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Official Report

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Wednesday 8 May 2013

Session 4

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Scottish Parliament

Wednesday 8 May 2013

[The Presiding Officer *opened the meeting at 14:00*]

Portfolio Question Time

Health and Wellbeing

Detect Cancer Early Programme

1. Aileen McLeod (South Scotland) (SNP): To ask the Scottish Government what progress is being made with the detect cancer early programme. (S4O-02075)

The Cabinet Secretary for Health and Wellbeing (Alex Neil): Since February 2012, there have been three phases of public awareness campaigns: a priming campaign that was aimed at tackling fears and negative attitudes about cancer; a bold breast cancer awareness campaign in September; and, more recently, a campaign to encourage uptake of bowel screening. The initial evaluation of the social marketing campaigns has been encouraging. Published data indicates that more women are reporting breast symptoms and more people are enquiring about participating in the bowel screening programme. It is too early yet to assess what impact that is having on early diagnosis.

A general practitioner contract proposal to encourage primary care to contribute to screening uptake is at an advanced stage. A refresh of the "Scottish Referral Guidelines for Suspected Cancer" is under way and is being led by Healthcare Improvement Scotland.

The programme's £30 million funding is supporting increases in diagnostic, screening and treatment capacity so that the 62-day and 31-day cancer access standards are maintained. Additional capital and revenue have been made available to support an increase in colonoscopy capacity. Baseline setting and submission, analysis and reporting of staging data to monitor progress towards the programme's aims are also well under way.

Aileen McLeod: I thank the cabinet secretary for that comprehensive answer.

Having had the privilege of visiting the teenage cancer unit at Gartnavel recently, I commend to the cabinet secretary a visit there to see just what a fantastic facility it is for helping our young people to fight cancer. Will he join me in applauding the important work that is being done by the Teenage Cancer Trust through schools, colleges and universities in helping to raise awareness among

young people of the importance of early cancer detection so that they can discuss cancer and the benefits of early presentation with their peers and older family members in an informed way?

Alex Neil: I do indeed applaud the Teenage Cancer Trust's work in raising awareness of the importance of early detection of cancer. It has been shown that, as a result of the trust's presentations in schools, awareness raising extends beyond the young people who attend the talks and benefits the wider circle of friends and family. That contributes positively to the overall aim of improving early diagnosis.

For the detect cancer early programme's social marketing campaigns to be most effective, it is important that the target audience is reached in as many ways as possible. That is why the programme is engaging with and supporting the Teenage Cancer Trust's education programme, which provides teenagers with the information that encourages them to give their older family members a nudge to ensure that they know the benefits of early presentation and to find out more about screening participation. Breaking down barriers and getting people to talk about cancer are important parts of the detect cancer early programme.

Drew Smith (Glasgow) (Lab): I welcome the measures that the cabinet secretary has outlined, but can he offer an assurance about what is happening for those patients who are awaiting secondary treatment? Although all the Government's efforts on early detection and initial treatment are extremely important and welcome, they will not be enough if people then face further waiting periods for follow-up treatment such as radiotherapy.

Alex Neil: We have not set specific targets for the number of days within which follow-up treatment should begin because that is very much determined by the clinical situation for each patient. However, clinical guidelines on follow-up govern the situation and, as far as we can tell—we monitor these matters fairly closely—those guidelines are being adhered to throughout Scotland.

Nanette Milne (North East Scotland) (Con): At the older end of the age spectrum, what progress is the detect cancer early programme making with those in the over-70 age group? As the cabinet secretary will be aware, frequently they have a higher incidence of cancer but often they do not present with symptoms or get a diagnosis until it is too late.

Alex Neil: The evidence that we have is that the programme is having an impact on older age groups as well as on younger age groups. I am

happy to send the member more detailed information on uptake among older age groups.

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): I congratulate the Government on the detect cancer early programme, which is an excellent initiative. However, people are approaching me—I suppose that they are approaching the cabinet secretary, too—about whether other cancers will be brought into the programme and, if so, when. In particular, people have recently asked me about cervical cancer and prostate cancer. Will those be brought into the programme in due course?

Alex Neil: We will give further consideration to the future of the programme once we have done a proper evaluation of its impact, particularly on breast and bowel cancer. As I said, the early indications are that the programme is very effective indeed, but we must wait for the evaluation before we decide to spend additional resources to cover other types of cancer.

Adults With Learning Difficulties (Service Redesign)

2. Bob Doris (Glasgow) (SNP): To ask the Scottish Government how it ensures that the health and wellbeing needs of adults with learning difficulties are taken into account when service redesign is being proposed at a local level. (S4O-02076)

The Minister for Public Health (Michael Matheson): The decision to redesign services is entirely a matter for local authorities. However, the Scottish Government expects local authorities to listen to people with learning disabilities and their carers and to take into consideration what will work well for them.

Bob Doris: The minister will be aware that Glasgow City Council has decided to close three day centres for adults with learning difficulties, which will have a massive detrimental impact on the health and wellbeing of service users and carers across the city. If those centres were schools, ministers would have the power to call in any decisions on them. Given the health impact on my constituents, what powers does the health minister have to intervene, particularly given the flawed and pre-determined consultation process? I believe that further powers, including the possibility of call-in, are required to protect the vulnerable constituents I represent.

Michael Matheson: One benefit of the integration of health and social care is that it will allow our health and social care services to be much more effectively planned and delivered locally in a way that reflects the needs of the local population. The member will recognise that, ultimately, it is up to the local authority to use its

resources and to provide services in a way that it feels fits its local communities' needs. In considering what can at times be a challenging issue, it is important that the council has a process that allows for genuine consultation with those who have a learning disability and their carers, and that those who participate in the process have trust in the way that the local authority is taking it forward. In the process in Glasgow, it is important that Glasgow City Council continues to consider what it can do to address the concerns that carers and those who use the centres have expressed, and how it can achieve an outcome that meets the needs of those who use the services.

NHS Shetland (Dementia Services)

3. Tavish Scott (Shetland Islands) (LD): To ask the Scottish Government what recent assessment has been made of dementia services in NHS Shetland and the availability and retention of staff to deliver these. (S4O-02077)

The Cabinet Secretary for Health and Wellbeing (Alex Neil): Dementia services in NHS Shetland, including any staffing issues, are assessed by Scottish Government officials as part of their twice-yearly visits to all national health service boards to review mental health services, and as part of the annual review of boards. A local dementia action plan for Shetland was produced for 2012-13 and the board and local authority are working together to redesign services to better meet the needs of people with dementia.

Tavish Scott: A constituent of mine who has dementia has been regularly transferred to the Royal Cornhill hospital in Aberdeen. Does the cabinet secretary understand the difficult circumstances that that creates for his family? Will he undertake to work with NHS Shetland to consider how best services can be delivered through investment in the necessary staff and, potentially, capital investment in an appropriate facility, with the aim of finding a way to minimise the amount of travel? Inevitably, such travel means that patients are further away from their families in what are extremely difficult times.

Alex Neil: I am aware of the circumstances that the member describes and I am extremely sympathetic to the point that he raises. We recognise that there are particular challenges in island communities because of the number of people involved. Specialist services are sometimes required that are available only on the mainland.

Shetland has a dementia services manager, who is funded by the Scottish Government and Alzheimer Scotland, a clinical nurse specialist in dementia and four dementia champions. There is also a great deal of community activity in Shetland to support people with dementia, including the

Annsbrae supported housing scheme, which has a team of workers that is led by a service manager and which provides an alternative model to going into a care home or acute services. I am aware of the specific challenges that are presented by the kind of case to which the member refers. We are considering whether, in future, we can handle more of those cases in Shetland.

Mary Scanlon (Highlands and Islands) (Con): Further to Tavish Scott's question, I understand that the new dementia strategy that is due next month will recommend four test sites to support people in the mid to later stages of dementia. Could one of those sites be in a remote and rural area such as the Highlands or, indeed, one of the island groups such as the Shetlands?

Alex Neil: We are in the process of finalising the dementia strategy. I will certainly take into consideration the very substantive point made by Mary Scanlon.

Healthcare Improvement Scotland (Meetings)

4. John Wilson (Central Scotland) (SNP): To ask the Scottish Government when it last met representatives of Healthcare Improvement Scotland and what issues were discussed. (S4O-02078)

Alex Neil: The Scottish Government is in regular contact with Healthcare Improvement Scotland. Monthly meetings are arranged between the Scottish Government and the HIS chief executive; the last took place on 11 April 2013. At times there is almost daily contact, during which operational issues are discussed, such as the Scottish patient safety programme, hospital standardised mortality ratios and other HIS organisational issues.

John Wilson: What discussion has the cabinet secretary had with the HIS on progress in risk management associated with death certification, in particular on the Blake Stevenson Ltd report on death certification evaluation? Although the random samples of medical certificates of the cause of death highlighted that only 3 per cent were not in order, any delay in funeral arrangements being made can and does lead to greater distress to relatives during their time of grief. What further work will be done on that?

Alex Neil: I am very aware of that issue. We are talking to the HIS and many other people about how to address those concerns. The system is being developed in a way that will minimise delays; processes are being put in place that will ensure that medical reviewers can assess the information that they need quickly, in order to enable reviews to be carried out within a day or so of registration. We anticipate that once the system is up and running, in the vast majority of cases

there will be little detectable delay as a result of the new system.

Jackie Baillie (Dumbarton) (Lab): In relation to the recent scandal of doctored inspection reports—which resulted in a lack of confidence in Healthcare Improvement Scotland—and the forthcoming integration of health and social care, does the cabinet secretary agree with Labour's proposals for a new independent scrutiny body?

Alex Neil: First, I totally disagree with Jackie Baillie's depiction of "doctored ... reports". No reports have been "doctored", as she called it.

Secondly, as far as Labour's proposals are concerned, we already have independent arrangements for inspection of hospitals, whether in relation to issues such as *Clostridium difficile* or the circumstances of older people in hospitals. Of course, we also have an independent inspection agency to cover our care services.

Stroke Patients (Care)

5. Dennis Robertson (Aberdeenshire West) (SNP): To ask the Scottish Government how it provides care and support for stroke patients. (S4O-02079)

Michael Matheson: The "Better Heart Disease and Stroke Care Action Plan", which is backed by over £1 million of funding each year, contains actions aimed at ensuring that people with stroke get access to effective, safe and person-centred care as quickly as possible. Full implementation will help to ensure that we maintain momentum and continue to improve the quality of care and support that is available to people with stroke.

NHS Scotland has made great progress in improving the outcomes for people with stroke. Between 1995 and 2010 we saw a 60 per cent reduction in the number of people who died prematurely from stroke. In 2011 stroke deaths fell by 5.7 per cent on the previous year.

Dennis Robertson: I thank the minister for that response. He is probably aware of a survey that was conducted by the Stroke Association that states that over 42 per cent of patients lacked emotional support after their physical needs had been met. Can the minister reassure me that the figures are, in terms of emotional support for our patients, better in Scotland? What more can be done to reassure patients who are awaiting emotional support after their physical needs have been met?

Michael Matheson: I am aware of the Stroke Association's survey, which rated hospital care in Scotland as being high. However, the report also recognises the need for further improvements, particularly around emotional and psychological support. Any healthcare condition can, of course,

have a wider impact than the physical element, in terms of its impact on the emotional and psychological wellbeing of individuals and their families. That is why we recognise in our new mental health strategy the importance of providing a better response to conditions such as stroke, in order to provide the right type of emotional and psychological support.

A key element of addressing such issues is improvement of access to psychological therapies—or talking therapies, as they are often described. That is why we are committed to delivering faster access to psychological therapies and have underpinned that by a HEAT—health improvement, efficiency and governance, access and treatment—target that will ensure access to such therapies within 18 weeks, by December 2014. That will assist patients who have suffered a stroke to access the type of psychological support from which they may benefit and that may assist in their full recovery.

Community Pharmacies (Applications)

6. James Kelly (Rutherglen) (Lab): To ask the Scottish Government how it oversees the application process for community pharmacies. (S4O-02080)

The Cabinet Secretary for Health and Wellbeing (Alex Neil): In my reply to Mr Kelly in the chamber on 6 December last year, I indicated that the Scottish Government has no role in monitoring applications or appeals relating to the opening of a community pharmacy. Those are entirely matters for national health service boards and the national appeal panel, respectively.

However, the Scottish Government keeps under review the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, which regulate the applications process. We propose to update in the near future the control-of-entry guidance that is issued to all NHS boards and contractors.

James Kelly: I thank the cabinet secretary for his reply, although I point out that it was the Minister for Public Health who answered on 6 December, not him.

I have written to the Minister for Public Health about a pharmacy application in Whitlawburn in my constituency, which has gone to the health board, has been referred to the national appeal panel and has gone back to the health board, where the latest hearing has been postponed. I have real concerns about the openness, fairness and transparency of those hearings, so I have written to the Minister for Public Health requesting a meeting. I ask that that meeting be facilitated.

Alex Neil: I am aware of the application to which Mr Kelly refers. My understanding is that the

issue is that there is sufficient local provision, which is why the application has to date been unsuccessful. However, I am absolutely sure that my colleague, the Minister for Public Health, would be more than happy to meet Mr Kelly to discuss his concerns about the process.

Roderick Campbell (North East Fife) (SNP): Would the cabinet secretary or the Government consider further amendment to the 2009 regulations or, alternatively, to the guidance notes in respect of providing a time limit for appeals?

Alex Neil: Appeals can be complex and the complexities can vary from case to case, depending on the merits of individual cases. That is especially so where there is more than one interested party lodging an appeal, or there is new evidence to be considered.

I understand that the national appeal panel usually considers appeals in order of the date on which the chair receives them, and aims to consider appeals within three months of receiving all the relevant papers. It can sometimes take longer if several appeals are received around the same time. However, I will monitor the situation; if I believe that timescale is becoming an issue, I will be prepared to consider the matter.

Shingles Vaccination Programme

7. Roderick Campbell (North East Fife) (SNP): To ask the Scottish Government what the impact will be of the shingles vaccination programme. (S4O-02081)

The Minister for Public Health (Michael Matheson): Shingles can be a particularly severe illness. Many people are affected by the chronic pain that can develop after having it. The vaccine that we are introducing has been shown to reduce the incidence of shingles in older adults, as well as the persistent pain that often develops following the illness.

There are around 7,000 general practitioner consultations for shingles each year in Scotland. The programme will offer protection against shingles to those who are especially vulnerable and should help to reduce the number of GP consultations each year.

Roderick Campbell: Further to my question on the matter last year, I am pleased that the vaccine has been introduced. Does the minister agree with Professor Adam Finn of the University of Bristol that we are

“getting close to the point where we have the best vaccination programme in the world”?

Michael Matheson: Vaccine uptake rates in Scotland are consistently high. That is in no small part thanks to the concerted effort that has been made over a number of years to raise awareness

of the importance of being vaccinated against a number of different conditions. Our vaccination uptake rates are rightly attracting attention from other countries, but we cannot afford to take them for granted.

We are putting significant resource into ensuring that the new and extended vaccination programme that will be introduced in the coming months will be effective and will be maintained, if not improved, and that uptake rates will be as they have been over the past few years. NHS Scotland has the experience and expertise to build on the strong foundations that have been laid by our vaccination programme, and to improve on it in the years to come.

Jackie Baillie (Dumbarton) (Lab): The minister will be aware of my support for extension of the vaccination programme. Is he also aware of comments by Alan McDevitt, who is chair of the British Medical Association's Scottish general practitioners committee, who has expressed concern about the ability of GPs to deliver vaccination programmes without significant support from other health staff, including school nurses, health visitors and district nurses? What specific action is being taken to release nurses to participate in the shingles vaccination programme and in other extremely important vaccination programmes?

Michael Matheson: I am aware of Dr Alan McDevitt's recent comments—I believe in *The Scotsman* newspaper—in relation to the extended vaccination programme. The majority of the work that will follow from the extended vaccination programme will fall to NHS Scotland; a smaller proportion of it will fall to general practices. We are working with NHS boards and the Scottish GPs committee to consider what further additional measures are necessary to ensure the required support for delivery of what is at present a very successful vaccination programme. I have no doubt that it will be in our interests to build on it and to ensure that the extended programme is successful.

The Presiding Officer (Tricia Marwick): Question 8, in the name of David Stewart, has not been lodged. The member has provided an explanation, and I think that we are all well satisfied with it.

Health Visitors (Universal Entitlement)

9. Alison Johnstone (Lothian) (Green): To ask the Scottish Government whether it will make statutory a universal entitlement to services from health visitors. (S4O-02083)

The Cabinet Secretary for Health and Wellbeing (Alex Neil): We believe that legislation already adequately provides for entitlements to

health services. Universal services are delivered by a range of practitioners, not solely by public health nurses. They can be delivered by health visitors, general practitioners, midwives and family nurses, based on the needs of individual children and families.

Alison Johnstone: The Royal College of Nursing, the Royal College of General Practitioners and Children in Scotland are among the notable bodies that are calling for statutory entitlement to universal services. There is a concern that, if that does not occur, some vulnerable children might not be identified and could miss out on interventions in the early years. The cabinet secretary will agree that prevention is central to improvements that we can make to Scotland's health. How will the cabinet secretary prevent an increase in direct public costs over the long term if that right does not become statutory?

Alex Neil: We have to distinguish between two issues. The first is entitlement to care, which already exists. The second is identification of people who, for some reason or other, have been bypassed by the system. We have a range of mechanisms in place to ensure that as few people as possible are bypassed. For children, the mechanisms include nursery education, family nurse partnerships and a range of other networks and mechanisms. One of the key objectives of integration of health and social care is to ensure that all those who need and are entitled to universal services—health and social care services, in this case—receive them.

I share Alison Johnstone's objective, but I do not think that we need to change the law in order to achieve it.

Royal Infirmary of Edinburgh (Maintenance Contract)

10. Jim Eadie (Edinburgh Southern) (SNP): To ask the Scottish Government what recent discussions it has had with NHS Lothian regarding the maximum level of daily fines that the Royal infirmary of Edinburgh can impose on its maintenance contractor, Consort Healthcare. (S4O-02084)

The Cabinet Secretary for Health and Wellbeing (Alex Neil): Officials are in regular contact with colleagues in NHS Lothian on a range of issues, including the contract that was signed by NHS Lothian with Consort Healthcare for the Royal infirmary of Edinburgh.

Jim Eadie: Does the cabinet secretary share the alarm that I and people across Edinburgh felt when we learned from this edition of the *Edinburgh Evening News* that Consort Healthcare could be fined a maximum of only £28.24 per day—

The Presiding Officer: You can put that advert for the newspaper down.

Jim Eadie: —for serious failures, such as the closure of operating theatres for more than six hours? What further steps will the Scottish Government take to ensure that the growing mood of public outrage at the management of this private finance initiative contract is properly and finally addressed?

The Presiding Officer: Before you start your answer, cabinet secretary, I should say that the Presiding Officers do not approve of stunts that have been telegraphed in advance.

Alex Neil: My concerns about the PFI contracts for hospitals such as the Royal infirmary, Hairmyres, Wishaw and many others is well and truly on the record. Many aspects of the contracts are costing the public purse very dearly, so much so that the Government down south has abandoned PFI as a method of funding future capital projects. I share many people's frustration about the cost of the contracts to the public sector. We review them constantly to see if there is any way in which we can reduce the costs to the taxpayer.

Sarah Boyack (Lothian) (Lab): I welcome the fact that there are regular discussions between the health secretary's officials and NHS Lothian. However, to return to the question that Jim Eadie asked, are there any possibilities of changing this particular contract, especially given the huge costs to patient care and to the operation of the Royal infirmary and the problem with cancelled operations and the consequent delays?

Alex Neil: One of the unacceptable aspects of these contracts, which were signed by the previous Administration when Sarah Boyack was a minister, is that one of the provisions in the contract is that only the contractor can reopen the contract. That is an absurd provision. Frankly, the ministers who signed these contracts have a lot to answer for.

Type 2 Diabetes (Treatment)

11. Colin Beattie (Midlothian North and Musselburgh) (SNP): To ask the Scottish Government what action it is taking to improve the treatment of type 2 diabetes. (S4O-02085)

The Minister for Public Health (Michael Matheson): Our diabetes action plan, which was published in 2010, sets out our vision for a world-class diabetes service and offers a comprehensive and ambitious programme of work that we are committed to implementing. The Scottish diabetes group has reported that good progress is being made on the implementation of the plan. For example, we have appointed national diabetes education and paediatric co-ordinators, enabled

patients to access their own health data online, established a diabetes in-patient programme and consolidated our diabetes foot-screening programme. We will invest a further £900,000 in the programme this year.

Colin Beattie: What steps are being taken to ensure that there is a consistent approach to the treatment of type 2 diabetes across Scotland's 14 health boards?

Michael Matheson: Of course, it is for clinicians to determine the type of treatment that is most appropriate to an individual patient, having regard to local and national clinical guidelines. The member will be aware that the managed clinical network on diabetes has been established and is looking at implementing a prescribing strategy to address areas of variation in the way in which patients are prescribed with various forms of medication in the treatment of their condition. We will continue with that work and continue to support the work of the managed clinical network to reduce variation in how patients who have diabetes are treated in different parts of the country.

John Scott (Ayr) (Con): What progress is the minister making with the roll-out of insulin pumps in Scotland, particularly in the NHS Ayrshire and Arran area?

Michael Matheson: We are making significant progress in increasing the number of pumps that are available to under-18s and to those who are over 18. Some health boards have made greater progress than others, but the Government recognises the real difference that pumps can make to the lives of individuals should they be clinically appropriate. Of course, it will not always be clinically appropriate for patients to move on to an insulin pump. We are working with individual boards to make sure that they have plans in place to be able to deliver the increase in the use of insulin pumps that we want to see, particularly among our under-18s as well as in the wider patient group.

