to keep the Parliament informed of progress.

17:41

**The Minister for Energy, Enterprise and Tourism (Fergus Ewing):** I warmly congratulate Marco Biagi on the motion, which is on what must be one of the most important matters that we have debated in the Parliament. I welcome the support from all the parties on the green investment bank. As Sarah Boyack rightly pointed out, all parties in Scotland have joined together to support the campaign for the GIB to come to Edinburgh, for all the reasons that Marco Biagi set out so eloquently in his opening remarks. We do not often hear the word “trillion” in the Scottish Parliament, but the potential to benefit Scotland in the future is absolutely massive. The bank has the potential to deliver substantial benefit to the green economy in Scotland, especially when it gains full borrowing powers, which might not be for some time yet. The bank needs to operate flexibly and to leverage investment from the private sector.

Scotland has key credentials. In particular, Edinburgh has twin criteria that render it the best place for the GIB: a distinguished history in banking and a growing reputation as an innovative and high-quality hub for financial services, as well as a leading place in the low-carbon economy development. In relation to banking and renewable energy, Edinburgh is the best and right place for the green investment bank.

Malcolm Chisholm was right to point out the significant achievements by academe, if I can put it that way. Last night, I attended a dinner at the Heriot-Watt University campus, where the principal and colleagues are seeking to establish a campus furth of Scotland, in Malaysia. Heriot-Watt has considerable expertise in renewable energy and it has a presence in Orkney, where the European Marine Energy Centre is taking a lead, and which I hope to visit next month.

In all those respects, and in other respects that members have mentioned, Edinburgh has outstanding credentials to be the location for the green investment bank. I believe that a case exists

on merit and not on special geographical or national pleading. In a speech that Vince Cable made—I believe, in April—he described Edinburgh as a front-runner. The task for the Scottish Government now is to see Edinburgh become the front-runner and the choice.

The GIB would help to provide the capital that we need to realise the renewable energy revolution in this country. That will not be easy in many respects, but a public sector banking finance element is plainly necessary, without a shadow of doubt. The scale of the capital that is needed to develop offshore, carbon capture and marine technologies is substantial indeed, but there must—and will—be a role for the public sector to play. That is accepted by everyone, which is good.

The public sector would play a role in first-loss debts, the construction phase, equity co-investment, *pari passu* senior debt, up-front refinancing commitments and subordinated debt during the operational phase. Those technical terms all describe different ways in which public sector finance will be necessary in order for projects to become a reality. That is why the GIB's role will be crucial, and why—as Gavin Brown pointed out—utility companies such as SSE have supported Edinburgh Chamber of Commerce's campaign, which, as many members have said, has been very well presented. ECC is to be congratulated on its efforts, and on holding its Scottish low-carbon investment conference once again this year, on 27 and 28 September, following the inaugural event last year—to which Gavin Brown referred—which was attended by 550 international delegates.

SSE has pointed out other arguments that may not have been made tonight, and I will run through them now. First, any new financial services organisation seeking to establish itself in London would struggle to make an impact because of the sheer size of the sector there. SSE makes a very good point: there is a real risk that GIB would get lost in London because there are so many massive institutions there. Its presence would not be felt so strongly and it would not be seen as being so significant. In Edinburgh, that will most certainly not be the case: the GIB will be seen as a key institution serving a determined key national objective.

Secondly, the selection of Edinburgh is entirely consistent with UK policy on the principles of establishing new institutions, in that such institutions should create business opportunities that are spread more evenly across the UK and between industries. Lastly, if the green investment bank is located in Edinburgh, its activities will—because of the interest from all parties in the chamber, which we have seen tonight—be more

visible, and there will be greater scrutiny of those activities.

I think Alison Johnstone would agree that we need to keep an eye on the role of the GIB to see that it performs its purpose, and not other purposes to which she alluded.

I think that we all agree on this matter tonight, and I am delighted to bring such consensus to the chamber, which as minister I always seek to do. I congratulate Marco Biagi again, and I thank all the members who have made such excellent contributions to the debate this evening. It is truly an example of all parties coming together as team Scotland—of all of us pulling on the blue Scotland jersey to support the green investment bank.

*Meeting closed at 17:48.*

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