NHS Grampian (Dentistry)

12. Richard Baker (North East Scotland) (Lab): To ask the Scottish Government what its plans are for the provision of dentistry in NHS Grampian. (S4O-02086)

The Minister for Public Health (Michael Matheson): The responsibility for the overall provision of national health service general dental services in the area rests with NHS Grampian.

Richard Baker: I welcome the fact that increased numbers of patients in Grampian are registered with a dentist. What reassurance can the minister give me that there is proper monitoring of the practices that have received

NHS grants to establish new surgeries to ensure that they fulfil the requirement that 80 per cent of their work is NHS treatment, and to ensure that patients who are registered with the practices are receiving check-ups and treatment at appropriate intervals? I know that those issues have already been raised with the Scottish Government.

Michael Matheson: The member referred to the Scottish dental access initiative that was developed to increase the number of dental practices that will register NHS patients, particularly in areas in which there is a lack of service. He rightly recognises that there has been a significant increase in the level of NHS dentistry that is being made available within the NHS Grampian area. It is part of the condition of that grant that a significant number of the dental practice patients are registered as NHS patients and individual boards are responsible for monitoring that.

There have been some issues with a practice in Grampian that NHS Grampian took appropriate action to address. I understand that NHS Grampian has also written to all the practices that have received support through the Scottish dental access initiative to ensure that their status remains the same and that they are delivering the services that are agreed on as part of the grant conditions.

The point about check-up rates is very important. It may be helpful if I inform the member that 83.6 per cent of patients who are registered in Grampian presented for treatment in the previous two years. That figure is higher than the Scottish average of 79.3 per cent, so it is clear that a significant number of patients in Grampian are making use of NHS dentistry services, the provision of which has significantly increased under this Government. I have no doubt that patients will continue to benefit from the increasing level of access that has been made available to them.

Stewart Stevenson (Banffshire and Buchan Coast) (SNP): Is the minister aware that, 10 years ago, there were areas of Grampian in which it was impossible to register even for private dental treatment and that some of my constituents used to travel twice a year to Budapest, Amsterdam and other European cities for their treatment? Can he assure us that we will continue to see improvements in the provision of NHS dental care in the NHS Grampian area?

Michael Matheson: The member makes a good point because there were significant difficulties for patients in the NHS Grampian area who wanted to access NHS dentistry. For example, in 2007 only 59.2 per cent of children in NHS Grampian were registered with a dentist under NHS arrangements; as at 30 September 2012, that figure had reached 77.1 per cent. In 2007 only

28.9 per cent of adults in NHS Grampian were registered with a dentist under NHS arrangements; as at 30 September, 2012, that figure had reached 56 per cent.

We continue to make provision under the Scottish dental access initiative, which is available in Grampian—particularly in Aberdeenshire and in Morayshire—to target areas where there continues to be limited access so that we can ensure that those patients in NHS Grampian who wish to have access to an NHS dentist are able to do so.

Individual Patient Treatment Requests

13. Willie Coffey (Kilmarnock and Irvine Valley) (SNP): To ask the Scottish Government what recent progress there has been with the review of the individual patient treatment request process. (S4O-02087)

The Cabinet Secretary for Health and Wellbeing (Alex Neil): The review report on the role and remit of national health service board area drug and therapeutic committees and individual patient treatment request arrangements was published on Friday 3 May 2013.

Willie Coffey: The cabinet secretary will be aware of the struggle that my constituent Janice Glasswell and her family endured recently and of the fact that, sadly, Mrs Glasswell passed away last month. At no time did the family feel as though they were an integral part of the IPTR process—they felt excluded from it.

I ask the cabinet secretary to ensure that that changes; that all information is made available to patients and to their families; and that full and concise explanations are given in writing by clinicians when determining all future applications for access to specialist cancer drugs.

Alex Neil: I met Mr and Mrs Glasswell some time ago and I fully appreciate the difficulties that the family are now facing. Clearly, one of the reasons why we set up the reviews in the first place was the degree of public dissatisfaction with the current process in a number of cases.

We now have the reports from Professor Swainson and from Professor Routledge, which we discussed at the Health and Sport Committee meeting yesterday. The committee will produce its report and recommendations—hopefully before the summer recess. The recommendations—particularly Professor Swainson's in the case of IPTRs—should go a long way towards assuaging the concerns of families who might find themselves in a similar situation to the Glasswell family in the future.

Our intention is that clinicians—and, importantly, not politicians—should take the decisions. When

clinicians cannot support an IPTR, there should be a proper explanation of the clinical reasons why the application has been unsuccessful.

I fully appreciate that many members have constituents who are in a similar situation. We will wait for the committee's recommendations and I hope that, once we implement the recommendations, we will have a more robust system that will be able to deal with such a delicate situation more sensitively in the future.

British Sign Language (National Health Service)

14. David Torrance (Kirkcaldy) (SNP): To ask the Scottish Government what action the NHS is taking to improve its services for users of British Sign Language. (S4O-02088)

The Minister for Public Health (Michael Matheson): The equality team in NHS Health Scotland is working to strengthen equality of access for all in NHS Scotland through its health inequalities impact assessment, which will include those who use British Sign Language. In addition, we are supporting NHS 24 to provide an in-house centralised resource of BSL interpreters for NHS Scotland by funding four places on the Heriot-Watt University BSL undergraduate degree for four years.

David Torrance: Although the interpreter service that NHS Fife uses for the deaf community is excellent, does the minister agree that improving the co-ordination of services is crucial for BSL users who need additional assistance to communicate, so that their medical needs are fully understood and addressed by medical staff and themselves?

Michael Matheson: I fully agree with David Torrance that good co-ordination of BSL services is crucial if we are to ensure that patients receive the person-centred care that they require. I am aware of the changes that were made in the NHS Fife area, where the BSL service was brought in-house, which allowed NHS Fife to enhance the quality of provision.

Our hospital staff have clear and easy-to-follow protocols for accessing an interpreter for BSL users when they go to hospital. Of course, I have no doubt that we can make further progress on ensuring that patients who are BSL users get the necessary support. However, it is clear that the changes in the NHS Fife area will help to improve the quality of the services that are delivered there.

Poor Air Quality in Cities

15. Patrick Harvie (Glasgow) (Green): To ask the Scottish Government how it is reducing the health impacts of poor air quality in cities. (S4O-02089)

The Minister for Public Health (Michael Matheson): The Scottish Government supports a number of measures, both local and national, to tackle air pollution successfully. They include the establishment of a statutory framework and clear strategic aims for air quality and transport; supporting the development of renewable energy; providing grant funding for local authority actions; and providing advice and information through the Scottish air quality website and Scotland's environment web.

Patrick Harvie: The minister describes a framework of measures that is clearly failing to provide air that is fit to breathe in some of our cities. Glaswegians and our many visitors—who will of course arrive in great numbers next year—are subjected to the worst air quality in the whole United Kingdom. In fact, Glasgow is the fifth worst city for air pollution in the whole of Europe.

Will the Government accept that air pollution is a public health issue that needs much greater action and not buck passing to local authorities or to Europe, where the rules are set? Will the Scottish Government acknowledge that far more needs to be done, given that councils have such an abysmal record in providing air that is fit to breathe for people in Scotland?

Michael Matheson: I am sure that everyone would agree that improving air quality is important. A range of measures has been progressed nationally and locally, and improvements have been made in some areas. However, I recognise that, in some areas, that improvement has not been as fast or at as great a level as some members would like. I have no doubt that my ministerial colleagues with the environment and transport portfolios will continue to progress measures to drive up standards of air quality in Scotland in the years to come.

Childcare

The Presiding Officer (Tricia Marwick): The next item of business is a debate on motion S4M-06475, in the name of Hugh Henry, on childcare. I remind all members that this debate and the next debate are quite heavily subscribed. Therefore, time is tight and we will keep members strictly to their time.

I call Hugh Henry to speak to and move the motion.

14:39

Hugh Henry (Renfrewshire South) (Lab): Affordable, good-quality and flexible childcare has become an absolute necessity for the economic wellbeing of many hard-working Scottish families. For some families, the absence of such childcare means that they are unable to take up employment. Even worse, some families have had to give up work either because they could not afford the childcare on offer or because none was available locally.

In its report "Making Work Pay—The Childcare Trap", Save the Children said that high childcare costs are affecting parents' ability to work, train and study in Scotland. The report said that eight out of 10 parents living in severe poverty said that cost was a barrier to accessing childcare. It also said that parents in severe poverty have cut back on essentials such as food and other household bills simply to pay for childcare and that the high cost of childcare means that work is not paying for the poorest families. I am sure that I am not alone in saying that childcare costs are higher than housing costs for some parents.

The Daycare Trust's childcare costs survey in 2012 painted a sombre picture, reporting 44,000 fewer families receiving help with childcare costs since the tax credit cut in April of that year. The survey also reported that in many parts of Britain the average cost of childcare now exceeds £100 for a part-time place—that is for 25 hours—with the average yearly expenditure for a child under two standing at £5,103.

Good-quality, affordable childcare is essential not only for families' personal wellbeing, but for our country's economic wellbeing. There is no doubt that the introduction of the universal entitlement to free nursery education by the Labour-Liberal Democrat coalition transformed the lives of many families; it also marked a revolution in the way that we educate our younger children. In 2007, both Labour and the Scottish National Party promised to extend the number of available hours, and the Children and Young People (Scotland) Bill will finally deliver on that seven years later.

This debate is not about that bill, but I will make a few comments in passing. The extension of hours will, no doubt, be warmly welcomed by families across Scotland, as will the introduction of flexibility. However, we should not confuse education with childcare nor suggest that childcare is a substitute for education. For very young children, early childhood education and childcare are inseparable but they are not indivisible. When we educate a young child, we have also to care for that child. In seeking to meet parents' legitimate childcare demands, we should not abandon the progress that we have made in early years education. To do so would risk widening the educational attainment gap and setting Scottish education back 40 years or more.

The Minister for Children and Young People (Aileen Campbell): The member makes the point that childcare and education are not indivisible. That is why we have taken on board his point and made a commitment to increase to 600 hours the provision of early learning and childcare.

Hugh Henry: Perhaps the minister has failed to understand what I am saying. Because childcare and education are not indivisible, we should not substitute one for the other. The welcome extension to 600 hours should be an extension of education, not necessarily of childcare—but we can have that debate at another time.

Early education is planned as any teacher would plan it. It must be focused on the progressive development of the child and it cannot be ad hoc. The staff involved must have an advanced knowledge of child development. On the other hand, childcare can be the physical and social care of the child. It can even be about leisure activities for the child. That is the case in many excellent out-of-school care projects, which certainly care for the child but do not necessarily educate the child.

It is disappointing that the Scottish Government's amendment tries to suggest that the bill is the answer to the childcare problems faced by families throughout Scotland. That carries the danger of diminishing early years educational input and substituting it with childcare. We also need to remember that the focus of the bill is on three and four-year-olds. It will do little, if anything, for children under three and nothing at all for those aged five and upwards.

The childcare needs of Scottish families start when the child is born and continue up to the age of 14, but the amendment is strangely silent on that. Even the reference to the work of the early years task force is only about the early years. It is disappointing that the amendment has nothing to say about the wider childcare needs of Scottish families. Families need help at the end of the school day, and sometimes they need it before the

school day begins. They need help during in-service days and school holidays.

Given the demands on the many women who work in retail, families may need help into the evening, too. I spoke recently to a number of Union of Shop, Distributive and Allied Workers shop stewards who reported pressures on women being asked to change shift patterns or to work extended hours temporarily, which can sometimes cause a childcare crisis.

Not every family has two parents to share the load, whereas in others both parents have to work. Not everyone has an available and willing extended family to take on some of the pressures of childcare. Therefore, when we talk about a comprehensive childcare strategy, we need one that looks at childcare from birth to 14 and does not just talk about the early years. We need a strategy that is not only flexible enough to meet families' needs, but affordable. Above all, any extended childcare provision must be underpinned by quality and high standards and be subject to rigorous scrutiny and rules. We cannot afford to gamble with our children's wellbeing just to save money.

Aileen Campbell: I point out to Hugh Henry that a sub-group in the early years task force is looking at early learning and childcare for all. I hope that he will welcome that.

Hugh Henry: The minister again fails to understand. She does not even understand the words "early learning and childcare for all" that she uses. I am saying that childcare goes up to the age of 14; we are not talking just about early years.

I realise that the delivery of such a service will present financial and physical capacity challenges. If there was an easy solution, it would have been presented long before now. That is why Scottish Labour is proposing a Scottish childcare commission, which I hope will have all-party support. For something that is so essential for hard-working families, we need to set aside our political differences and come up with a sustainable proposal that will make a real difference to them. I accept that politicians need to engage experts in early childhood education, but they also need to engage those who have expertise in the delivery of childcare and knowledge and understanding of working with children. We also need to engage those who have responsibility for delivery. We should not be too big to admit that, individually, we do not have all the answers, or that there are others who might know better. We must engage those who know what they are talking about. Above all, we need to work out how much such a service would cost and where the money would come from.

That is why Johann Lamont has offered to work with the First Minister, but that work should not be restricted only to the Scottish National Party and Scottish Labour. There are practical things that we can do now, if there is the will across the political spectrum—we need not wait until 2014 or 2016. If we are to make a long-term difference, we need to start working together and not delay while Scottish families struggle.

I do not mean any disrespect to the Council of Economic Advisers when I say that it is not best placed to come up with a practical model of comprehensive childcare delivery. Its members may be noted economic experts—I accept that financial underpinning is essential for the service—but we need the expertise of those who educate and work with children.

I agree with one thing in the Scottish Government amendment: we need to look at the best models of delivery and funding for Scotland. That is why, even at this late stage, I appeal to the Scottish Government not to move its amendment. Let us work together and put our differences aside. Let us agree to share the knowledge and expertise in not only the political spectrum, but the professional spectrum. Let us agree, for once, to put party-political differences aside and work together to come up with the affordable, flexible and quality childcare that families in Scotland want and need. Let us put families first.

I move,

That the Parliament agrees that good quality, affordable childcare is essential to support hard-working families; welcomes the proposed extension of fully-funded early years provision to 600 hours and believes that it is essential that this has a clear educational underpinning; notes the financial and logistical challenges of extending childcare across Scotland and believes that all parties should work to reach a consensus on delivery, availability, affordability and financing of a comprehensive childcare strategy, and believes that a Scottish childcare commission with all-party support should be established to investigate and make recommendations on the expansion of affordable quality childcare across Scotland.

14:49

The Minister for Children and Young People (Aileen Campbell): I start by welcoming the fact that the Labour motion welcomes our plans in the Children and Young People (Scotland) Bill to increase the funded entitlement to early learning and childcare to a minimum of 600 hours per year. I also welcome Labour's desire to work across party lines on the further extension of childcare, and I recognise that Johann Lamont is to meet the First Minister in the near future to discuss childcare.

We all recognise that high-quality early learning and childcare has a vital role to play for social, emotional and cognitive development and for

parents who seek to balance their childcare responsibilities with work, education or training. The issue has profound implications for Scotland's economy now and in the future.

Our provisions in the Children and Young People (Scotland) Bill to increase free early learning and childcare for three and four-year-olds, as well as the most vulnerable two-year-olds, to a minimum of 600 hours per year represent a significant step towards our longer-term aim of achieving a transformational shift in childcare to build a high-quality, universal system of early learning and childcare that meets the needs of all children, their parents and their families. Our commitment to legislate for 600 hours of provision represents significant progress since we took office in 2007. That progress is an important component of our committed efforts to maximise household budgets through a social wage to benefit and improve the economic and social wellbeing of Scottish citizens.

Our efforts will benefit around 121,000 children and their families, who, since 2007, have made savings equivalent to around £700 in childcare bills. We will add 188 hours of free early learning and childcare and—crucially—will increase flexibility to ensure that high-quality early learning and childcare is delivered in response to local needs and choices for parents. That will improve consistency and lead to better outcomes for children, and it will better meet the needs of parents, particularly those mothers who want to go back to work or into education or training.

We are also on a journey of improving the provision of help and support for the most vulnerable in our society. That is exemplified by the extension of the childcare entitlement to two-year-olds who are looked after and those who are under a kinship care order whom we can prevent from becoming or remaining looked after.

We recognise that looked-after children have some of the poorest outcomes in society and believe that it is essential that we focus our efforts where we can make a real and positive difference. Much has been said in the chamber about the benefits of extending the funded entitlement to a wider group of disadvantaged two-year-olds, and I know that the Opposition has cited the United Kingdom Government's commitment to extend entitlement to the most vulnerable 40 per cent of two-year-olds. My reply is that this Government is absolutely committed to building a high-quality universal system of early learning and childcare for all children to benefit the most vulnerable in our society.

However, we must do that in a manageable and sustainable way, and must be guided by the getting it right for every child approach, which has been designed to secure better outcomes for

every child in our land. Failure to move forward on manageable and sustainable terms would compromise the quality of provision for our youngest children. Quite frankly, it is not acceptable to this Government to run the risk of there being adverse impacts on our youngest children.

It is becoming clear that, in England, many experts have serious doubts about the affordability, practicality and effectiveness of expanding the funded entitlement so far and so fast. Only yesterday, the BBC reported that there was a potential shortage of 55,000 places for disadvantaged two-year-olds. Naomi Eisenstadt, who is a respected academic and former director of the sure start unit in England, is visiting Scotland tomorrow, and I hope to meet her. Professor Cathy Nutbrown, who is the academic who carried out the review that informed the UK Government's "More great childcare" strategy, has now criticised that strategy. She was recently quoted as saying that

"Trading staff-to-child ratios for higher-qualified staff is nonsense. Watering down ratios will threaten quality. Childcare may be cheaper, but children will be footing the bill."

This Government will not compromise on quality. We must get things absolutely right. To that end, the First Minister has asked the Council of Economic Advisers to look at the best models of delivery and funding for a system of childcare in an independent Scotland and, in doing so, to be informed by what other countries are doing. As I am sure that all members are aware, a range of models of provision and funding exist, but our concern at all times must be what is right for Scotland and our people.

Therefore, I am delighted to announce our early learning and childcare strategic funding partnerships with the National Day Nurseries Association and the Care and Learning Alliance. We have allocated £155,000 in addition to the £1.5 million that has already been allocated by the Big Lottery Fund to early learning and childcare third sector partners through the third sector early intervention fund.

Hugh Henry: The minister has spoken at some length about early learning and childcare and although I welcome any additional resources in that respect does she accept that a debate about childcare is not just about the early years? The crisis facing Scottish families is often about out-of-school care and, sometimes, care in the mornings. Does she accept that we need to work together to come up with something, or does she intend to ignore that completely?

Aileen Campbell: I said at the outset that I am happy to work with any party or member with an interest in childcare. I mentioned the additional

money that has come through the third sector early intervention fund. One of the recipients of that funding is the Scottish Out of School Care Network, which provides childcare to children beyond the early years, so we recognise that we are asking those groups to take forward important work. They are doing so in a strategic manner through that funding. I am sorry that Mr Henry has missed that.

Since the publication of the early years framework in 2008, this Government has shown a strong commitment to the early years. To step up the pace of change, we established in 2011 the early years task force, which brings together professionals, practitioners and politicians from across the political spectrum to inform the strategic direction of early years policy and establish a consensus on how to drive the transformational change that is needed in early years. The task force's expertise is guiding us and ensuring that the actions that we take in early years policy and childcare are right and based on sound and strong evidence. Research that we have commissioned on other European models will be put to the Council of Economic Advisers so that its members can study the context and their applicability to Scotland's labour market.

We should not wait for the establishment of another commission to work together. We are already doing a lot of work and have made a lot of progress. I have made clear this Government's commitment to building a high-quality, universal system that meets the needs of all children, not just those in the early years, and absolutely considers the childcare needs of families across the country. I look forward to working constructively with all parties as the Parliament debates the bill that we are bringing forward and to ensuring that we all work together on creating a bill that the Parliament can be proud of and which will benefit children of all ages across the land.

I move amendment S4M-06475.1, to leave out from third "and believes" to end and insert:

"; also notes the work of the Early Years Taskforce, which brings together practitioners, professionals and politicians from different parties to inform the strategic development of early years policy, including early learning and childcare; further notes the Scottish Government's commitment to legislate via the Children and Young People (Scotland) Bill to introduce flexibility into childcare provision and the help that this will provide in matching childcare to the circumstances of individual families, and further welcomes the forthcoming work by the Council of Economic Advisers to look at the best models of delivery and funding for Scotland and the associated economic and social impact of moving to the levels of support for childcare that is commonplace in other European countries."

14:57

Liz Smith (Mid Scotland and Fife) (Con): The Scottish Conservatives are very happy to support the Labour motion. I thank Hugh Henry for spelling out in a little bit more detail just what he envisages in his call for the creation of a childcare commission. He certainly made a very good point about older year groups.

Notwithstanding that, time after time, there has been proof of consensus in the chamber around the fact that a child's earliest years have the most profound effect on their life chances. The logic, therefore, is that policy must focus on the earliest years—which incidentally is a point increasingly being made in the policy calls from the college and university sectors—and that greater attention must be paid to improving outcomes at that stage.

It makes sense that one important means of doing just that is to improve the provision of pre-school care for our youngest children. I use the word "improve" advisedly, because there is an important debate to be had about the qualitative aspects of care as well as its availability. It is not good enough just to increase the numbers of children receiving that care; we must ensure that certain standards are upheld, which is why I think that there are benefits to having a childcare commission that can draw on many professionals' expertise.

There has also been consensus in the Parliament that, in recent years, parents have often struggled to get access to sufficiently flexible and affordable childcare, with Scottish families paying some of the highest costs in the country. Indeed, the price of childcare has soared by an average of £600 since 2005. I think that we are all aware of significant disparities across the country, with some local authorities in Scotland charging twice as much as others for care.

It is also quite clear that many parents feel that the current system of childcare provision is too inflexible and often fails to take into consideration parents' busy work schedules. Of course, that point applies in particular to older children, but I stress that we must be very careful indeed to balance that with the child's social and educational interests. We must ensure that an extended system is able to combine both interests without compromising either.

For example, although allowing them to take up their entitlement during times outwith those presently on offer might be convenient for working parents, it might be less beneficial to the child's educational and social development. That is a significant problem for families throughout Scotland.

A report from Children in Scotland entitled "The Scottish Childcare Lottery" showed that a fifth of

local authorities say that they do not have enough childcare available for working parents and that only one in 10 councils has enough provision for those who work outside normal hours. We need to balance that with listening to teachers' concerns about how best to plan the curriculum for the youngest children if we are truly to ensure that childcare gives the positive benefit that we know that it can bring. It is not enough merely to have more of the same; we must have significant reform of how it is structured and delivered.

Aileen Campbell: Perhaps the member will be interested to know that the work of the task force draws on the expertise that she says is so important and that one element of the work is about ensuring that there is national guidance on quality. I hope that that gives reassurance that the task force is very much drawing on the expertise that it already out there in relation to the issue of quality.

Liz Smith: I accept that up to a point, but the qualitative focus has to entail a more structured focus on childcare, because that is one of the most significant concerns. I do not think that they are mutually exclusive. That is why we are intent on supporting Labour's motion.

The benefits of affordable and flexible childcare are measurable far beyond those for the children who receive it. Assuming that we can reform childcare in line with the best interests of the child, childcare is also essential in helping to regenerate the economy and getting more people back into work.

Claire Telfer from Save the Children has said:

"Lack of affordable, suitable childcare is a significant issue that determines parents', particularly mothers', ability to participate in the labour market".

For too long, parents have been in the unenviable position of having to choose between entering the workforce and looking after their children—and those from more disadvantaged backgrounds are much more acutely affected by that.

We welcome the Scottish Government's commitment to increase the number of childcare hours to 600 a year by 2014, but we look rather enviously at what is happening south of the border, from where there are lessons to be learned, particularly about making the provision of childcare much more widespread and trying to change the focus of policy. We are particularly interested in childcare perhaps being available more on the basis of a hourly system rather than just in the traditional blocks.

We are very happy to support Labour's motion.

The Deputy Presiding Officer (Elaine Smith): That brings us to the open debate. Speeches should be four minutes, please.

15:02

Stuart McMillan (West Scotland) (SNP): I welcome the debate and thank Hugh Henry for bringing it to the chamber.

I can agree with much of the motion, but I cannot agree with all of it. For that reason, I will not be able to support it at 5 o'clock. I am not convinced that calling for a commission would move the agenda on any quicker than it is being moved on. As we have already heard—this is noted in the minister's amendment—cross-party work via the early years task force is already taking place. It is not only politicians who are involved in that; practitioners and professionals are involved in it, too.

Neil Bibby (West Scotland) (Lab): Will the member take an intervention?

Stuart McMillan: I have just started, and I have only four minutes. I will try to let the member in later.

The Children and Young People (Scotland) Bill is going through the parliamentary process. The big challenge for all of us in the Parliament is to scrutinise it and amend it where possible. I lay down that challenge to every member. I do not understand what a commission would do other than stall the process that is under way.

Hugh Henry: Will the member take an intervention?

Stuart McMillan: I have only four minutes, but I will try to let the member in.

Surely creating a commission and stalling the current workstream goes against the sense of urgency that Johann Lamont indicated in her recent conference speech.

I welcome the Government's proposals to increase to a minimum of 600 the hours of free and flexible learning and childcare available to all three-year-olds, four-year-olds and looked-after two-year-olds. I know that that will be welcomed by parents in the west of Scotland and throughout Scotland. Around 120,000 children in Scotland will benefit, and families will save around £700 per child per year. That will help families throughout the country.

I welcomed Johann Lamont's comments when she highlighted the progress on childcare that Labour had made at Westminster. She raised that issue in her speech during Labour's conference, when she made the point that child tax credits, paternity leave and extended paternity leave were Labour achievements. Labour was right to bring in those policies. However, as we know, such policies are reserved and the Scottish Parliament cannot improve them. The Scottish Government and Parliament have limited ability in that regard.

Obviously, I disagree with many in the anti-independence campaign regarding the Scottish Parliament's powers, but in Labour's recent publication on a devolution commission there are no plans to devolve welfare if there is a no vote in the referendum next year. Surely welfare reform is central to the agenda of aiming to provide a holistic strategy for education.

We all know that education is one way out of poverty, but given the Westminster cuts to Scotland of 8 per cent and the welfare reform that is taking place, I gently ask the Labour Party to reconsider its position on working with the Tories and to consider working with the Scottish National Party to ensure that the Scottish Parliament has the real ability to progress education and improve childcare provision in Scotland.

15:06

Mary Fee (West Scotland) (Lab): I am proud to support the Labour motion, and I fully back the calls for the creation of a Scottish childcare commission to investigate and deliver the best childcare possible to families across Scotland. I am disappointed that the Government has omitted reference to a commission from its amendment. The delay in introducing the 600-hour early years provision is having a damaging impact on families now. Despite the rhetoric, the SNP must be deemed a failure for waiting more than six years to bring in a key manifesto commitment for Scottish families.

The Equal Opportunities Committee is continuing its inquiry into women and work, in which childcare has been a key focus. It is clear from the evidence received so far that women's entry into the workplace can be highly dependent on access to a range of affordable and quality childcare places for children and young people up to the age of 15. The Scottish Childminding Association's written submission states that there was a rise in available child-minding services in 2011 and a rise in attendance of children aged 0 to 15 that equated to 3.2 per cent of the population. However, it is very revealing that there were more childminding services per head of population in remote small towns in comparison with large urban areas and that childminding services were less abundant and slightly smaller in the most deprived areas in comparison with more affluent areas. In addition, a parent survey commissioned by the Daycare Trust and Children in Scotland showed that some childcare costs are higher in Scotland than in England. That signals that more needs to be done to improve access to childcare and demonstrates the need for a Scottish childcare commission.

At last week's Equal Opportunities Committee meeting, the important issue of access to childcare

for disabled children was raised. On average, it costs three times as much to raise a disabled child as it does to raise children with no disabilities. With Scotland having some of the highest charges for childcare in Britain, affordability remains a key issue for many families and a major barrier to employment for many women. Average weekly childcare costs equate to more than half the gross average part-time weekly earnings, and there is a strong link between inconsistent supply and varied and high costs.

The First Minister announced in March that, post independence, there will be a transformational change in childcare in Scotland, with a European-style system. The need for affordable and quality childcare exists now, and this Parliament has the powers to improve childcare now, so long as the Government shows political will—

Joan McAlpine (South Scotland) (SNP): Will the member take an intervention?

Mary Fee: I am sorry but I have only four minutes—I am very tight for time.

The Government must show political will if there is to be cross-party work on the issue and work with organisations and people already involved in childcare. Scandinavian levels of public services but American levels of taxation will not guarantee any improvement. I look forward to the Government addressing that point.

At the women's employment summit last September, the Deputy First Minister said that childcare should be viewed in terms of infrastructure. I could not agree more with Ms Sturgeon. Children in Scotland clearly agrees with her, too. In its submission to the Equal Opportunities Committee, it said:

"considerable investment is required".

It went on to say:

"Children in Scotland has encouraged the Scottish Government to explore the possibility of using European Structural Funds to invest in the infrastructure of childcare."

As reforms to the welfare state and increased living costs make the lives of and conditions facing families more and more difficult, we need all-party work to help working families now and to help mothers and fathers back into work.

15:10

Marco Biagi (Edinburgh Central) (SNP): As we heard, the Equal Opportunities Committee is holding an inquiry into women and work. I commend to any member who is interested in childcare the *Official Report* of our meeting last Thursday, in which we explored many issues, one of which I want to examine in my speech.

Jackie Brock, from Children in Scotland, said that a total of £8 billion is being allocated to UK early years funding and questioned whether putting the bulk of that support through tax credits—the system that we have inherited—is the right approach, as opposed to a more rights-based system. After all, the current system is clearly failing an unacceptable number of families, who still face unaffordable childcare.

There was consensus on the need for a different approach, which I found surprising. Clare Simpson, from Parenting across Scotland, agreed and highlighted a change of heart on the part of Beverley Hughes, the former Minister of State for Children, Young People and Families in the Labour Government, who has taken such a view since leaving office. The view was backed by Claire Telfer, from Save the Children, who looked forward positively to the work that the Council of Economic Advisers will do to consider the economic and financial case for a different approach.

The Denmark model has often been cited in evidence to the committee, during the current inquiry and during our inquiry into the budget. In Denmark there is no spending on tax credits, but if we compare the proportion of overall early years spend that goes on the direct provision of day care with the situation in the UK, we find that in Denmark twice as much goes on direct provision. Private provision in Denmark is growing but accounts for only 5 per cent of the market, and competition is allowed and encouraged between state providers in municipalities, which work at a much more local level than happens here.

The crucial point is that whereas in the UK financial support is capped, in Denmark it is the sum that people are charged that is capped. Although Denmark has higher tax rates overall, the difference between its spend on childcare and early education and the UK's spend in the area—1.3 per cent of gross domestic product and 1.1 per cent of GDP, respectively—is small. Let me put that in perspective: the gap is only a sixth of the gap in relation to defence spending as a proportion of GDP, which of course leans in the opposite direction.

We are where we are, and no one is calling for child tax credits to be removed. Indeed, on Thursday, Satwat Rehman, from One Parent Families Scotland, told the Equal Opportunities Committee that the UK Government's reduction in support from 80 to 70 per cent of childcare costs means that in many cases work no longer pays and childcare is unaffordable. Maggie Simpson, of the Scottish Childminding Association, said that the bills of the people whom she represents are increasingly being left unpaid. Save the Children

reminded us that this reform is one of many welfare reforms that will increase child poverty.

There was a clear feeling that if we were starting over we would not choose the current system. Liam Byrne has said almost as much and has looked thoughtfully and positively at the example of Denmark. If we were starting over, we would develop a system of greater direct provision.

That brings me to the Scottish Government's commitment to 600 hours of provision. The commitment was welcomed by One Parent Families and Save the Children, partly for what it is and partly because it shows a desire to move towards a universal system of provision. It is a welcome incremental improvement.

I agree with members who said that transformational improvement is beyond the Parliament's current constitutional powers. However, the case for transformational improvement is becoming more and more unanswerable, as members will realise if they read the evidence that has been and will be provided to the Equal Opportunities Committee's inquiry. I hope that all members are listening.

15:14

Liam McArthur (Orkney Islands) (LD): I welcome Hugh Henry's constructive approach to this afternoon's debate and the tone of his motion, which very much reflects the approach in the Save the Children briefing that we received ahead of the debate. Although there is also much in the Government's amendment with which I wholeheartedly agree, the undertone there is that we should not worry our pretty little heads about anything because everything that needs to be done is somehow being done.

Mr Henry quite rightly spent some time focusing on the needs of older children and their parents, but I will focus, if I may, on the needs of two-year-olds—particularly those from more disadvantaged backgrounds—which is an issue on which the Scottish Liberal Democrats have been pretty consistent over the past couple of years. As part of the budget process, we produced costed proposals, which for his own reasons John Swinney rejected, but the mechanism that Hugh Henry has identified perhaps presents an opportunity to revisit the issue.

As every speaker has acknowledged, all the evidence shows that interventions in the very earliest years of a child's life, even those that are made prior to birth, shape and determine the child's development into adulthood. Let me be clear that I wholeheartedly welcome the planned extension to 600 hours of early education and childcare for three and four-year-olds. Urging the Scottish ministers to be more ambitious is not the

same as condemning the action that they are taking. The Scottish Liberal Democrats have consistently argued that the proposals in the Children and Young People (Scotland) Bill fail to recognise that, by the age of three, any intervention is often too late.

I know that the First Minister is keen on his Nobel laureates—the more he can shake a stick at, the better—so I urge him and the Minister for Children and Young People to heed the advice of Professor James Heckman, who suggests that the highest rate of return in education is to be derived from investment in the pre-birth to three age group. That is particularly the case for children from poorer backgrounds who, by the age of three, often lag a full year behind their better-off peer group in terms of cognitive development, social skills and readiness for school. I think that the minister acknowledged that point.

The Government has pledged to extend additional support to looked-after two-year-olds and those in foster care, but as Bronwen Cohen of Children in Scotland pointed out:

“Valuable as this may be ... it is markedly less generous than what is being offered in England and Wales. England is investing in 260,000 childcare places for 40 per cent of two-year-olds from the most disadvantaged backgrounds”.

Aileen Campbell rose—

Liam McArthur: Whatever the minister says—sorry, I cannot take an intervention in a four-minute speech—that dwarfs what is planned in Scotland.

Family nurse partnerships are indeed helpful and welcome, but this is not a case of either/or. Such partnerships are also being delivered south of the border and can work very well and effectively alongside free nursery provision.

Obviously, the Scottish Government has already pushed through its budget, but I urge it to accept the need to look again at the issue and consider the mechanism that Mr Henry has identified. As others have mentioned, Mr Salmond’s willingness to meet other party leaders to discuss the issue may be a cause for optimism, but the proposed commission may be another way of delivering the cross-party working on childcare that Save the Children has advocated. The commission would also afford us the opportunity to look at the affordability, availability and flexibility of provision across Scotland—as Liz Smith, Mary Fee and others have pointed out—and reflect some of the concerns that emerged in the report, “Counting the Costs of Childcare”.

We all acknowledge that improving childcare provision is essential to improving outcomes for children, particularly for those living in poverty. There is also a direct impact on our attempts to build a strong diverse economy, which will benefit

from parents being able to return to or remain in work; that point was made very well by Claire Telfer. I urge the minister to support the call for a cross-party approach and to use that consensus to deliver further essential progress in this vital area.

15:18

Joan McAlpine (South Scotland) (SNP): There can be absolutely no doubt that this Government has demonstrated its commitment to childcare and early years. The 20 per cent increase in free nursery provision since the SNP came to power in 2007 is a real achievement, particularly as the Scottish Government has faced the biggest financial squeeze experienced by any Government in this Parliament since the beginning of devolution.

The Scottish Government is building on that record and demonstrating its ambition with the Children and Young People (Scotland) Bill, which will result in a 45 per cent increase in free childcare since 2007. That will benefit around 120,000 children and save families around £700 per child per year. By increasing to a minimum of 600 hours the amount of funded hours that three and four-year-old children, as well as vulnerable two-year-olds, are entitled to, the bill will mean that Scotland has the best provision in the UK.

Childcare must be viewed in its broadest sense, and the bill does that. We need to help families to get out of poverty by enabling women to work and to retain more of their earnings, but we also need to provide the best-quality childcare.

Neil Findlay (Lothian) (Lab): Last week, NHS Lothian announced that it will close nurseries in St John’s hospital in my area. Will that help people to get back to work, particularly in the health service?

Joan McAlpine: That is a constituency matter that is outwith my region. I am speaking about the Government’s ambition for childcare. The member should probably raise that issue with NHS Lothian.

Childcare is about providing the best quality of education and developmental care, as well as helping people out of poverty. In the past, we have had too strict a dividing line between early years childcare and early years education. Parents often have to choose between flexible private childcare and free nursery education. Flexible private childcare is often expensive and is perhaps not always the best quality educationally, but it provides parents with the opportunity to drop off their kids before 9, say, and collect them after 5, whereas early years education such as that provided by many local authority nurseries is of a high standard, but is not provided in a way that suits working parents. It is important that we break down the barriers between those two types of early years provision. I think that the minister is

committed to doing that and that the Children and Young People (Scotland) Bill will deliver it.

In the past, opponents of the Government have suggested that the Government did not need to legislate for additional hours, but I am pleased that more of a consensus seems to be emerging on that point. Of the respondees to the consultation exercise on the bill, the vast majority, about three quarters, agreed that the number of hours should be increased and even more, about 83 per cent, agreed that flexibility should be improved. However, many respondents also identified operational, resourcing and other practical issues that they felt need to be resolved to enable the proposals to be enacted. Those include funding, the implications for workforce planning, such as staffing arrangements during longer opening hours and holiday periods, and staff training.

The strong message from those who responded to the consultation was that we need to maintain the quality of provision. In particular, local authorities pointed out the difficulties of delivering a more flexible service, because that is always more difficult and expensive to manage. Although I have sympathy with the local authorities in meeting those challenges, meet them they must. Parents have waited for far too long for more flexible provision that is of a high quality. That is why the bill is needed and why I welcome the minister's remarks.

I am delighted that the First Minister has said that a transformational shift in childcare should be one of the first tasks of an independent Scotland. The "Government Expenditure and Revenue in Scotland" statistics show that Scotland pays more than it gets back from London, amounting to more than £800 a head for every man, woman and child in the country. I cannot imagine a better way of spending a portion of that £800 than spending it on our youngest children. However, the only way that we will achieve that is through voting for independence next year.

15:22

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): I am pleased that the debate has not been excessively party political—at least not compared to the next one, I am sure—and that there is much that we can agree on and work together on. Actually, the most important thing that we can agree on is that childcare is a massive issue. In the history of politics in Scotland and the UK, that has not often been the case.

I was lucky, because before I was elected as a member of Parliament in 1992, I met a group of women in Pilton in my constituency who were in a childcare action group. They had a massive effect on my thinking at the time. In fact, because of that,

childcare was the main subject of my maiden speech in 1992, when I said that it was important as an anti-poverty strategy, crucial for gender equality and a key part of economic policy. All that is still true today, although I was remiss not to mention that childcare is also absolutely essential for child development. I am glad that Liam McArthur mentioned James Heckman, who has done a lot of work on the issue and shown how investment in the early years pays many times over in future years.

A lot of progress has been made in the past 20 or so years. The Labour Government's actions on nursery education for three and four-year-olds and the development of childcare tax credits have been acknowledged. Marco Biagi made an interesting point about tax credits. There is a choice between demand-side subsidies and supply-side subsidies, and I have a lot of sympathy with those who would prefer to have supply-side subsidies, but we should acknowledge that the Labour Government's childcare tax credits benefited a large number of parents. It is regrettable that the current Government has reduced that support from 80 to 70 per cent, which has made the problem worse. When I talk to parents now about childcare, the big issues are affordability—which is key—and, of course, availability. Parents talk to me about childcare just as much as they did all those years ago.

We can all agree that we are making progress. I certainly welcome the 600 hours provision and the commitment to more flexibility. Everybody will acknowledge that that is an important step forward. When I talk to people in my area of Edinburgh who are involved, I see a lot of interesting developments, such as different models of flexibility in early years and expansion in the number of nursery schools—though the latter may be a particular issue in Edinburgh. I said to someone last week that I would ask the minister why we have to consult when we open a new nursery school. I understand why we consult when we close one, but not why we consult when we open one. That is happening soon in my constituency. That is one important aspect.

Clearly, after-school care is crucial, too; for working parents, that is mentioned to me probably more often than anything else. I welcome the grant of more money for out-of-school care. Edinburgh is doing quite a lot on that. The Labour manifesto—if I may be partisan for a moment—had an idea about childcare co-operatives. The main thrust of childcare co-ops will be to help and support the development of after-school care, and I applaud the City of Edinburgh Council for doing that. The development of after-school care, together with support from the supply side, is a crucial area that we must put more emphasis on.

That will be necessary, because tax credits do not cover care for everyone.

Another area concerns provision for two-year-olds—there is a whole debate about the best way on that, and again the Scottish Government has taken an important step. Should further targeting be developed so that it includes more people, or should we perhaps offer a small number of hours to everyone? That is another important debate.

The Scottish Government is taking important steps, particularly in relation to the 600 hours provision. However, I am sure that we can all agree that there are many more steps to take.

15:27

Jamie Hepburn (Cumbernauld and Kilsyth) (SNP): Let me begin by declaring an interest as a father of two pre-school age children. I know how difficult it can be to secure decent, reliable and affordable childcare. My wife and I have been very fortunate to be able to arrange such care for our own children. I very much believe that an aspiration to secure further improvements in the provision of childcare across Scotland is something that we should all welcome and work towards.

However, we should put this debate into context by looking at the situation in Scotland today. As Joan McAlpine set out, there has been an increase in free nursery provision by some 20 per cent since 2007. The Children and Young People (Scotland) Bill will legislate for a 45 per cent increase over the same period of time, with some 120,000 children in Scotland benefiting by the provisions of that bill.

I have already recognised the concerns about the cost of childcare. Save the Children has done a lot of work on that. I have been very happy to work with that organisation in the past and shall be happy to work with it again. We should recognise that costs are stabilising in Scotland but increasing elsewhere. The Daycare Trust published a report in March, which indicated that there has been no increase in Scotland in childcare costs for the under-fives compared with increases across the rest of the UK of 4.2 per cent for the under-twos and 6.6 per cent for two-year-olds and over. It is important to provide that context.

The move to the childcare provision of 600 hours is hugely welcome and compares favourably with the position elsewhere. Some people have made much of extending childcare further, to two-year-olds; Liam McArthur espoused that position. The UK Government's position is often given as an example of what to do, but we should look at the reality behind the proposals. The proposed ratios of staff to children for childcare in England will increase to 1:4 for under-ones and 1:6 for two-

year-olds; the ratio for three and four-year-olds could be 1:13. The Scottish ratios are much better. That has led to criticism from Professor Cathy Nutbrown, the chief executive of the Daycare Trust, Anand Shukla, and the founder of Mumsnet, no less, who has suggested that the UK Government needs to rethink its plans.

Liam McArthur: Does Jamie Hepburn accept that the ratios south of the border have been far better than those north of the border over many years? Yes, the issue is quality, but the safeguards that are put in place in terms of additional qualifications can help us to achieve quality.

Jamie Hepburn: I do not accept that the ratios were much better for many years. They were roughly similar and the issue is that they will be dramatically worse in England if the proposals go ahead.

On the proposal for a childcare commission, it was interesting to see that, in her conference speech, Johann Lamont said

"We don't need the Council of Economic Advisers to tell us what a difference investing in education and childcare can make",

but, apparently, we need a commission. That ignores the fact that work to dramatically improve access to childcare is continuing. We have spoken about the Children and Young People (Scotland) Bill. We are aware of the early years task force. We are also aware of the work of the Council of Economic Advisers.

Let us not pretend that that work is not happening; it is under way. The proposition seems to be that we should create another commission and wait for its conclusions before we make further improvements. That is a nonsensical position.

I commend the Scottish Government for its work and support its amendment.

15:31

Annabel Goldie (West Scotland) (Con): Hugh Henry is to be commended for bringing the debate to the chamber. I am clear that, among the many issues that legitimately demand the attention of politicians in the Parliament, childcare should be at the centre of our focus and in the forefront of our discussions. I say that not because I have been in the Parliament for nearly 14 years and not because, in that time, I have heard numerous suggestions from all parties—whether in government or opposition—about how we should deal with childcare, but because I start from first principles.

Some parents decide that their family will have a non-working mother or father and can afford to

make that decision. That is fine but, for the majority of parents, it is not an option. The reality of modern life is that both parents work—possibly out of choice, probably out of necessity. In working, they bring much-needed skills to the economy, bring stability to their workplace environment and generate welcome spend in the economy. That can only be regarded as positive but, for some parents who cannot access childcare, that opportunity does not exist, and that is wrong.

For those reasons, I regard the provision of childcare to be as essential as the provision of healthcare or schooling or as maintaining our public transport system. To avoid confusion, I clarify that I am not advocating a new publicly funded universal benefit. I am saying that we can do an awful lot more to match the needs and responsibilities of parents with reasonable and more effective support from Government.

The other important consequence of childcare is a direct benefit to the child. That may range from learning new personal skills and nurturing positive relationships with other children to embarking on the process of learning. Hugh Henry rightly referred to that.

On how the Parliament has fared on that front over nearly 14 years, the answer has to be patchily. Things are certainly better than when we started, but recent progress has been more glacial than swift. On the positive front, the statutory provision of 475 hours per annum for three and four-year-olds, which was introduced in 2007 to improve on the previous 415 hours, was helpful. The proposed increase to 600 hours by 2014 is welcome. It is overdue progress—it has, after all, taken seven years to accomplish.

Where does Scotland sit in relation to childcare? The statutory provision is not as good as that in England. England's childcare entitlement is being extended to two-year-olds from 40 per cent of the most disadvantaged families from 2014. The Secretary of State for Work and Pensions, Iain Duncan Smith, is in discussion with childcare providers to persuade them to price services on an hourly rate rather than in blocks. That would make childcare more affordable, as parents would not have to pay for care when they did not need it.

Aileen Campbell: Will Annabel Goldie give way?

Annabel Goldie: I am sorry, but there is not sufficient time. I ask the minister's forgiveness.

In a country the size of Scotland, why can we not have similar national clarity? If the Scottish Government is serious about recognising the needs of parents for flexibility in the hours of childcare, as Joan McAlpine said, why can it not be available from 7 o'clock in the morning to 7

o'clock at night and spread across two days instead of three? That would transform employment opportunity for many parents, as would extending support to parents who work less than 16 hours per week.

Where are those options? Who is investigating their provision? A commission of qualified people with a focused remit, as proposed by Mr Henry, sounds to me a better bet than a general Council of Economic Advisers. Good things are happening—I do not deny it—but better things are happening in England. With imagination and innovation, we can make better things happen in Scotland, within the existing constitutional settlement and without even having to wait for a referendum.

Mr Henry's motion is sensible and reasonable, and I support it.

15:35

The Cabinet Secretary for Education and Lifelong Learning (Michael Russell): I want to stress what unites us in the debate, as Malcolm Chisholm has very effectively done, rather than what divides us. However, I hope that members will forgive me if I say something before that, in the light of the speech that we have just heard.

Annabel Goldie's use of the word "glacial" was fascinating. The reality is that the actions of the Tory and Liberal Government south of the border, just through the changes in child tax credits and working tax credits, are taking away from working families £700 a year—a figure which equates almost exactly to the sum of money that we are trying to put into the pockets of hard-pressed parents. If we want ice analogies, perhaps the best thing that we could do would be to thaw the icy heart of Iain Duncan Smith on those anti-family actions.

Liz Smith: Will the cabinet secretary give way?

Michael Russell: No, I will not. I am sorry, but I want to make some progress.

I turn now to a more positive theme. I want to stress those things that Malcolm Chisholm was absolutely right to stress—the things that should unite us across the chamber. First, there is the indivisibility of childcare and education. There is no dubiety about that whatever, and we must ensure that that link is maintained. Secondly, there should be no weakening, throughout the chamber, on the standards of childcare. Thirdly, there should be no weakening on the commitment to continued progress.

I wish to correct those Labour members who seemed to indicate that nothing happened after 2007.

Hugh Henry: It was not enough.

Michael Russell: In 2007, we moved from 412.5 hours, which was enough for Labour—a Labour member shouts “not enough”, but it was enough for Labour—to 475 hours, and we will now move to 600 hours. There is no weakening on that; indeed, there is unanimity across the chamber that we should continue to make progress.

There is also no weakening on the cross-party approach. There is absolutely no weakening on bringing the experts to bear, although Annabel Goldie seemed to imply that that was not happening. There is the early years task force, whose remit is wider than early years, in particular with regard to its subject group on early childhood learning and care, where the remit covers the ages of zero to 14. That group involves not just the politicians who Hugh Henry and, apparently, Annabel Goldie, want to gather round a table, but all the organisations—the real experts.

Mary Fee said that there should be a cross-party activity. She should have looked to her right, because next to her is a member of that early years task force—Malcolm Chisholm. The task force indeed involves other members. If members have the expertise that Malcolm Chisholm has displayed in the debate, I will be very happy for them to be involved in the task force. There is no weakening at all on the desire for a cross-party, informed contribution to the debate.

I turn to where I think the problem lies. Malcolm Chisholm brought three good ideas to the table, and we will take them away and look at them. We did not hear a single idea in Hugh Henry’s speech, which is regrettable. I want people to come forward with ideas, along with suggestions for how they can be funded; they will then be considered. I give an absolute commitment that the early years task force and the existing structures, which include the real experts, will consider any idea that comes forward. We will do so openly; we are quite happy to consider those ideas openly and to have a public debate.

We should know—and we should not be afraid to acknowledge—that there is a better long-term solution. I pay credit to Johann Lamont who, in her conference speech on 21 April, said:

“Labour in government had a childcare strategy within months of coming into office ... We introduced child tax credits to supplement child benefit. We introduced paternity and extended maternity leave.”

That recognised another indivisibility: that of tax, benefits and labour market regulation.

Neil Findlay: Will the cabinet secretary give way?

Michael Russell: No, I am not taking an intervention from Mr Findlay, because this is a serious point that needs serious attention.

It is the indivisibility between those three things that requires to be considered.

Neil Bibby: And we need a Labour Government.

The Deputy Presiding Officer: Order.

Michael Russell: We need the powers in this Parliament to influence those things. The real—*[Interruption.]*

The Deputy Presiding Officer: Order, Mr Bibby.

Michael Russell: The real long-term benefit that can come is from having the powers in this Parliament. Those facts are absolutely indisputable. That is the way to make progress.

I am, however, entirely willing to accept that we should do as much as we can within our existing powers. That is why we have made the progress that we have made. That is why we want to go on doing so, and why I would welcome the ideas that might come from Hugh Henry and his colleagues. We would look at them very closely. I am also saying that to the Tories and Liberal Democrats: they should bring forward their ideas about how we will fund early years provision and we will look at them very closely indeed.

When we have the normal powers of a normal nation, we will be able to do even more. Furthermore—this takes me back to the point with which I started—we will be able to do more than simply mitigate the harm that is being done elsewhere. The figure that I mentioned at the start of my contribution is a stark one: one set of changes in benefit regulations that have been imposed from south of the border is taking away the benefit that will come from the increase in fully-funded early years provision to 600 hours. That is the reality, and doing something about it has to be a key priority in changing childcare.

Just in case any Labour members thought that they could be comfortable about this issue, we still have to take action where it is needed. Of course, the alternative Labour Queen’s speech contained no commitment to remove the bedroom tax, for example. While Westminster is still involved in Scotland, we want to see some action, not just the usual words.

15:41

Neil Bibby (West Scotland) (Lab): It is customary for the member who closes a debate to remark on how it has gone, and I think that this has genuinely been a good debate and a number of important points have been raised.

Have we improved childcare this afternoon? No, of course we have not, but we could take a step towards improving childcare by establishing a cross-party commission on the issue.

I think that we would all accept that it is not enough just to talk about childcare across the chamber for a couple of hours every now and then. We need to get around the table on a cross-party basis, talk through problems, identify solutions and deliver the support that our families need. As Hugh Henry said, we need a comprehensive childcare strategy and a childcare commission to make that a reality.

That is why Johann Lamont offered to work with the First Minister and other party leaders on childcare. The reason for that and the purpose of Labour bringing this debate to the chamber is to support Scottish families from Paisley to Peebles, in Ayr and Aberdeen; families in every part of Scotland face childcare problems.

We welcome the Scottish Government's proposals in the Children and Young People (Scotland) Bill to extend pre-school care hours to 600 for three-year-olds and four-year-olds, and we recognised that in our motion. That will build on the progress that was made by Labour in Government on pre-school education and our family-friendly policies such as child tax credits, and paternity and maternity pay, which Michael Russell and Stuart McMillan mentioned.

However, let us be honest: if we are to represent the views of the families whom we were elected to represent, every party must accept that not enough is being done on childcare to support families. The view that the childcare problems of 2013 will not be solved by the Children and Young People (Scotland) Bill is not a political view. It is the reality of what we hear from families in our communities.

Three things are as evident now as when Hugh Henry mentioned them at the start of this debate. Childcare provision does not meet the current needs of the children and families of Scotland; childcare is expensive; and the educational underpinning of early years provision should be paramount. A number of members highlighted those issues. I say to the SNP members who have questioned the need for a cross-party commission that some issues need to be addressed now and some will have to be looked at for the longer term. That is why we need a cross-party commission.

Aileen Campbell: Is the member completely discounting the work of the early years task force, which is looking at a number of the issues that have been raised today? It is bringing on board expert practitioners from around the country so that they can formulate a way forward based on

their knowledge. Is he completely discounting that work?

Neil Bibby: No, I am not completely discounting that work at all. If the minister had listened to what Hugh Henry and others have said, she would understand that we need to take a rounded view of childcare provision in Scotland from birth to the age of 14. That is the point that the minister is missing.

Issues that have been mentioned include pre-school childcare, out-of-school care, and childcare provision at work. Neil Findlay mentioned childcare at St John's hospital, and there are issues to consider in relation to childcare for disabled children, as Mary Fee mentioned.

Mary Fee and Marco Biagi mentioned the Equal Opportunities Committee. The impression that SNP members gave about the reaction to 600 hours is questionable as at an Equal Opportunities Committee meeting—in an answer to Marco Biagi—Jackie Brock of Children in Scotland said:

"Our members have a rather lukewarm view on the 600 hours and the contribution that it will make to that long-term vision."—[*Official Report, Equal Opportunities Committee*, 2 May 2013; c 1259.]

Hugh Henry mentioned childcare costs at the start of the debate. SNP members have said that the extension of hours will save families £700 a year. There has been a seven-year delay in that policy, so the SNP delay in extending that policy has cost families £700 a year. We know that childcare costs are high. We know from a recent Save the Children report that, on average, childcare payments take 33 per cent of household income. We know that many families believe that that cost is a barrier to work and that too many have had to cut down on food and payment of household bills to pay for childcare.

Age segregation and the geographical dislocation of services can also create difficulties for parents. In the area that I represent, Save the Children recently took evidence and I was shocked to find that, in some cases, parents are having to pick up their children from three different establishments because no one service deals with children aged one year, three years and six years old—that is if parents can find childcare at all.

Those are just some of the challenges that families whom we are elected to represent are facing. We need to develop a Scottish system of childcare that is affordable, high quality, accessible and flexible and which meets the needs of families. It is therefore disappointing that the SNP minister in her judgment does not appear to think that establishing a cross-party commission is a good idea.

The SNP amendment talks about the early years task force. The task force is doing important

work, but as I have said before we need to look at how we support families with children from birth to the age of 14. We need to look at pre-school education and care for two-year-olds, where we could be doing more. As Liam McArthur and other Lib Dems have said, we are massively behind the rest of the UK. That is why we want to work with parties across the chamber to look at how we can improve childcare for two-year-olds.

We also need a renewed focus on supporting out-of-school care—a focus on how we support the retention and expansion of breakfast clubs, after-school clubs and holiday clubs. Such services for school-aged children are crucial for working parents. They allow parents to work and to provide for their children.

The Scottish Out of School Care Network reports that most services are managed and administered by parents themselves, who form charities or co-operatives, employ staff themselves and pay dearly for the service. I pay tribute to those parents but we also need to look at how we can support parents who want to retain or set up community or co-operative childcare services, as some are doing with the City of Edinburgh Council—as Malcolm Chisholm mentioned.

As Hugh Henry said at the start of the debate, it is time for us to work together across the Parliament and to do so with some humility. We appear to have a consensus in the chamber for a commission—with the exception of the SNP. I am pleased that, out of the chamber, organisations such as Children in Scotland support the idea and organisations such as Save the Children want us to work on a cross-party basis. I plead with the minister to change her mind.

None of us here has all the answers to the early years and childcare questions. As a Parliament, we know that we need to do more, but we realise that that will come with a cost. We know that families across Scotland want real solutions to their problems. We need to take advice and come to an agreement on the way forward. That is why we are asking for all parties to support the establishment of a Scottish childcare commission to establish how best to expand affordable, accessible, good-quality childcare and early years provision across Scotland. Our children and families deserve no less.

Scotland's Health Service

The Deputy Presiding Officer (John Scott):

The next item of business is a debate on motion S4M-06474, in the name of Jackie Baillie, on Scotland's health service. I call Jackie Baillie to speak to and move the motion in her name. You have 10 minutes, Ms Baillie.

15:49

Jackie Baillie (Dumbarton) (Lab): I always welcome the opportunity to debate the national health service in the chamber. It is an institution that we all hold in the highest regard, and we admire what is achieved daily by our hardworking NHS staff. However, there are some difficult issues on which we need an open and honest debate. Everyone is aware of the scale of the demographic challenge that we face. More of us are living to a ripe old age and will potentially be relying on health and social care services.

I do not think that we do not need to rehearse the arguments in the chamber. We all agree that we should fund much earlier intervention to prevent people from having to engage with care services. We agree that keeping people out of hospital when they do not need to be there is the right thing to do, as it is not only better for the public purse but much better for the individual concerned. We also agree that we need to shift the balance of care.

It is fair to say that we have agreed on much of that for some time, but we have failed to deliver the type of transformational change that is required. We will shortly debate the integration of health and social care: the governance arrangements, financial procedures and accountable officers, and myriad structural issues besides.

We must not forget that culture is equally important and is not something for which the Cabinet Secretary for Health and Wellbeing can propose legislation. We have yet to resolve fundamental questions, such as how we bring together two very different approaches. We have a national health service that is free at the point of need and which assesses people's needs and then treats them, while our social care system assesses people's needs, rations what can be provided based on how near a crisis the person is and then charges them for providing a service. We will struggle to succeed if we ignore such questions.

I know that the cabinet secretary is grappling with some of those thorny issues, so I was most interested to read his reported comments to the Unison conference in Glasgow on 24 April—just

two weeks ago—about demographic change. He said:

“We are still going to need the same number of beds, the same number of hospitals, the same number of doctors and nurses just to stand still”.

If members were in any doubt, that was confirmed by a number of national newspapers and welcomed in many quarters as a firm commitment and a clear direction of travel.

There was nothing equivocal about that statement, and I think that members would all agree that there is nothing equivocal about the Cabinet Secretary for Health and Wellbeing. Indeed, Jackson Carlaw is fond of saying that cabinet secretary is a pragmatic man, and I have to say that I agree. However, it would appear that, since that statement, someone has got to the cabinet secretary.

The cabinet secretary's amendment is the parliamentary equivalent of shouting, “There's a squirrel!” to distract attention. Instead of talking about what we need to do to tackle demographic change, and helping us genuinely to understand his comments about no changes to beds, hospitals, and doctors and nurses, he wants a discussion on minimum unit pricing.

Both of those subjects are substantial in their own right, but minimum unit pricing should not be used as a cover for avoiding a discussion on the level of health services that we can expect in the future. I confess that I am left to wonder whether the cabinet secretary meant what he said. Has he been silenced by his civil servants, or is it just another case of saying one thing in public to a Unison audience and another thing entirely in private?

Let us suppose for a minute that the cabinet secretary is genuine, because I believe that he is. It is clear that NHS Lothian did not get that message when it was discussing proposals to close three hospitals—the Astley Ainslie, Corstorphine and Liberton hospitals—all in the week that the cabinet secretary said that there would be no hospital closures.

Those closures are likely to lead to a reduction in beds. I applaud the valiant effort of the chief executive of NHS Lothian to convince us otherwise, but there is no disputing the facts. In 2007 there were 2,518 beds in NHS Lothian, and for the last available quarter there are 2,411. That is a reduction by anybody's standards.

That is not the whole picture, as the argument is made that beds in the care sector will make up for any reduction in hospital beds. However, there will be a need for further capacity just to stand still, never mind to make up for the loss of beds. For example, the City of Edinburgh Council will have to cope with the closure of five private care homes

that provide very sheltered accommodation, which was recently announced by Cairn Housing Association, on top of coping with the changing demographics.

Local authorities throughout Scotland are struggling to cope now, never mind as the numbers of older people increase. The capacity is just not there, and there is no promise from NHS Lothian to re-provide each and every one of those beds in the care sector, so consequently we lose beds.

If we delve a bit deeper, we see that, on page 166 of its paper, the health board notes that, in its clinical strategic framework,

“The shape of our workforce is changing. There will be fewer doctors overall and where doctors skills are needed in specialist areas of care, these may need to be provided on fewer sites to ensure that services are safe.”

Let me repeat that:

“There will be fewer doctors overall”.

The number of doctors will decrease. Does that not all fly in the face of the cabinet secretary's promise to the Unison conference in Glasgow?

The situation is not confined to NHS Lothian. NHS Western Isles proposes to cut the number of its beds from 89 to 53, and other health boards including NHS Greater Glasgow and Clyde are reviewing their acute services. I do not think that the cabinet secretary is saying at the outset that the review will mean no changes to hospital numbers, bed numbers or staff numbers, but perhaps he is.

When we consider the SNP's record, it makes interesting reading. Bed numbers have been reduced by more than 1,400 since 2007 despite an SNP promise made by Nicola Sturgeon in 2006 to increase the number of beds. Nurse numbers have been reduced by around 2,000. Perhaps more seriously, the intake of student nurses was slashed by 12 per cent in 2011-12 and there was a further cut of 10 per cent in 2012-13. I think that we would all agree that that is a potentially damaging decision that will have serious consequences in the years to come. We are storing up trouble for the future.

If the Government will not listen to me, it should listen to the Royal College of Nursing, which tells us that

“cuts to the workforce are not only bad news for patient care but mean that the remaining staff in the NHS are increasingly over-stretched”.

Furthermore, Unison reports that there are serious concerns about patient safety with the reduction in nurse-to-patient ratios, and the British Medical Association calls for an open and honest debate about what the NHS can and cannot afford. The BMA also points to the need to increase the

resourcing of social care and primary care if we are properly to meet the changing demographic profile of our population.

None of this is easy. I recognise that there are real financial constraints both in the NHS and in local government. In that context, the cabinet secretary's comments were interesting—some would say that they were positively extraordinary. They were a complete departure from his department's thinking, certainly a departure from the thinking of his predecessor, and a departure from the general direction in which health boards are travelling.

I believe that the comments merit serious debate. Can we have the best of both worlds? Can we maintain bed numbers and hospital numbers even if that flies in the face of what health boards are planning to do? Should we maintain staff numbers to maintain the best possible quality of care and is there a trade-off in there? Those are serious issues that merit serious debate. In addition, how do we ensure that we invest in the social care sector and truly shift the balance of care?

I fear that, having promised one thing in public, the cabinet secretary is saying another thing in private. Perhaps he simply told the Unison audience what it wanted to hear and has since been pulled back into line by his civil servants. If he is serious, however, we urgently need a national strategy and national planning. Announcing that there will be no bed number reductions, the same number of hospitals and the same number of nurses and doctors requires thought if it is to be more than simply a glib soundbite.

Someone said to me that the cabinet secretary was simply playing to the gallery and making it up as he went along. I thought that that remark was uncharitable. However, some evidence of thinking on the part of the Government that underpins the cabinet secretary's comments would be very helpful; or, if his comments were made in error, he should please tell us, not least because the people of Scotland deserve an honest debate about their NHS.

I move,

That the Parliament notes reported comments from the Cabinet Secretary for Health and Wellbeing at the Unison conference in Glasgow on 24 April 2013 that an ageing population means that "we are still going to need the same number of beds, the same number of hospitals, the same number of doctors and nurses just to stand still"; voices concern at reports that the future of three hospitals in NHS Lothian is under threat; further notes that the Scottish Government has already cut over 1,400 beds and almost 2,000 nursing and midwifery staff, and calls on the cabinet secretary to guarantee that his comments mean no further cuts in beds, hospitals, doctors and nurses.

15:59

The Cabinet Secretary for Health and Wellbeing (Alex Neil): Jackie Baillie rightly said—it was one of the few things that she got right—that society is constantly changing and its needs are evolving. The remarkable achievement is that the health service is, and has been, changing with it. I welcome the opportunity to put on the record my gratitude for the dedication and commitment of all our hard-working NHS and social care staff across Scotland. I recognise that all parties share that gratitude.

Although the shape of the NHS has evolved since its foundation, its core principles of providing the best possible healthcare, free to all regardless of their income or need, must be preserved. For those principles to be protected, we must ensure that the health service develops with the needs of the Scottish people. This Government will maintain and improve—as we have been doing—the levels of quality and provision that the health service requires.

The Government will protect the health budget. We recognise that, if we want a first-class health service, the resources must be there to deliver it. As we look to the future, the twin challenges to be met are the ageing population and the increase in healthcare demands as a consequence of changing lifestyles, including those related to tobacco and cheap alcohol.

Some of the picture that Jackie Baillie painted was rather dark and inaccurate, so let me deal with a number of the issues that she raised. First, she ignored some real improvements in the national health service in recent times. She mentioned the number of beds: the total number of beds in the national health service today is just more than 24,000, which represents a 12 per cent drop over the past five years. However, I have checked the bed numbers for the five years previous to that, while Jackie Baillie's colleagues were in Government and in charge of the health service. Between 2002 and 2007 the number of beds declined by 13 per cent.

Jackie Baillie: I hope that the cabinet secretary and everyone else in the chamber is proud of that reduction, because those figures relate to the closure of long-stay institutions—including Lennox Castle hospital—which enabled people with learning difficulties to live in communities.

Alex Neil: I say with all due respect that were Jackie Baillie to check the figures, she would find that the Labour Government closed a substantial number of acute beds, too.

I will make three points. First, we need a proper planning tool to manage bed capacity in a fast-changing health service. Today, I have announced

major advances in the development of a bed-management tool.

Secondly, this is not only a numbers game; it is also about the mix of beds. For example, a big challenge in our 30 acute hospitals is the balance between medical and surgical beds.

Thirdly, there have been very good reasons why there have been particular reductions in bed numbers. For example, there has been a drop in the number of long-term psychiatric and geriatric beds because we have been treating people in the community rather than in hospital. If one looks at the shift in many areas to day surgery, by definition the same number of beds are not needed for the throughput in day surgery—which has risen by 10 per cent in recent years—as are needed for longer stays in hospital. If one looks at the turnaround time between coming into hospitals for elective procedures and discharge, for example, that time is reducing all the time. Those issues quite rightly drive bed numbers.

I clarify that the point that I was making at the Unison conference—which I have made many times in the chamber—is that when one looks at the particular challenges relating to over 75-year-olds, one sees that there will be, roughly, a doubling in their numbers over the next 20 years or so. If we were to achieve a 50 per cent reduction in hospital admissions among those 75-year-olds and go no further, the same number of beds would still be needed for that particular group. That is the part that Jackie Baillie missed when she was quoting my speech.

Jackie Baillie: Will the cabinet secretary take an intervention?

Alex Neil: I do not have time, unfortunately.

I believe that we can reduce the hospitalisation rate even more. Recently, I have seen a pilot in East Ayrshire, which through new innovations and new technology has resulted in a 70 per cent reduction in hospitalisation among members of the older age group.

On the other hand, we will continue to expand day care services. I will give Jackie Baillie some workforce numbers. In the past five years, the number of qualified nurses has increased by more than 700, the number of consultants has increased by more than 800, the number of general practitioners has increased by more than 250 and the number of allied health professionals has increased by more than 650.

Investment in the workforce has been paired with the increasing demands on the NHS. The health service is diagnosing, treating and caring for far more people than ever before. In the past year alone, the number of in-patient cases grew by almost 5,000 to 253,000 and the number of out-

patients grew by more than 20,000 to 1.1 million. The number of accident and emergency presentations exceeded 1.5 million. Since 2006-07, the number of day cases has grown by 43,000 a year to nearly 450,000. I would have thought that those were all welcome developments.

Over the past five years, the number of GP appointments has gone up by more than 3 per cent, the number of GP practice-nurse appointments has gone up by more than 10 per cent, the number of out-patient attendances has gone up by nearly 5 per cent and the number of in-patient and day-case discharges has gone up by nearly 7 per cent.

Drew Smith (Glasgow) (Lab): Will the cabinet secretary give way?

Alex Neil: I do not have time, unfortunately.

The Deputy Presiding Officer: If you would like to take the intervention, there is a minute or so available.

Alex Neil: I still have quite a lot to say. *[Interruption.]*

Jackson Carlaw (West Scotland) (Con): On a point of order, Presiding Officer. Will the cabinet secretary be speaking to his amendment at any point in his speech?

The Deputy Presiding Officer: That is a matter for the cabinet secretary. It is not a point of order.

Alex Neil: I am outlining the improvements that are referred to in the amendment. I thank Mr Carlaw for his point of order.

Over the past six years, the measure of patient satisfaction has risen dramatically, from just under 81 per cent to more than 88 per cent. That indicates to me that patients are increasingly satisfied with the quality and range of provision that they are receiving from the NHS in Scotland.

As we look to the future, we face major challenges. I have already mentioned the ageing population. I have no doubt that Mr Carlaw will point out that over the next 20 years he and I will come into the category of over-75-year-olds. It is not just the ageing population that presents a challenge; our population is at a record level, which means that demands on the health service are at a record level. We know about the budgetary situation and the constraints that it is operating under, even though we are passing on the Barnett consequentials. Inflation in the health service is twice as high as inflation generally. In addition, of course, there is the challenge of addressing the inequalities in access to healthcare, let alone the particular challenges that relate to overuse of tobacco and alcohol abuse.

The reality is that, despite the huge increase in demands, despite the constraints on our budget

that have been imposed on our budget by our friends in London, and despite all the challenges to do with an increasing and ageing population—

The Deputy Presiding Officer: You are very challenged for time, Mr Neil.

Alex Neil: Despite those things we are providing a far better health service, in which we are investing a record amount. That is why I am proud to move my amendment.

I move amendment S4M-06474.1, to leave out from “an ageing population” to end and insert:

“Scotland’s health service faces many demographic and lifestyle-related challenges in the coming years; recognises that the population of over 75-year-olds in Scotland is set to double over the next 20 years and that Scotland pays too high a price for the consequences of cheap alcohol; welcomes the Scottish Government’s commitment to at least maintaining the level of quality and provision in NHS Scotland in the face of these challenges; further recognises that adult health and social care integration is vital to meeting the future care needs of Scotland’s ageing population, and reiterates its support for the introduction of minimum alcohol unit pricing as one of the measures that will help improve the health of the nation.”

The Deputy Presiding Officer: At last. Thank you very much.

16:08

Nanette Milne (North East Scotland) (Con): The very serious issues that are highlighted in Labour’s motion and the Scottish Government’s amendment could fill a whole day’s debate and can only be touched on in the time that is available to us. Therefore, I will concentrate on the infrastructure and workforce matters that Labour has raised, while my colleague Jackson Carlaw will deal with the introduction of minimum alcohol unit pricing as a public health measure—to sum up what the cabinet secretary said in support of his amendment.

For many years, we have talked about the increasing challenges that the NHS faces, which are a result principally of an ageing population, but also of the many health problems that result from lifestyle issues. Last October, the Health and Sport Committee received evidence that

“ageing of the population alone, with no alteration in the prevalence of diseases or the age-specific rates of becoming disabled ... will result in a 67 per cent increase in the numbers with disability over the next 20 years. Numbers of the oldest old (those aged 85 years and over) with disability will have doubled”.

In addition, the proportion of the older population with arthritis, coronary heart disease, stroke and dementia will have increased by 40 per cent by 2025—just 12 years from now—and many of those people will have several long-term conditions affecting their health and wellbeing.

Although those figures are from south of the border, there is no reason to suspect that Scotland is greatly different. The increasing numbers of people who require care have been described as a huge train coming towards our health service system and it is not clear whether the system is in a fit state to cope. The BMA itself has said that

“There is an urgent and growing need to improve decision-making on what”

healthcare and care

“services are needed locally and how they can best be delivered”,

and that there needs to be

“an open and honest debate ... about what the NHS can and cannot deliver”

in the longer term. I do not always agree with the BMA, but I think that it is right to say that services will need to be improved and reorganised to meet changing demands and that that can be done effectively only with the engagement of those who deliver services locally, including doctors and nurses.

I am pleased to note the Government’s stated

“commitment to at least maintaining the level of quality and provision in NHS Scotland in the face of”

increasing challenges, although the cabinet secretary’s quoted comments to the recent Unison conference were perhaps something of a hostage to fortune in the context of health boards’ attempts to rationalise their services and estate as demand increases.

It is worth looking at the Lothian strategic clinical framework for the next seven years to put the apparently threatened Edinburgh hospitals in context. It states:

“We will look at the physical space and land that we own and make decisions, based on clinical need, on opportunities to safely move off sites, reducing land and property running costs”

thus releasing funding to be invested in other services. It continues:

“We will continue a programme of primary care premises development providing accessible community-based healthcare facilities.

Less hospital in-patient care may mean we need fewer hospital beds, with those that we do need provided in appropriate and fit for purpose accommodation.”

Finally, the document states:

“We will review some of our smaller sites”

such as the Astley Ainslie, Corstorphine and Liberton hospitals

“which provide a less than optimal setting for patient care in terms of privacy, dignity and safety ... as we modernise the facilities and locations in which the care of older people is provided.”

I do not profess to be familiar with the Lothian hospitals, but we have similar on-going issues with the Grampian hospital estate, where provision is gradually being realigned to cope with a changing population and changing demands. I think that that approach is sometimes necessary.

Change is never popular, but to cope in the future we will need proper integration of healthcare and social care. People will also have to be a little bit more self-reliant and will be assisted by steadily improving technology such as telecare, which can now be successfully used by elderly people who have, for example, no knowledge of computing.

However, although the balance of care is continuing to shift towards more community-based health and social care and more service provision by the third sector, there will still be high demand for acute services, partly because of ever-advancing medical and surgical technology but also because of the greater numbers of older people.

That brings me, finally, to the nursing workforce, which according to the RCN is facing unprecedented pressures. I have seen that at first hand at night in a busy orthopaedic ward, when I was looked after by only one charge nurse and one auxiliary who were dealing with six intravenous infusions and a number of very frail elderly patients. It would take just one emergency in such a ward for the system to fall apart—and the management are well aware of it.

The planning tools for nursing, which ensure that the right number of nurses and healthcare assistants are in the right place at the right time in all hospital settings—use of which are, indeed, now mandatory for all health boards—can help if they are used regularly and in every ward and health team. Unfortunately, however, some health boards are continuing to cut the nursing workforce, which is causing yet another postcode lottery of patient care, and putting immense strain on overworked nurses and healthcare assistants.

I conclude by quoting the RCN once again:

"We ... urge all health boards ... to work with us stop the cuts to staffing levels right across Scotland and ... the Scottish Government to plan for the long term and face up to the ... pressures on our NHS, for the people who work in it and the patients who rely on it."

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

16:14

Aileen McLeod (South Scotland) (SNP): I welcome the opportunity to speak in support of Alex Neil's amendment, and want to focus my four minutes on the specific longer-term healthcare and social care challenges that Scotland as a society

faces and which the Scottish people will look to MSPs to address and resolve together.

Let us be clear: it is a mark of our success as a society that our citizens are living longer and healthier lives. Also, the Scottish Government is determined, by reducing the health inequalities that continue to blight our communities, to improve the life expectancy of people who live in Scotland's most deprived areas.

However, as we all know, a rapidly increasing ageing population presents challenges, too—especially with more people living with multiple long-term conditions and complex support needs. The Government recognises that, which is why it is changing how the NHS delivers care, why it is focusing on outcomes, why it is redesigning services around the patient, and why it is placing the patient's journey at the centre of everything that the NHS does. The very welcome announcement today of a new bed-management tool underlines the Government's commitment to ensuring that there is the necessary hospital capacity with the right type and number of beds and staff in the right places to support such changes and to help our boards to plan their services.

We need, in order to reduce demands on the NHS, to continue to develop preventative measures, such as the detect cancer early programme, and to develop measures that decrease the incidence of avoidable lifestyle-related diseases, such as the decisive action that the Government is taking to introduce alcohol minimum unit pricing, which will help to save lives and address the pressures that are put on the NHS through the thousands of hospital admissions and attendances at accident and emergency departments that result from alcohol misuse.

We need to develop measures that improve co-ordination between different elements of our healthcare and social care systems, measures that make it easier for our elderly people to continue to live fulfilling lives in their own homes and communities rather than in acute and institutional care, and measures that build capacity at a very local level to provide proper care and attention to our most vulnerable people.

The SNP Government has not only begun the reforms that are needed to implement those measures; it has already made significant progress in delivering tangible outcomes.

However, no one is under any delusion about the scale of the challenges that we still face. The direct cuts that have been imposed on the Scottish budget by Westminster, and the potentially devastating impact of the welfare reforms that are being rolled out by the London Government are bound to increase the scale of the challenges that

sustainable delivery of high-quality healthcare and social care faces.

By protecting the NHS budget, as we are committed to doing for the remainder of the current spending review period, by maintaining our commitment to there being no compulsory redundancies in the NHS, by investing in our NHS workforce, and by protecting the founding principles of the NHS, the Government is taking the appropriate steps to meet those unprecedented challenges.

In conclusion, the SNP Government is committed to ensuring that

“the level of quality and provision”

of health and social care in our NHS, which the people of Scotland quite rightly expect and deserve, are maintained into the future. At a time of unprecedented challenges to our health and care system, I believe—I think the overwhelming majority of the Scottish public believes it, too—that our hard-working NHS staff and social care staff are due an immense vote of thanks for their dedication and professionalism. I also believe that the Government has the support of those health professionals in tackling the challenges ahead in a determined and robust manner.

I support the cabinet secretary's amendment.

16:18

Sarah Boyack (Lothian) (Lab): This debate goes to the heart of the challenge of long-term demographic change and to the heart of the short-term challenges that already face health boards, those who commission care services and, crucially, older people and their families, who are looking for quality services to support them in living good-quality lives.

A bit of a reality check is needed. We could all see what the amendment was about; in fact, the cabinet secretary's opening speech demonstrated that in spades. I quite like the cabinet secretary's new improved interpretation of his quotation from two weeks ago, as it perfectly sets up what I was going to say. He says that he is against any hospital closures and that, in terms of the needs of older people in Scotland, we do not need to close any beds in the long term, but NHS Lothian's strategic clinical framework says otherwise. There is no getting away from that, with respect to older people. The framework states:

“Less hospital inpatient care may mean we need fewer hospital beds, with those that we do need provided in appropriate and fit for purpose accommodation.”

I want to highlight the massive pressures that already exist in NHS Lothian. I welcome the extra beds that are being put in place in the Royal Infirmary of Edinburgh, but the Royal Victoria

hospital, which was specifically for older people, was closed. It had to be reopened within months because of the short-term capacity problems in the ERI.

There is also a question mark over three more hospitals. I do not need to go into the cabinet secretary's quotation in depth, because that has already been done. However, it is vital that, before any decisions are taken on those smaller hospitals, a replacement strategy is in place that is funded and is clear about the numbers of people who need to be looked after and about the range of types of care, and that facilities are in place for that. The closure of the Royal Victoria teaches that lesson, as does the situation in respect of the new sick kids hospital and the replacement hospital for the department of clinical neuroscience in Lothian, because the money was not in place in time to build the facilities.

I do not need to lecture members about the cash-strapped nature of NHS Lothian, because it has been well documented. However, we need the health secretary to engage with the reality of his funding decisions. The BMA has made it clear that real-terms spending on the health service is reducing. We therefore need guarantees on replacement plans. As my colleague Ian Murray MP put it, the needs of

“some of the most frail and vulnerable people in the city ... are not necessarily best met in a community setting.”

We need a proper and honest debate about that.

As Jackie Baillie said, the closure of the five Cairn homes is a timely reminder that we must be concerned about more than just the health element of integration of healthcare and social care, because the social care element is in crisis and faces real problems now. There is a particular problem for the City of Edinburgh Council in that the five Cairn homes are very sheltered accommodation that is not financially sustainable, according to Cairn. However, its model of very sheltered housing is precisely the sort of provision that we will need more of, rather than less.

The Cairn closure proposals have, understandably, created stress and worry for the families involved. As one relative put it, having searched in vain for alternative accommodation:

“There is nothing that will give elderly frail people a dignified and independent (with support) way of life.”

That refers to the people about whom Alex Neil talked in his opening remarks: the increasing numbers of over-75s, many of whom will want to live in their own homes with support, or who will need to live in very sheltered accommodation or care homes. However, there is simply not enough funding to go around.

I am told by my colleagues in the City of Edinburgh Council that they will need to rebuild or refurbish eight care homes. They provided a new one in Drumbrae, but they simply do not have the capital to build, never mind to staff, more new care homes. The problem is therefore a current one rather than a long-term one. We need from the health secretary an honest commitment, not just glib statements at conferences, and we need an understanding of the reality on the ground and action on it.

16:22

Mark McDonald (North East Scotland) (SNP):

It was interesting to hear Sarah Boyack say that this is a current problem, because I suggest that it is an historical one. One of the problems in the health service's infrastructure is that for too many years issues were put on the back burner, and we did not in the good times use money to redevelop facilities and services as well as possible. We have a resultant backlog, and difficulties are emerging. It is therefore a problem from the past that is affecting us in the here and now.

Drew Smith: Will Mark McDonald take an intervention?

Mark McDonald: I have only four minutes. Were it a longer debate, we might have had more time for interventions. I have a lot to get through.

It is always good to be in the chamber discussing the health service and its importance. It is disappointing how we sometimes find ourselves discussing it, though. I want to look at some strong local examples, then perhaps to focus more on the national picture.

There are two good examples of facilities being developed in Aberdeen that I think will make a real impact on how health services are delivered there. Nanette Milne and I have both visited the new state-of-the-art emergency care centre in Aberdeen, which is a £110 million project that will improve and enhance the patient experience and will, I hope, lead to a reduction in the length of time that people are required to be in the care of the health service, which will obviously be beneficial.

In addition, in terms of the gateway services that we rely on, a project to build a new Woodside Fountain health centre serving the communities of Woodside and Tillydrone is being delivered through hub funding of £4 million. There are in that area some deprived communities that the new centre will benefit. The point is that facilities require to change and move with the times—and they do—in order to adapt themselves to changed circumstances.

On the wider picture of Scotland's health, I note the cabinet secretary's announcement about a bed-management tool, which will help health boards to plan appropriately for their future requirements. For too long, the short-termism that has dominated how we do things—not just in politics, but in general—has meant that we have not looked at and dealt with long-term challenges that are on the horizon. The tool will assist in that.

Demographic change will not just put pressure on beds in the health service. There will also be a requirement for more people to act as unpaid carers. I have experience of that; my mother cared for her mother, who had dementia. More people will choose that option, rather than rely on social care or health services to take on the caring role. We need to ensure that appropriate support is in place, which is why the carers strategy and the dementia strategy are so important.

We need to ensure that there is early diagnosis and intervention and that individuals get the most appropriate care and support, in the setting that is most appropriate for them. If that setting is in the health service, we must ensure that capacity exists, but the preference will always be for care to be delivered in the person's own home, to give them a degree of personal independence and to allow them to live as fulfilling a life as possible.

Jackie Baillie: Will Mark McDonald take an intervention?

Mark McDonald: I am sorry, but I have only 45 seconds left.

The integration argument is key. The integration of healthcare and social care is absolutely about closing gaps, breaking down silos and ensuring that unnecessary hospitalisation does not occur. Let us be honest: in the past, people have found themselves in an acute-care setting when they did not need to be there, because social care and healthcare services were not taking a joined-up approach.

The health service will always evolve to address needs, so we must ensure that it is properly resourced and flexible enough to change. The Government's commitment to protecting the health service budget will help in that regard, as will measures that are being taken to ensure that there is flexibility in the future.

16:26

Bob Doris (Glasgow) (SNP): I declare an interest, in that my wife is a nurse in a high dependency unit in Glasgow. I am in no doubt about the challenges that NHS staff face daily, nor about the exceptional job that they do as they meet those challenges.

It is simply not an option for Scotland's NHS to stand still. That is not just because of the ageing population, but because we should always look for continuous improvement in the health service. Much of what the NHS has done in the past has been demand led; it has been about downstream intervention. In other words, the system waited until someone was ill and then took steps to make them better—or, at least, as comfortable as possible.

Scotland's NHS is—and needs to be—increasingly involved in early intervention and public health initiatives. That has been a key strategy of the Scottish Government. It is far better to detect illness early, be it through national initiatives, such as the Scottish Government's detect cancer early initiative, or local initiatives, such as NHS Lanarkshire's efforts to detect and treat irregular heart rhythm, which can lead to health problems including atrial fibrillation and stroke, which put great demands on Scotland's NHS.

The Scottish Government is also involved in key public health initiatives, such as minimum unit pricing of alcohol, which can dramatically improve Scots' health and ease the burden on our NHS. Recent evidence from Canada shows that over a number of years a 10 per cent increase in alcohol prices has led to an 8.9 per cent decrease in admissions to acute services. There has been a direct public health benefit and a direct saving. We should be mindful of that when we talk about pressure on Scotland's NHS.

Jackie Baillie: Will Bob Doris take an intervention?

Bob Doris: I would like to, but I honestly do not have time.

Nothing is standing still in Scotland's NHS, which means that we need to ensure effective planning in relation to staff and bed management. That is where the focus of much of this debate should be. Unison and the Royal College of Nursing have been helping to develop workforce and workload management tools, which will be mandatory in the coming year.

The cabinet secretary announced a bed-management tool. As healthcare and social care are integrated, we must consider how the tool can be developed in the context of the knock-on effects of reconfiguring the bed estate in the traditional hospital setting. In other words, when we move older people out of a traditional hospital setting and put them in a care home environment or support them at home, we need to ensure that we monitor whether local authorities put in place adequate provision for support services.

In the future, those issues need to be combined within an overall bed-management tool that deals

with where our most needy citizens stay, whether that be in hospital, at home or within a home setting within the community. I would like more information on that.

All politicians can become obsessed by numbers, but I have deliberately not given the numbers that relate to the increase in the health budget or to staffing numbers, on which we have done very well—

Jackie Baillie: The number of nurses has been reduced by 2,000.

Bob Doris: We can all be obsessed with numbers, but surely to goodness any individual politician giving the number of beds within Scotland's NHS would be sticking to an arbitrary number—

Jackie Baillie: The cabinet secretary did.

Bob Doris: We need to get the bed-management tool correct in order to make a proper assessment. I point out to Ms Baillie that this is my speech and not hers, if she does not mind.

The Deputy Presiding Officer: I would be grateful if you could draw to a close, please.

Bob Doris: Presiding Officer, I was just finishing off, but I was quite rudely interrupted.

The point that I am trying to make is that any number that is arrived at must be based on evidence and it must be based on getting the bed-management tool right. If Labour had come to the chamber in a positive and constructive vein, we could have had an excellent debate, but yet again—unfortunately—Labour has let itself down on health.

16:31

Duncan McNeil (Greenock and Inverclyde) (Lab): A lot has been said about the change in demographics, which it is noticeable was referred to by all my colleagues on the Health and Sport Committee as well as by others. One of our greatest challenges—whether that be under the current budget or under an increased budget to meet increased demand—will be how we manage that change.

What is surprising, though, is that we did not discover that just today, given the reports that we have had from Beveridge, Christie and Lord Sutherland. We have also had six years of an SNP Government. I recognise that the cabinet secretary has been in the job for only seven months—as he keeps telling us—so I do not hold him personally responsible, but that challenge needs to be recognised.

We all know and should accept that change is difficult for all politicians, but it seems to be even more difficult for Governments that want to win a referendum. As I have said to the Cabinet Secretary for Finance and Sustainable Growth, I am concerned that we are dodging hard decisions and building up pressure for the future. We need to deal with the issues that we face. I think that we should judge Governments on their actions rather than on their good intentions, but I know that the Cabinet Secretary for Health and Wellbeing would like to get to that point and I hope that he wins his fight in the Cabinet and is able to address these issues.

As has been rightly said, we should look at what those who deliver services, who are seeking such a change, have said about the Government's strategic approach. In its comments on the change funds that have been designed to drive change in the care system, the Scottish Council for Voluntary Organisations stated:

"We need to see a significantly accelerated shift of spend away from institutions"—

the reference to institutional care includes residential care. The SCVO submission continued:

"There is nothing in the current budget structure - on the face of it - that would serve as the necessary catalyst for this change."

Another concern was mentioned by the BMA, which stated:

"The reduction in eHealth funding is concerning given that the Government is expecting IT integration between health and social care".

We need to be clear that, as part of that process, investment in information technology is carried through. The BMA submission goes on to say that it is very worried that the planned integration of health and social care will not be achievable.

There is concern about the strategic approach, but there is also concern about the limited funds that are available and how they are being used. The Coalition of Care and Support Providers in Scotland said that the change fund spend on services and activities is

"questionable in terms of the contribution they make to the agenda for reshaping care."

Age Scotland pointed out that research that it has carried out found that

"despite the guidance prescribing 20 per cent of funding"—

that is, the change fund—

"be allocated for carers services in 2012/13, the reality is much less."

In Aberdeenshire, only £153,000 has been spent on carers services from a budget of £1.9 million. In Angus—

The Deputy Presiding Officer: I regret to say that you must close, please.

Duncan McNeil: I could go on.

There is a difference between the good intentions of Government and what we must do. Let us not allow things to continue to drift. We need to address the issue now—it cannot wait for an independence referendum.

16:36

Fiona McLeod (Strathkelvin and Bearsden) (SNP): Much of the debate is predicated on the future demographics in Scotland. We have heard the facts and figures on that, but it is important that, in looking at the demographics, we also look at the changes that have happened in healthcare in the past 20 years and those that will certainly come in future. For example, medical and technological advances allow much more day surgery and more ambulatory care and diagnostic centres. There are also advances in the preventative health agenda, through measures such as minimum unit pricing, tobacco control and falls prevention work. Legislating on such matters now will ensure that we have a healthier population in future.

We must also consider the public's changing expectations of healthcare. From many surveys and much research work in the past 10 years or so, we know that people, particularly those in the elderly population, increasingly expect that their healthcare will be delivered to them at home or in a homely setting, apart from in acute episodes.

Jackie Baillie: Will the member take an intervention?

Fiona McLeod: I ask Ms Baillie please not to try to intervene, as she has done with everybody. It was her party that chose to have a very short debate on the issue. I am 90 seconds into a four-minute speech.

It would have been better to have had a longer debate to produce more facts and figures but, to have a rational debate, we cannot focus entirely on bed counting or on the numbers of nurses on wards. The debate is about what the Scottish Government is doing on the redesign of the health service. It is about forward planning for the health service and the 21st century delivery of healthcare.

The Scottish Government is already doing that. We have protected funding for the NHS and we are increasingly looking at moving from capital to revenue spending, because that is where we need the services. We are looking at the integration of health and social care, so that we ensure that the elderly population in particular have all their care

needs met in one package. I have talked about the preventative health agenda.

I want to introduce some evidence into the debate, so I will talk briefly about North Lanarkshire's hospital at home project, through which 80 per cent of elderly people stayed at home rather than being admitted to hospital. The NHS Forth Valley reablement service resulted in a 20 per cent reduction in care needs and a 35 per cent reduction in falls. Crucially, 58 fewer long-term care beds were needed. Ms Baillie's talk about the numbers of beds must be viewed against that background. We need to consider numbers in the round, not numbers in the raw.

Jackie Baillie: On the basis that the member named me, will she take an intervention?

The Deputy Presiding Officer: The member is in her last minute.

Fiona McLeod: In 2002, research by Foote and Stanners found that, in 20 to 30 per cent of cases in which over-75s were admitted on an acute occasion, the admission was inappropriate. I think that Mark McDonald referred to that. Not only were the admissions inappropriate, they resulted in longer stays in hospital.

What I do not understand is this. Jackie Baillie obviously gets what we are talking about—the change in the kind of beds we need. She made that point herself in her intervention on the closure of Lennox Castle hospital, although she forgot to mention that her party shut Stobhill hospital. Sarah Boyack also got it when she talked about the need to build care homes. We need beds in care homes—that is the future.

I will finish by saying that the cabinet secretary has got it right. We need the health professionals and the delivery, but it will be in different places and with a different emphasis.

16:40

Jackson Carlaw (West Scotland) (Con): A great deal has been made in this debate—it was the centrepiece of Ms Baillie's motion—of the quotation from the cabinet secretary in his speech to Unison. We know that NHS Lothian decided not to take what the cabinet secretary said seriously. When I read the rest of his speech, I was not sure that we were meant to take it seriously either. He went on to say that he was offering to franchise himself and Alex Salmond out to run England and Wales. I thought that perhaps Ms Baillie and I might contact our respective parties' members of Parliament who represent England and Wales to see what they made of that offer. I know that Scotland would only rejoice if the cabinet secretary could persuade the First Minister to concentrate on the day job he has, namely to run Scotland.

The cabinet secretary also said—this is very Alex Neil:

"We will not be privatising by the back door, front door, side door or any other door. We will not be privatising the health service in Scotland".

Alex Neil's amendment this afternoon was a trap door to escape from the substance of the debate in hand. I stood to sum up on the cabinet secretary's contribution on his amendment, yet the only person to mention minimum alcohol pricing—other than a cursory reference from one lone SNP back bencher, Bob Doris—was Jackie Baillie. There was nothing on alcohol minimum unit pricing. I think that there should be something; it is now a year since the Alcohol (Minimum Pricing) (Scotland) Act 2012 was passed, and we do not have minimum unit pricing. The Government owes it to the Parliament to tell us what the status is of alcohol minimum unit pricing.

Mark McDonald: Will the member give way?

Jackson Carlaw: Mr McDonald did not wish to speak to the amendment in his own speech, so it is a bit late in the day for him to try to speak to it in mine. After all, the amendment was lodged by his side.

The Conservatives supported alcohol minimum unit pricing; we believed that it should be given an opportunity to succeed. We asked that it be notified to the European Union, to find out what the legal status was. The Government responded at the end of December to the EU queries. We know that the cabinet secretary has been in discussions with the EU, but we also know that there is a dissolution of the European Parliament less time away now than when we passed the legislation. Is the act simply going to go nowhere?

The UK Government supported the SNP against the challenge made by the Scotch Whisky Association in the Court of Session. We had a resolution of that last week and the UK Government is working on that before finalising its own plans. I want to say to the Scotch Whisky Association what I hoped the cabinet secretary might have said this afternoon: that I wish it would respect that judgment and present no further obstacle to the implementation of alcohol minimum unit pricing.

Gil Paterson (Clydebank and Milngavie) (SNP): That has already been said.

Jackson Carlaw: Mr Paterson is interjecting from the back benches, but that was the substance of the Government's amendment and nobody from the Government had anything to say about it.

I come to the subject of the debate. I thought that Ms Baillie was being a bit disingenuous, because in all the years that I have sat in this

Parliament, her colleague Dr Simpson has repeatedly said that bed numbers do not matter and that they are not a yardstick by which anything should be judged. The important point is surely one that we spent a whole afternoon debating. This is not an argument between both sides as to which one has cut more beds or when. The honest debate for which Ms Baillie was calling, which I believe—and have said before—we all need to have, is one that recognises the cabinet secretary's point: that we have a hugely ageing demographic.

I think that the cabinet secretary was trying to suggest that, unless we are successful on the preventative agenda and in finding out which of the processes and treatments that we are currently undertaking in the NHS are no longer sustainable or can be done in other ways, we simply will not have the money to meet the ageing demographic population challenge. We need to get smart and efficient in the NHS, not to cut the funding of it but to ensure that we are able to meet the challenge that the ageing demographic represents. We will work with the cabinet secretary on every occasion if that can be the case. I look forward to the minister offering me the reassurance on alcohol minimum unit pricing that I thought his amendment would afford him the opportunity to give.

16:44

The Minister for Public Health (Michael Matheson): Although it has been a short debate, it is fair to say that no health debates in the Parliament lack proper recognition of the challenge that the demographic shift that is taking place in Scotland creates.

We are at one in recognising the challenges that that shift creates not only for our health service but for a range of our public services that have to respond to the demands and needs of an ageing population. In itself, it is something to be celebrated that people are living longer, healthier lives, but I will pick up on the twin challenges that our NHS and social care system face because of the ageing population and lifestyle choices that can impact on our health system.

Jackie Baillie and Nanette Milne recognised in their speeches the challenges that our ageing population creates. Other speakers also did that—Jackson Carlaw just made the same reference. The biggest challenge that it creates for us is how to configure our NHS and social care system in the future so that it can meet the demand.

I do not think that any member is arguing that not changing is an option. Change is required even with an increasing budget. Even if we lived in the land in which Labour believes—the one with

the money tree in the corner that can provide everything—we would still have to change our system to allow us to meet the ever-increasing demand that is being placed on it. If we are to do that, it must address what Nanette Milne referred to as the huge train that is speeding its way towards our health service.

Jackie Baillie: I agree absolutely with much of what the minister says. Therefore, I am at a loss to understand whether he agrees with his cabinet secretary, who said that we would need the same number of hospitals.

Michael Matheson: The problem that I often have with Labour debates is that a nice, orderly queue of Labour back benchers lines up asking for money for X, Y and Z but at no point do they give any suggestion as to how we should configure services to address the challenge or where the resource will come from.

To address the challenge, some key measures need to be taken. They concern getting the balance between our acute and primary care services right; getting the balance between our health service and social care support right; and ensuring that we have the right skills mix among our NHS and social care staff at the acute end and the primary care end. We must ensure that we implement all those measures in a way that is anticipatory and addresses the prevention agenda.

I will pick up on a couple of examples of that. Some of the challenges that we have had with unscheduled admissions to our NHS services come about because of inadequate planning and services to prevent the need arising for someone to be admitted to hospital.

The issue is also how we deploy our NHS staff to meet that challenge. For example, we know that, if we put allied health professionals in our accident and emergency departments, we can reduce the potential for older people to be admitted to hospital at any given time for certain conditions. Where that has happened in one part of our NHS, we must ensure that it happens across the rest of the NHS.

The biggest change that is coming to our NHS and social care system—I believe that it is the biggest one in a generation—is the integration of health and social care. Jackie Baillie mentioned culture and referred to finance, but she did not address the real cultural challenge that will come about from the integration of health and social care. That will come from the different professional viewpoints about how services are provided, not whether they are financially assessed for one thing or another. That will be the real challenge that we face in ensuring that integration works effectively. One of the opportunities with which integration provides us is that it will allow us to ensure

through joint commissioning that we bring those services together in a much more targeted and focused way with a clear focus on the long-term outcome.

When we consider how we configure our NHS, it is important to look downstream, to some of the things that cause challenges in the health service. No one would dispute that both alcohol and tobacco continue to cause major public health challenges, which contribute to the pressures on our NHS.

Minimum unit pricing is an important measure, which I believe can help to address the issue. I was delighted that, only yesterday, the European Union Commissioner for Health and Consumer Policy, Commissioner Borg, said to the European Parliament's Committee on the Environment, Public Health and Food Safety:

"All the studies of which I am informed regarding measures to control either tobacco or alcohol have shown that the measures which are most effective are the fiscal ones."

That is why minimum unit pricing has an important part to play in dealing with some of the challenges that we face from alcohol. The Alcohol (Minimum Pricing) (Scotland) Act 2012 indeed continues to be challenged by the Scotch Whisky Association, and we have to wait for that legal process to be completed—just as was the case with the tobacco display ban.

There are around 13,000 deaths a year and more than 56,000 people are admitted because of tobacco use each year. Those are challenges that we must address if we are to get the balance right in taking forward the NHS and social care system and if we are to ensure that it is fit to meet the challenges that it faces in the years to come.

16:51

Drew Smith (Glasgow) (Lab): This has been an interesting debate. Despite the pressures that face the NHS in Scotland, we have managed to come together and make it clear that we remain proud of our service, particularly of all our hard-working NHS staff, who are at the front line of delivering a service that is responsive to the needs of patients and which prioritises quality as well as efficiency.

When the Unison national health conference met in Glasgow two weeks ago, I was delighted to attend and to welcome delegates to my city and to Scotland. The discussions that I had with visitors and local Unison activists reflected that in Scotland, under successive Scottish Governments, we have chosen a different path for our NHS.

Alongside consensus, there is a need for honesty. Delegates who work in Scotland's hospitals were not quiet about the challenges that they face in the service for which we are all responsible. At a national level, the Auditor General for Scotland has described the service as being "on amber warning"; at a local level, front-line NHS staff have described the reality of working on a ward with too few nurses. When the standard of care suffers, no one is more frustrated by it than the hospital staff. Health board managers also know that the financial and staffing pressures are having an impact on the ground. Each of us will no doubt be contacted regularly by constituents regarding the service that they are getting.

Labour has therefore sought to confront the politics of this place with the real-life picture of what is happening in our hospital wards. We should be honest about the funding and staffing pressures that the service is facing, as well as the demographic challenge. The cabinet secretary has spoken about the latter before, and so have we. Health and social care integration is partly a response to our shared view that the current set-up will not work into the future.

A number of members have pointed out that bed numbers should not be our only guide. The NHS exists to help people get better if they are sick and to help those with longer-term conditions—and all of us—as we get older to live our lives as fully as we can. None of us would want to see anyone in a hospital if their admission could be prevented, or to see people lying in a hospital bed for any longer than they need to. That point has been made consistently by this party, both in opposition and when we were in government.

There is a contrast there with the words of Nicola Sturgeon, which have already been quoted this afternoon. When she was in opposition, she said that cutting bed numbers had been going on for "far too long". In *The Scotsman* on 8 July 2006, she said:

"We should ... increase the number of acute staffed beds to the benefit of the patients of Scotland."

The reality, six and a half years later is this: in 2007, the average number of available staffed beds was 17,505—members should remember that that was after bed cuts had, according to the SNP, been going on for "far too long"—and, in December 2012, the average number of available staffed beds was 16,085. Although Nicola Sturgeon said that

"We should ... increase the number of acute staffed beds to the benefit of the patients of Scotland",

what she did was reduce the number of available beds by 1,420.

At the Unison health conference, Alex Neil decided to revisit the issue of bed numbers. Perhaps he wanted to clarify the Scottish Government's position. Perhaps he thought that it was time for an update. For the benefit of Fiona McLeod, Bob Doris and others, it was not Jackie Baillie who said this; it was the cabinet secretary who said:

"we are still going to need the same number of beds, the same number of hospitals, the same number of doctors and nurses just to stand still".

That is the direct quote that the Scottish Government has argued should be deleted from today's motion and replaced with a reference to minimum pricing. Minimum honesty might have been a better bet from the Scottish Government this afternoon.

Standing still is also a term that might require further definition. Since 2009, the Scottish Government has cut almost 2,000 nursing and midwifery staff, and student nurse numbers have also been slashed. The number of nursing and midwifery staff is now lower than when the SNP came to power. Far from standing still, an awful lot of nurses seem to have managed to find their way out the door. On bed numbers and staffing, therefore, we seem to have a problem with what is said in public about our hospitals, and what is actually happening in our hospitals.

On hospitals, Sarah Boyack was absolutely right to point out that, at the same time as the cabinet secretary was making his comments to Unison about bed numbers and staffing, he also asserted that changing demographics—more older people—means maintaining

"the same number of hospitals".

Again, that is a clear commitment from the Scottish Government. I am sure that, given the cabinet secretary's interest in hospital campaigns, it was a guarantee that he was pleased to give. It therefore remains rather unfortunate that, at the same time as Mr Neil was talking to Unison in Glasgow, here in Edinburgh NHS Lothian was confirming that it was looking at closing not one or two but three hospitals. Asked about that apparent inconsistency, a spokesperson for the Scottish Government said

"We are committed to at least maintaining the level of quality and provision in Scotland's NHS – and that means having the right numbers of staff and beds".

In 2006, the SNP claimed that NHS Scotland needed to increase bed numbers; by 2012, it had actually cut them. Two weeks ago, Alex Neil was promising Unison activists that the numbers would be kept the same; by the day after that, the SNP wanted to talk about finding the "right numbers". Today, the SNP is asking Parliament to delete all references to numbers and it is also saying that

we should have talked about minimum pricing—except that we did not, so we will have to come back to that one another day.

Since the cabinet secretary came to his role, we have had a scandal over the SNP's hidden waiting lists and attempts to change the four-hour accident and emergency waiting time target, which is the same target that has not been met across Scotland for the past three years. As Jackie Baillie said, Scottish Labour is happy to debate all those issues, and minimum pricing, with the Scottish Government any day of the week. It would however make for a more honest debate if comments that are made outside of the chamber in one week were a bit closer to the comments that are made in chamber a few weeks later.

When the cabinet secretary was speaking to Unison, he was addressing workers who cope on the front line day and daily. When our constituents come to our surgeries or telephone our offices, they tell us of a service that is under pressure. When the Auditor General says that the NHS is on an "amber warning" and when ministers' comments fail to reflect the situation on the ground, it is the Parliament's duty to pause and think about whether we want to have a debate in which the rhetoric reflects reality rather than obscuring it.

The cabinet secretary simply asserts that beds, staff and hospitals all need to stay the same, at the same time as NHS Lothian confirms that it wants to close three hospitals. NHS Lothian's most recent board paper says that the overall number of doctors will decrease. NHS Western Isles is currently proposing a cut from 89 beds to just 53, and my own health board, NHS Greater Glasgow and Clyde, is conducting an acute services review. None of that squares with the cabinet secretary's comments to Unison but it does square with the Government's amendment today.

If the civil servants got to Alex Neil after his comments today, they also got to all his backbenchers, not one of whom was prepared to defend his comments of last week.

On the number of hospitals, the number of beds in those hospitals, and the number of staff around those beds, the Scottish Government would do well to remember the purpose of those beds: to provide a warm and safe place for the treatment of someone who is in need. Let us give those people the respect that they deserve by taking their experiences seriously and being honest about how we respond to the challenges that we all know caring for them presents.

I urge the Parliament to support the motion in Jackie Baillie's name and to reject Mr Neil's amendment, even though it served the purpose of

clarifying that, when he told Unison that all nurses, doctors, beds and hospitals would stay the same, he did not really mean it.

The Presiding Officer (Tricia Marwick): That concludes the debate on motion S4M-06474, on Scotland's health service.

Presiding Officer's Ruling

16:59

The Presiding Officer (Tricia Marwick): Before we come to decision time, I have something that I wish to say.

During portfolio questions today, a member—while putting a question to the Government—carried out a stunt by holding up a newspaper. The newspaper clearly had advance notice of the member's intention as it had a photographer in the gallery to capture the moment.

That was discourteous to the Parliament and to the cabinet secretary who was answering the question. It appeared that parliamentary proceedings were secondary to the potential for good coverage in a local newspaper.

This is not the first time that a similar stunt has been staged. I acknowledge that the member concerned subsequently apologised to me and gave an assurance that there would be no repeat, but let me make it clear to all members that such blatant stunts are a matter of discourtesy and disrespect to other members and to the Parliament as a whole.

Business Motion

17:00

The Presiding Officer (Tricia Marwick): The next item of business is consideration of business motion S4M-06478, in the name of Joe FitzPatrick, on behalf of the Parliamentary Bureau, setting out a business programme.

Motion moved,

That the Parliament agrees the following programme of business—

Tuesday 14 May 2013

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Topical Questions (if selected)

followed by Stage 1 Debate: Scottish Independence Referendum (Franchise) Bill

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Wednesday 15 May 2013

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions
Culture and External Affairs;
Infrastructure, Investment and Cities

followed by Stage 3 Proceedings: Aquaculture and Fisheries (Scotland) Bill

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 16 May 2013

11.40 am Parliamentary Bureau Motions

11.40 am General Questions

12.00 pm First Minister's Questions

12.30 pm Members' Business

2.30 pm Parliamentary Bureau Motions

2.30 pm Scottish Government Debate: Electricity
Market Reform

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

Tuesday 21 May 2013

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Topical Questions (if selected)

followed by Scottish Government Business

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Wednesday 22 May 2013

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions
Education and Lifelong Learning

followed by Scottish Government Business

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 23 May 2013

11.40 am Parliamentary Bureau Motions

11.40 am General Questions

12.00 pm First Minister's Questions

12.30 pm Members' Business

2.30 pm Parliamentary Bureau Motions

2.30 pm Stage 3 Proceedings: Forth Road Bridge
Bill

followed by Final Stage Proceedings: The National
Trust for Scotland (Governance etc.) Bill

followed by Parliamentary Bureau Motions

5.00 pm Decision Time—[*Joe FitzPatrick.*]

Motion agreed to.

Decision Time

17:00

The Presiding Officer (Tricia Marwick): There are four questions to be put as a result of today's business.

The first question is, that amendment S4M-06475.1, in the name of Aileen Campbell, which seeks to amend motion S4M-06475, in the name of Hugh Henry, on childcare, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Central Scotland) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Biagi, Marco (Edinburgh Central) (SNP)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Burgess, Margaret (Cunninghame South) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Campbell, Roderick (North East Fife) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Eadie, Jim (Edinburgh Southern) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Finnie, John (Highlands and Islands) (Ind)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Keir, Colin (Edinburgh Western) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Central Scotland) (SNP)
 MacAskill, Kenny (Edinburgh Eastern) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 MacKenzie, Mike (Highlands and Islands) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McDonald, Mark (North East Scotland) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLeod, Aileen (South Scotland) (SNP)
 McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McMillan, Stuart (West Scotland) (SNP)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Robertson, Dennis (Aberdeenshire West) (SNP)

Robison, Shona (Dundee City East) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Salmond, Alex (Aberdeenshire East) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Thompson, Dave (Skye, Lochaber and Badenoch) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Urquhart, Jean (Highlands and Islands) (Ind)
 Walker, Bill (Dunfermline) (Ind)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Wilson, John (Central Scotland) (SNP)
 Yousaf, Humza (Glasgow) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brown, Gavin (Lothian) (Con)
 Carlaw, Jackson (West Scotland) (Con)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Davidson, Ruth (Glasgow) (Con)
 Dugdale, Kezia (Lothian) (Lab)
 Eadie, Helen (Cowdenbeath) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Findlay, Neil (Lothian) (Lab)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Goldie, Annabel (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Griffin, Mark (Central Scotland) (Lab)
 Harvie, Patrick (Glasgow) (Green)
 Henry, Hugh (Renfrewshire South) (Lab)
 Hume, Jim (South Scotland) (LD)
 Johnstone, Alex (North East Scotland) (Con)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Rutherglen) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 Macdonald, Lewis (North East Scotland) (Lab)
 Macintosh, Ken (Eastwood) (Lab)
 Malik, Hanzala (Glasgow) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McCulloch, Margaret (Central Scotland) (Lab)
 McDougall, Margaret (West Scotland) (Lab)
 McGrigor, Jamie (Highlands and Islands) (Con)
 McInnes, Alison (North East Scotland) (LD)
 McMahon, Michael (Uddingston and Bellshill) (Lab)
 McMahon, Siobhan (Central Scotland) (Lab)
 McNeil, Duncan (Greenock and Inverclyde) (Lab)
 McTaggart, Anne (Glasgow) (Lab)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Murray, Elaine (Dumfriesshire) (Lab)
 Pearson, Graeme (South Scotland) (Lab)
 Pentland, John (Motherwell and Wishaw) (Lab)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland Islands) (LD)
 Smith, Drew (Glasgow) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)

The Presiding Officer: The result of the division is: For 63, Against 54, Abstentions 0.

Amendment agreed to.

The Presiding Officer: The second question is, that motion S4M-06475, in the name of Hugh Henry, on childcare, as amended, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Central Scotland) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Biagi, Marco (Edinburgh Central) (SNP)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Burgess, Margaret (Cunninghame South) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Campbell, Roderick (North East Fife) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Eadie, Jim (Edinburgh Southern) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Finnie, John (Highlands and Islands) (Ind)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Johnstone, Alison (Lothian) (Green)
 Keir, Colin (Edinburgh Western) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Central Scotland) (SNP)
 MacAskill, Kenny (Edinburgh Eastern) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 MacKenzie, Mike (Highlands and Islands) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McDonald, Mark (North East Scotland) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLeod, Aileen (South Scotland) (SNP)
 McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McMillan, Stuart (West Scotland) (SNP)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Robertson, Dennis (Aberdeenshire West) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Salmond, Alex (Aberdeenshire East) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)

Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Thompson, Dave (Skye, Lochaber and Badenoch) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Urquhart, Jean (Highlands and Islands) (Ind)
 Walker, Bill (Dunfermline) (Ind)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Wilson, John (Central Scotland) (SNP)
 Yousaf, Humza (Glasgow) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brown, Gavin (Lothian) (Con)
 Carlaw, Jackson (West Scotland) (Con)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Davidson, Ruth (Glasgow) (Con)
 Dugdale, Kezia (Lothian) (Lab)
 Eadie, Helen (Cowdenbeath) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Findlay, Neil (Lothian) (Lab)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Goldie, Annabel (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Griffin, Mark (Central Scotland) (Lab)
 Henry, Hugh (Renfrewshire South) (Lab)
 Hume, Jim (South Scotland) (LD)
 Johnstone, Alex (North East Scotland) (Con)
 Kelly, James (Rutherglen) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 Macdonald, Lewis (North East Scotland) (Lab)
 Macintosh, Ken (Eastwood) (Lab)
 Malik, Hanzala (Glasgow) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McCulloch, Margaret (Central Scotland) (Lab)
 McDougall, Margaret (West Scotland) (Lab)
 McGrigor, Jamie (Highlands and Islands) (Con)
 McInnes, Alison (North East Scotland) (LD)
 McMahon, Michael (Uddingston and Bellshill) (Lab)
 McMahon, Siobhan (Central Scotland) (Lab)
 McNeil, Duncan (Greenock and Inverclyde) (Lab)
 McTaggart, Anne (Glasgow) (Lab)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Murray, Elaine (Dumfriesshire) (Lab)
 Pearson, Graeme (South Scotland) (Lab)
 Pentland, John (Motherwell and Wishaw) (Lab)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland Islands) (LD)
 Smith, Drew (Glasgow) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)

The Presiding Officer: The result of the division is: For 65, Against 52, Abstentions 0.

Motion, as amended, agreed to.

That the Parliament agrees that good quality, affordable childcare is essential to support hard-working families; welcomes the proposed extension of fully-funded early years provision to 600 hours and believes that it is essential that this has a clear educational underpinning; notes the financial and logistical challenges of extending childcare across Scotland and believes that all parties should work to reach a consensus on delivery, availability, affordability and financing of a comprehensive childcare strategy; also notes the work of the Early Years Taskforce, which brings together practitioners, professionals and politicians from different parties to inform the strategic development of early years policy, including early learning and childcare; further notes the Scottish Government's commitment to legislate via the Children and Young People (Scotland) Bill to introduce flexibility into childcare provision and the help that this will provide in matching childcare to the circumstances of individual families, and further welcomes the forthcoming work by the Council of Economic Advisers to look at the best models of delivery and funding for Scotland and the associated economic and social impact of moving to the levels of support for childcare that is commonplace in other European countries.

The Presiding Officer: The next question is, that amendment S4M-06474.1, in the name of Alex Neil, which seeks to amend motion S4M-06474, in the name of Jackie Baillie, on Scotland's health service, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Central Scotland) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Biagi, Marco (Edinburgh Central) (SNP)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Gavin (Lothian) (Con)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Burgess, Margaret (Cunninghame South) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Campbell, Roderick (North East Fife) (SNP)
 Carlaw, Jackson (West Scotland) (Con)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Davidson, Ruth (Glasgow) (Con)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Eadie, Jim (Edinburgh Southern) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Finnie, John (Highlands and Islands) (Ind)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Goldie, Annabel (West Scotland) (Con)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Johnstone, Alex (North East Scotland) (Con)
 Keir, Colin (Edinburgh Western) (SNP)

Kidd, Bill (Glasgow Anniesland) (SNP)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Central Scotland) (SNP)
 MacAskill, Kenny (Edinburgh Eastern) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 MacKenzie, Mike (Highlands and Islands) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McDonald, Mark (North East Scotland) (SNP)
 McGrigor, Jamie (Highlands and Islands) (Con)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLeod, Aileen (South Scotland) (SNP)
 McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McMillan, Stuart (West Scotland) (SNP)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Robertson, Dennis (Aberdeenshire West) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Salmond, Alex (Aberdeenshire East) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Thompson, Dave (Skye, Lochaber and Badenoch) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Urquhart, Jean (Highlands and Islands) (Ind)
 Walker, Bill (Dunfermline) (Ind)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Wilson, John (Central Scotland) (SNP)
 Yousaf, Humza (Glasgow) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Dugdale, Kezia (Lothian) (Lab)
 Eadie, Helen (Cowdenbeath) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Griffin, Mark (Central Scotland) (Lab)
 Harvie, Patrick (Glasgow) (Green)
 Henry, Hugh (Renfrewshire South) (Lab)
 Hume, Jim (South Scotland) (LD)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Rutherglen) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Macdonald, Lewis (North East Scotland) (Lab)
 Macintosh, Ken (Eastwood) (Lab)
 Malik, Hanzala (Glasgow) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 McArthur, Liam (Orkney Islands) (LD)

McCulloch, Margaret (Central Scotland) (Lab)
 McDougall, Margaret (West Scotland) (Lab)
 McInnes, Alison (North East Scotland) (LD)
 McMahon, Michael (Uddingston and Bellshill) (Lab)
 McMahon, Siobhan (Central Scotland) (Lab)
 McNeil, Duncan (Greenock and Inverclyde) (Lab)
 McTaggart, Anne (Glasgow) (Lab)
 Murray, Elaine (Dumfriesshire) (Lab)
 Pearson, Graeme (South Scotland) (Lab)
 Pentland, John (Motherwell and Wishaw) (Lab)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Scott, Tavish (Shetland Islands) (LD)
 Smith, Drew (Glasgow) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)

The Presiding Officer: The result of the division is: For 77, Against 40, Abstentions 0.

Amendment agreed to.

The Presiding Officer: The fourth question is, that motion S4M-06474, in the name of Jackie Baillie, on Scotland's health service, as amended, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Central Scotland) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Biagi, Marco (Edinburgh Central) (SNP)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Gavin (Lothian) (Con)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Burgess, Margaret (Cunninghame South) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Campbell, Roderick (North East Fife) (SNP)
 Carlaw, Jackson (West Scotland) (Con)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Davidson, Ruth (Glasgow) (Con)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Eadie, Jim (Edinburgh Southern) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Finnie, John (Highlands and Islands) (Ind)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Goldie, Annabel (West Scotland) (Con)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hume, Jim (South Scotland) (LD)
 Johnstone, Alex (North East Scotland) (Con)
 Johnstone, Alison (Lothian) (Green)
 Keir, Colin (Edinburgh Western) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 Lochhead, Richard (Moray) (SNP)

Lyle, Richard (Central Scotland) (SNP)
 MacAskill, Kenny (Edinburgh Eastern) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 MacKenzie, Mike (Highlands and Islands) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McArthur, Liam (Orkney Islands) (LD)
 McDonald, Mark (North East Scotland) (SNP)
 McGrigor, Jamie (Highlands and Islands) (Con)
 McInnes, Alison (North East Scotland) (LD)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLeod, Aileen (South Scotland) (SNP)
 McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McMillan, Stuart (West Scotland) (SNP)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Robertson, Dennis (Aberdeenshire West) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Salmond, Alex (Aberdeenshire East) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland Islands) (LD)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Thompson, Dave (Skye, Lochaber and Badenoch) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Urquhart, Jean (Highlands and Islands) (Ind)
 Walker, Bill (Dunfermline) (Ind)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Wilson, John (Central Scotland) (SNP)
 Yousaf, Humza (Glasgow) (SNP)

Abstentions

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Dugdale, Kezia (Lothian) (Lab)
 Eadie, Helen (Cowdenbeath) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Griffin, Mark (Central Scotland) (Lab)
 Henry, Hugh (Renfrewshire South) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Macdonald, Lewis (North East Scotland) (Lab)
 Macintosh, Ken (Eastwood) (Lab)
 Malik, Hanzala (Glasgow) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 McCulloch, Margaret (Central Scotland) (Lab)
 McDougall, Margaret (West Scotland) (Lab)
 McMahon, Michael (Uddingston and Bellshill) (Lab)
 McMahon, Siobhan (Central Scotland) (Lab)

McNeil, Duncan (Greenock and Inverclyde) (Lab)
 McTaggart, Anne (Glasgow) (Lab)
 Murray, Elaine (Dumfriesshire) (Lab)
 Pearson, Graeme (South Scotland) (Lab)
 Pentland, John (Motherwell and Wishaw) (Lab)
 Smith, Drew (Glasgow) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)

The Presiding Officer: The result of the division is: For 84, Against 0, Abstentions 32.

Motion, as amended, agreed to,

That the Parliament notes reported comments from the Cabinet Secretary for Health and Wellbeing at the Unison conference in Glasgow on 24 April 2013 that Scotland's health service faces many demographic and lifestyle-related challenges in the coming years; recognises that the population of over 75-year-olds in Scotland is set to double over the next 20 years and that Scotland pays too high a price for the consequences of cheap alcohol; welcomes the Scottish Government's commitment to at least maintaining the level of quality and provision in NHS Scotland in the face of these challenges; further recognises that adult health and social care integration is vital to meeting the future care needs of Scotland's ageing population, and reiterates its support for the introduction of minimum alcohol unit pricing as one of the measures that will help improve the health of the nation.

Freshwater Pearl Mussel

The Deputy Presiding Officer (Elaine Smith):

The final item of business is a members' business debate on motion S4M-06401, in the name of Mary Scanlon, on the importance of the freshwater pearl mussel. The debate will be concluded without any question being put.

Motion debated,

That the Parliament recognises what it considers to be the importance of the freshwater pearl mussel (*Margaritifera margaritifera*); understands that the presence of freshwater pearl mussel is an indicator of high water quality in rivers in the Highlands and Islands and across Scotland where they are known to contribute to the ecology of areas by continuously filtering rivers and keeping the waters pure; believes that high water quality benefits other species and other wildlife associated with rivers, including salmon and otters; understands that the River Spey has one of the most significant populations of freshwater pearl mussels in the world but is concerned that they are reported to be one of the most critically endangered molluscs in the world, partly due to illegal pearl fishing, and that, over the last 100 years, more than one third of the rivers that used to contain freshwater pearl mussel have ceased to do so and that an additional third only contain old ones, with no sign of reproduction, and notes calls for agencies and the public to work together to protect what it sees as this remarkable species and increase its population.

17:07

Mary Scanlon (Highlands and Islands) (Con):

Some weeks ago, a member of my staff said that Scottish Environment LINK had called to ask whether I would be a species champion. I agreed, and received another call to say that I was the champion for the freshwater pearl mussel. I thought that it was perhaps due to my party's affection for twinsets and pearls, but I confess that I could not even borrow a Scottish freshwater pearl necklace or brooch for the debate—even the Mrs Carlaws could not oblige.

I did not know much about the freshwater pearl mussel—which is also known as *Margaritifera margaritifera*—when I became species champion, but I was pleased to know that I could have got the narrow-headed ant, which was given to my colleague Jamie McGrigor.

Like many people, I thought that the freshwater pearl mussel existed to produce fine pearl jewellery. How wrong could I have been? In fact, it is the pearl's attractiveness as a fine item of jewellery that is one of the major factors leading to the mussel's decline, even though only about 1 per cent of freshwater mussels contain a pearl.

The oldest known living specimen was 134 years old, and in the past 100 years more than one third of rivers in Scotland that used to contain freshwater pearl mussels no longer do. A further third contain only non-productive mussels, which

leaves only one third left with a productive population. There is evidence that, during the past century, pearl mussels became extinct in an average of two rivers every year.

Despite being fully protected since 1998, large numbers of freshwater pearl mussels are still killed illegally each year in Scotland. The on-going threat to the species has made the mussel a United Kingdom wildlife crime priority, with risks including habitat degradation, water pollution, the declining population of the fish hosts and climate change.

That threat is critical in Scotland. Of the 200 rivers in the world that are known to host breeding populations of freshwater pearl mussels, 72—one third of the world's population—are here in Scotland. Scotland is the global stronghold for the freshwater pearl mussel, which is now listed by the International Union for Conservation of Nature as “critically endangered” alongside giant pandas.

The presence of the freshwater pearl mussel in any river depends on the availability of host salmon, and the present decline in stocks of host migratory salmonid fish threatens Scotland's pearl mussel populations.

In its first year, the pearl mussel lives harmlessly on the gills of a young salmon or trout. As payback for its first year of living on the fish, an adult mussel filters and purifies about 50 litres of water every day, allowing the fish to survive in clean river water.

River engineering and illegal pearl fishing have been responsible for the decline and extinction of many freshwater pearl mussel populations and are among the reasons why the species is threatened. Clean gravel and sand are essential, particularly for juvenile pearl mussels. If the stream or river bottom becomes clogged with silt they cannot obtain oxygen and die.

Having outlined the critical part that this mollusc plays in the ecology of our rivers and river salmon and trout populations, I turn to what happened on the River Lyon in Perthshire, where two contractors destroyed an internationally important colony of this protected species. The court heard that pollution that would last hundreds of years had been caused through work on a hydro scheme that was so disastrous that the basic repair bill ran to almost £1 million. The two contractors were found guilty and were fined £6,000 and £5,000 but their company has since gone into liquidation with £143,000 of debts. One of the men admitted previously destroying a colony of freshwater pearl mussels during another hydro project at Dalmally in Argyll. The contractors were given eight years in which to pay their fines, so it was not much of a deterrent although I understand that it was the first such prosecution in Scotland.

As the species champion, I have submitted quite a few parliamentary questions relating to the species, the work that freshwater pearl mussels do in our rivers in allowing trout and salmon to survive, and the damage that was done to the River Lyon. I would describe the Scottish Government's answers as ranging from disappointing to dismissive. That is why I have brought the debate to the chamber. More needs to be done, and the Scottish Government has the power to ensure that our freshwater pearl mussels survive.

There needs to be more enforcement by police wildlife crime officers and, as a priority, an assurance given that the species will not diminish following the establishment of the new single police force. There also needs to be more rigorous enforcement of cross-compliance relating to the Environmental Impact Assessment (Agriculture) (Scotland) Regulations 2006, as well as an assurance from the Scottish Environment Protection Agency to strongly protect the water environment even when that conflicts with economic growth and new hydro schemes.

Exploitation of freshwater pearl mussels has taken place since pre-Roman times. The earliest reference in Britain is from Julius Caesar's biographer, Suetonius, who stated that Caesar's admiration of pearls was one of the three reasons for the first Roman invasion in 55 BC. Surely if the freshwater pearl mussel was a good enough reason for the Romans to invade Britain, it is a good enough reason for the Scottish Government to make a commitment to do much more to preserve this incredible species.

17:13

Claire Baker (Mid Scotland and Fife) (Lab): I congratulate Mary Scanlon on securing this debate on the freshwater pearl mussel and thank Scottish Environment LINK for holding an information session in the Parliament this afternoon. I apologise in advance for having to leave the debate early due to a prior engagement.

The debate is another example of the success of the Scottish Environment LINK species champion initiative. As the champion of two species—the puffin and the lesser butterfly orchid—I understand that it is not enough just to put one's name to threatened species. We must be active in offering our political support to protect them. MSPs' enthusiasm has been matched by the support that we receive from the charities and organisations that promote the species. Like other organisations, the RSPB and Plantlife have been very helpful to me in providing support to raise issues that impact on the species, from the long-term challenges around climate change to the impact of the recent storms. The relationships that

the initiative has created are helping to raise the profile of Scotland's biodiversity.

It is not that long since many of us were in the chamber debating the 2010 biodiversity target that Scotland, along with other countries, failed to meet. Concerns were raised about how many threatened species play an important part in our biodiversity. The UK has a large proportion of the species that are threatened in Europe, and we have an important responsibility to make progress on biodiversity targets.

As we have heard, the freshwater pearl mussel is one of the most critically endangered molluscs in the world. As such, it is worthy of championing. In the recent stage 1 debate on the Aquaculture and Fisheries (Scotland) Bill, my colleague, Graeme Pearson, spoke about illegal cockle fishing. The bill contains measures to improve detection and prosecution. However, it is not enough to simply pass legislation that defines the ban on pearl or, indeed, cockle fishing; we must ensure that the enforcement measures are robust enough to deal with any illegal fishing that may take place.

Pearl mussels are protected by the Wildlife and Countryside Act 1981, but that has not stopped reports of illegal damage taking place each year. In the past five years, the police national wildlife crime unit has recorded at least 10 incidents a year, and estimates put the number of suspected crimes as high as 30 annually. The reality is that the detection of illegal pearl fishing and thus any enforcement are extremely difficult, as offences often take place in remote areas of the country.

To their credit, Scottish Natural Heritage and the police national wildlife crime unit have run awareness-raising events to highlight the signs of illegal pearl fishing. At today's LINK event, Dr Peter Cosgrove from the University of Aberdeen told us about his work to raise awareness with estate and land managers.

As we near stage 3 of the Aquaculture and Fisheries (Scotland) Bill and move on to the future work that is planned by the Scottish Government, this might be a chance to reflect on whether more measures need to be taken to support those working to protect the freshwater pearl mussel from illegal fishing. The freshwater pearl mussel thrives in clean, fast-flowing rivers and streams, so it is positive that more than half the world's recruiting population exists in Scotland. However, the population is declining rapidly, and illegal pearl fishing is not the only reason why the freshwater pearl mussel is absent from a third of the rivers that it once populated, nor from a further third of rivers where no new freshwater pearl mussels are being produced.

Freshwater pearl mussels are also at threat from pollution. Clean gravel and sand are essential for their survival, particularly the younger mussels. If the river bottom is clogged with silt, they will perish. Pollution directly affects not only the mussels but fish such as salmon and trout.

As the RSPB briefing highlights, tackling illegal activities is about the enforcement and close monitoring of the Water Environment (Controlled Activities) (Scotland) Regulations 2011. It raises concerns about illegal activities that damage water quality and habitat going undetected and unenforced. Although compliance with the CAR regime is part of the solution, the RSPB also identifies that more rigorous enforcement of cross-compliance with the Environmental Impact Assessment (Agriculture) (Scotland) Regulations 2006 is required.

Today's debate has highlighted how iconic a species for Scotland the freshwater pearl mussel is. We have a responsibility to address the decline and secure the place in Scotland's future of a species that is admired and coveted around the world. I am pleased that Mary Scanlon will not only champion their survival but—I hope—along with others oversee their ability to thrive in Scotland again.

17:18

Rob Gibson (Caithness, Sutherland and Ross) (SNP): I congratulate Mary Scanlon on securing the debate. I agree with many of her arguments and those that were made by Claire Baker.

The cultural elements of pearl fishing are something that we should put on the record. In the song "The Summer Walkers", Calum and Rory MacDonald of Runrig penned a verse that refers to the heart of my constituency in north-west Sutherland. Since I am not encouraged to sing, I will just have to read it out:

"So have you stood out on Coldbackie
At the time the sun goes down
Or up on the king of campsites
In the hills about Brae Tongue
That's when music filled your evenings
It's all so different now, this world
For you were the summer walkers
And the fishers of the pearl."

That refers to the pearl mussel that Scots Travellers were far famed for fishing, as were the Irish Gypsy Travellers. Those far-off days of the 1950s and 1960s were the end of thousands of years of exploitation of the stocks of pearl mussels by these Travellers.

Tim Neat's 1996 book "The Summer Walkers" delved into their culture in the footsteps of a tradition collecting expedition by folklorist Hamish

Henderson, who joined the Stewarts in Sutherland for their summer walk. The publisher Birlinn noted that in “The Summer Walkers”, Essie Stewart and Eddie Davies are major players. She was born in 1941 and was given away at birth—totally unofficially. She

“came with a letter ... saying that I was given to Mary Stewart of Remarstaig”.

Mary Stewart was the daughter of blind Ailidh Dall, possibly the most famous of 20th century Traveller storytellers, whose stories go back far beyond the Romans; indeed, they go right back into our Celtic past in Brittany and many other places. She was possibly one of the most famous tradition bearers in Scotland, as Hamish Henderson found out.

Essie’s mother was

“by blood less than half a Traveller”,

but Essie

“lived the Traveller life from the day I was born till the day I married, then for twenty five summers I was out on the road as wife of the pearl-fisher, Eddie Davies.”

Essie Stewart is a constituent of mine, whom I know very well. The cultural history of the pearl fishers is kept alive in the Mackay country—“Dùthaich MhicAoidh” is the Gaelic for “country of Mackay”—which refers to the area of north-west Sutherland that I mentioned. The motto of the Mackays is:

“We value and respect our past as much as we strive to make our present and future secure and vibrant. We are on the edge, and what a beautiful edge we are on!”

That means thinking about the pearl mussel and the clean rivers that we have heard about, and talking about the pearl-fishing memories of the travelling people.

The Travellers’ walking route set out from the Kyle of Sutherland and took them by many of the north and west Sutherland straths, glens and rivers that were the havens of the long-lived pearl mussel. Its near extinction from overfishing, pollution and climate change led to its being protected in 1998 and to a string of offences—45 in the past four years. Only a small number of cases reach court and, as with other wildlife crime, the problems of corroboration come into play. That needs to be addressed.

River basin management planning, a captive breeding and release scheme, and awareness raising are key to future statutory action to help the pearl mussel.

I look forward to reading the minister’s response to the debate, as I must beg the Presiding Officer’s permission to leave the debate early to attend to an unexpected but urgent piece of business. I fully support Mary Scanlon’s motion.

17:22

Jamie McGrigor (Highlands and Islands)

(Con): I think that everyone would agree that the pearl mussel—or *Margaritifera margaritifera*, as it is called—has a wonderful champion in Mary Scanlon; I would not want to be anyone who interfered with it. I think that she is the first MSP species champion to have secured a debate on their species, for which she is to be commended. I will take the opportunity to namecheck the two species that I am championing: the narrow-headed ant, as has been mentioned, and the marsh fritillary butterfly.

I thank RSPB Scotland and Scottish Environment LINK for their briefing material. In conducting my research for the debate, I found it fascinating to learn more about the biology of the species, as well as its long history in Scotland, to which Mary Scanlon referred. With a lifespan of 100 years or more, the pearl mussel is one of the longest-living invertebrates in existence. One specimen that was found in Estonia was 134 years old and, according to the verbal briefing that we received today, it is possible that there are freshwater mussels in Russia that are more than 200 years old. We should think about all the history that has passed them by, let alone the water. The fact that an adult mussel can filter 50 litres of water a day—which is an amazing volume, given its size—is extremely important for water quality.

In the past, pearl mussels were fished in Scottish rivers. Some of the pearl fishermen were clever enough to use reversible callipers to open a mussel, check if there was a pearl inside, extract it and close the mussel without causing significant damage, but those people were experts whose families had followed that hunter-gatherer way of life for generations and who wanted to make their livelihoods sustainable. Modern day illegal chancers and cowboys who use penknives just leave a trail of death and destruction, and what has been there for hundreds of years can be destroyed in minutes through sheer ignorance and greed.

As we have heard, despite the fact that pearl mussels now enjoy full legal protection, there are real concerns about the population numbers of what is a critically endangered species. Indeed, according to some estimates, it is in the top 400 most endangered species on the planet.

Threats come from not only the aforementioned illegal pearl fishing but habitat degradation or destruction, pollution and climate change. The declining population of wild salmon and trout in some areas, which is an issue that I have raised many times before, is also important as pearl mussels spend the earlier part of their life cycle developing harmlessly in the gills of salmon and

trout. Those are the spats or future seedcorn, and the salmon and trout are the taxis that take them to their future living quarters. Isn't nature wonderful?

The decline in salmon and trout stocks is a particular concern on the west and north-west coasts of the Highlands and Islands and it is essential that the reasons for those declines are more fully investigated, especially as east and north coast runs appear to be faring much better. The protection and enhancement of our pearl mussel stocks are another reason for better understanding and responding to the declines in salmon and trout numbers; after all, if we have no salmon and trout in our rivers, we will have no pearl mussels either. It is all the same ecosystem.

As for the suggestion that the public tackle the very serious destruction of pearl mussels as others search for the rare pearls that are found in only 1 per cent of them, they and all of us in this Parliament must send out the very clear message now that such activity is illegal and totally unacceptable. If people see suspicious activity or, say, shells lying about on riverbanks, they should not hesitate to contact their local police station and ask for the wildlife crime officer.

Today's debate is welcome, and I am pleased that it has helped to raise awareness of the very real threat to the future of this species. If Scotland and other developed countries are to persuade less enlightened nations of the need to conserve their endangered species, we must preserve—and be seen to be preserving—the rare species that we are lucky enough to have on our doorstep. *[Interruption.]* Thank you very much, Presiding Officer, and I apologise for my phone going off.

The Deputy Presiding Officer: I call Richard Lyle—and we will ignore the ringing phone.

17:27

Richard Lyle (Central Scotland) (SNP): I thank Mary Scanlon for securing this debate on an important and concerning issue. As a member of the Rural Affairs, Climate Change and Environment Committee, I am greatly interested in the situation that faces the freshwater pearl mussel, so I want to thank Dr Peter Cosgrove and his team for providing me with information at today's drop-in session, and Buglife for the information that it provided.

Capable of living up to 130 years, the freshwater pearl mussel begins its life as a minute larva that is, along with 1 million to 4 million other larvae, ejected into the water from an adult mussel. That remarkable event takes place between July and September. In order to live the larva must snap shut on a suitable host fish—often young fish from the salmon family, which includes Atlantic salmon

and sea trout. As the chances of a larva encountering a suitable fish are very low, nearly all of them are swept away and die; only a few are inhaled by an Atlantic salmon or sea trout, and when that happens they snap shut on to the fish's gills for nine or so months. Finally, they land on sand and begin to grow on their own. I highlight that process to show not only the complexity but the natural beauty of those events.

The issue that has been raised by Mary Scanlon is important; because freshwater pearl mussels are more sensitive to pollution than any other river creature, they are a crucial indicator of river water quality. They are critically endangered and remain at risk from a range of factors, including water pollution, the ruining of their habitats, climate change, illegal pearl fishing and overexploitation. As with most things, some factors arise because of human error. We continue to pollute our water with septic tanks while engineering works also compromise the mussels' habitats. As we know too well, climate change is also having a negative impact.

Scotland is abundant in biodiversity, by which I mean the variety of life. Biodiversity is essential in sustaining the ecosystems and life systems that provide us with the food we need, the fuel we use to get around, the health we enjoy, the wealth we have and other vital services.

We are all part of that biodiversity, and we have the power to protect or destroy it. That power is a privilege and a responsibility. The actions that we take have a direct impact on life around us. Mary Scanlon has highlighted well the point that we must do something now in order to protect, in the future, freshwater pearl mussels as well as other creatures. RSPB Scotland has stated:

"Urgent action is needed to protect remaining pearl mussel populations."

I am sure that members across the chamber agree with that sentiment, as I do.

There is never a quick fix for such problems, but we can take actions to alleviate the problem and to prevent it from getting any worse. Adult mussels can be transferred to areas in which they are extinct, young mussels can be cultivated, and juvenile trout that have been infected with the larvae can be released into small rivers, but the main successes lie in habitat restoration projects. There is also the essential role that salmon play in the life of the freshwater pearl mussel. The conservation of salmon and trout is central to the survival of that endangered species. The Scottish Environment Protection Agency has begun to work to address those issues.

I thank Mary Scanlon again for bringing the issue to the chamber. As a grandfather, I feel that it is important and right that the Parliament and the

Government take stock of the issue and continue to address the problems that have been outlined.

On the Roman link, I am sure that Julius Caesar invaded Britain to control the pearl trade. Let us ensure that we take action so that no one can say, "Et tu, Brute?"

17:31

Alison Johnstone (Lothian) (Green): The freshwater pearl mussel has joined the panda on the International Union for Conservation of Nature's red list of endangered species, which many people regard as the barometer of life. However, it is fair to say that the freshwater pearl mussel has not received a fraction of the coverage that the panda has, so I thank Mary Scanlon for raising awareness of the importance of the species in this debate. I, too, have no doubt that Scottish Environment LINK's innovative species champion initiative has already raised awareness of the challenges that many of our native wildlife species face.

The freshwater pearl mussel finds itself on the red list of endangered species due to its unprecedented worldwide decline during the latter part of the 20th century. As we have heard—it is worth repeating—pollution from pesticides, fertilisers and other contaminants, siltation, climate change and declines in host fish populations are all partly responsible for that. These rare and long-living mussels—they commonly reach ages of over 120 years—are also very vulnerable to disturbances from engineering works in rivers. Silt contamination makes it difficult for the mussels to feed and it can kill adults. Buglife has reported cases of river disturbance that have resulted in animals that were born when Charles Darwin was alive floating out of their beds and being swept into the sea. As Jamie McGrigor commented, it is all the same ecosystem. I am honoured to champion the brown hare, but the point is that all species depend on a clean, protected and safe environment.

The pearl mussel is on the brink in Scotland. Its population—like ours—is ageing. The youngest individuals in some rivers are 40 years old. Despite the fact that it is an offence to intentionally kill, injure, take or disturb freshwater pearl mussels or their habitat, criminal activity remains a major threat. As we have heard, enforcement is wanting and deterrents are often too weak to deter, so we need to ensure that there are sufficient resources in place to prevent criminal activity from further decimating this endangered species, and that such action is taken seriously.

I thank Buglife and RSPB Scotland for ensuring that we understand the importance of a too-often-overlooked species. Members will note—Mary

Scanlon commented on this—that the RSPB welcomes in its very helpful briefing the wider range of sanctions that are proposed in the Regulatory Reform (Scotland) Bill, including fixed and variable monetary penalties, but it is concerned that the duty that is proposed for SEPA to promote sustainable economic growth will conflict with strong protection for the water environment.

The United Nations environmental programme reported previously that there are some 46,000 pieces of plastic in each square mile of ocean. Much of that rubbish began its journey to the sea in our local rivers and waterways. For too long, our rivers and seas have been regarded as convenient places in which to dump all manner of things. Our burns, rivers and seas are living, breathing ecosystems, but general rubbish, from shopping trolleys to the ubiquitous plastic bag, is found in too many of our waterways.

We need to improve and invest in education, protection and enforcement. We need to ensure that the most stringent regulations apply to those important ecosystems. I would be very grateful if in his summing up the minister could provide details of what measures his Government is taking to improve the conservation and cleanliness of our rivers and their associated ecosystems, how we can further raise awareness of the importance of the freshwater pearl mussel species and what further controls on illegal pearl fishing might be applied—for example, limiting the trade and encouraging higher levels of reporting of suspicious activity.

The Deputy Presiding Officer: I call on Paul Wheelhouse to respond to the debate. Minister, you have seven minutes.

17:35

The Minister for Environment and Climate Change (Paul Wheelhouse): I thank Mary Scanlon for her motion and for raising awareness of the importance of the state of the freshwater pearl mussel. I echo the points that have been made about the species champion roles, which are proving to be highly effective.

As we have heard from Mary Scanlon and others, freshwater pearl mussels are dangerously close to extinction. However, despite freshwater pearl mussels' low numbers in absolute terms, Scotland's rivers are a global stronghold for the species. For example, as others have said, in Scotland at present there are 106 known populations of freshwater pearl mussels, which equates to around half—rather than a third, as Mary Scanlon said—of the world's populations, which is why we in Scotland have a special responsibility for the species.

The importance of the freshwater pearl mussel goes beyond its rarity. The presence of rare freshwater mussels is an excellent indicator of water quality. The mussel needs pristine water to survive, and its continued presence in our river systems is a sign that there is clean, fresh water, which we all need; in many ways, the species is a bellwether for the condition of our ecosystems.

As Mary Scanlon, Jamie McGrigor and Richard Lyle have acknowledged, the life cycle of the mussel is itself fascinating. Not only do pearl mussels live for more than 100 years, the very youngest pearl mussels cannot survive without living on fish gills and they therefore have a symbiotic relationship with our freshwater fisheries. As Richard Lyle and other members have said, young mussels harmlessly attach themselves to the gills of juvenile salmon or trout over their first winter, before detaching themselves to live in the river bed. They therefore have a close relationship with salmonids, which themselves are a vital part of the ecosystems of Scottish rivers.

The freshwater pearl mussel inhabits coarse sand and gravel beds of fast-flowing, non-calcareous streams and rivers, which are ones that are not alkaline. There are approximately 69 recruiting or viable populations with juveniles present in Scotland, mostly in the north and west, as others have said, with scattered records of the species elsewhere. Few viable populations occur elsewhere in the British Isles or even the rest of Europe.

Turning to the conservation status of the species, I note that a £3.5 million LIFE+ programme nature project called pearls in peril is being led by Scottish Natural Heritage. It runs from 2012 to 2016 and in Scotland focuses on 19 special areas of conservation that have been identified as the most important for the freshwater pearl mussel's continued survival. The project aims to improve water quality and physical habitat for the benefit of the freshwater pearl mussel and to communicate with local, national and international audiences to raise awareness of freshwater pearl mussel conservation issues. A national survey of freshwater pearl mussels to determine the status of the species has just begun and is expected to be completed by early 2015.

On-going projects include assessing the success of reintroducing freshwater pearl mussels to rivers that once supported them. The hope is that it will be worth while seeding more rivers, which is a point that I think Jamie McGrigor made. Further research is being undertaken into the relationship between freshwater pearl mussels and their host salmonids. SNH and SEPA are sponsoring a PhD student at the University of Stirling who, among other things, is investigating the effects of high flows on freshwater pearl

mussels and what rainfall increase related to climate change might mean for the species. Management measures aimed at enhancing salmonid fish stocks are also important, as those fish are an essential link in the pearl mussel's life cycle.

Other works that have been undertaken and which inform our strategy for the conservation of the species include, as Rob Gibson said, the river basin management plans that were published in 2009. Those set out objectives to reduce the impacts of diffuse pollution from agriculture on our water environment. Given the pearl mussel's need for purity of water supply, those objectives are critical to its future.

Certain key catchments, which contain some of Scotland's most important waters in the context of conservation, are failing to meet environmental standards due to the impact of diffuse pollution. That is an on-going challenge, to which we are responding. Those catchments have been identified by SEPA as priority catchments, and it is especially important that we take action to improve their water quality.

In the first river basin planning cycle, 14 priority catchments were selected, using a risk-based approach. Three of those—the South Esk, in Angus, and the Dee and the Deveron, in Aberdeenshire—have important freshwater pearl mussel populations.

Mary Scanlon: Will the minister take an intervention?

Paul Wheelhouse: Yes, if the member can be brief.

Mary Scanlon: I will be very brief. Has additional action been taken following the incident in the River Lyon?

Paul Wheelhouse: I will come on to that, if Mrs Scanlon will bear with me.

The focus of the work was to collect information on diffuse pollution sources, but information on other impacts on the river, such as erosion and sedimentation, was also collected. The information has been discussed with land managers and immediate mitigation measures have been put in place, where possible. The work has been carried out with the support of local land managers, NFU Scotland and associated fishery boards and catchment groups.

I have spoken at length about what we are doing to conserve the freshwater pearl mussel. We also need to protect the species against illegal activity, which in some cases irretrievably damages entire populations. The legal framework that protects freshwater pearl mussels is strong. Freshwater pearl mussels are a UK biodiversity action plan priority species and are included on

the Scottish biodiversity list. The species is listed in annex 2 and annex 5 of the European habitats directive and in schedule 5 to the Wildlife and Countryside Act 1981.

As members said, since 1998 it has been an offence to intentionally or recklessly kill, injure, take or disturb freshwater pearl mussels or damage their habitat; to possess mussels or pearls collected since 1998; and to sell or advertise for sale freshwater pearl mussels or their pearls, unless that is done under licence from the Scottish Government.

Crimes against freshwater pearl mussels come in two forms: pearl fishing and illegal works. As I think Mary Scanlon was the first to acknowledge, the irony is that the main problem for those who want to steal pearls from our Scottish species is that very few mussels actually contain a pearl. That means that hundreds of mussels are needlessly and wastefully pulled from the river bed, including immature mussels, which would not be capable of yielding a pearl, only to be discarded dead on the riverbank. That is a disgusting waste. As mussels are slow growing and can live for 100 years, it is easy to see how such thoughtless destruction can wipe out a whole colony in one go. That is why we must pursue people who perpetrate such despicable acts.

However, the vast majority of damage comes from illegal works carried out in or around rivers. Anyone who wishes to carry out work must first obtain appropriate licences and must then carry out the work under the supervision of SNH and SEPA, as required. The requirement is non-negotiable, and land managers must realise that there is no excuse for ignoring it.

It is frustrating that incidents that damage freshwater pearl mussels could be avoided in all cases if consultation with SEPA and SNH took place and the proper consents and licences were obtained. The catastrophic chain of events in the river Lyon need not have happened if someone from the firms involved had taken responsibility for ensuring that proper processes were in place.

SNH has part-funded a special investigations officer in the national wildlife crime unit, Charlie Everitt—he is in the gallery today. His priority function is enforcement against freshwater pearl mussel crime. I think that Rob Gibson said that there have been 45 offences in the past five years, but it is encouraging that, in the past two years, the number dropped to four cases and then to two cases, so I hope that the national wildlife crime unit's work is having an effect.

Charlie Everitt has led an NWCU operation to ascertain whether there is a demand for pearls under the counter in Scottish jewellers. It appears from that work that pearls are not in high demand

in Scotland. However, it is clear that there is a demand somewhere for pearls. I am advised that work has been done with the UK Border Agency to help to detect trade out of the UK and gather information about foreign markets.

The partnership for action against wildlife crime—PAW Scotland—is finalising work with various organisations on the reporting of suspicious activity. It is also preparing briefing materials and maps for wildlife crime officers in targeted police stations. It is even exploring the use of genetics as a new forensic tool. I hope that that addresses some of Alison Johnstone's points about detection.

As part of a large LIFE+ project, moves are afoot to recruit a riverwatcher to launch riverwatch schemes in north and west Scotland, where the species is strongest.

As I said, the species is threatened not only by pearl fishing but by pollution and illegal riverworks. Time is against me, so suffice it to say that I will be happy to meet Mary Scanlon to explain what measures are in place in relation to hydro power schemes and to talk about SEPA's work on environmental impact assessment.

The concern that has been expressed about a watering down of SEPA's duty to protect the environment is quite unfounded. I hope that as work on the Regulatory Reform (Scotland) Bill unfolds, people will realise that it is about making regulation more coherent, transparent and easy to understand and not about diluting the impact of regulation.

This is the year of natural Scotland. I am grateful to Mary Scanlon for her attention to such an important species. We all have a duty of care towards our native species, and although the freshwater pearl mussel might not have the charisma of the red squirrel or provide the spectacle of the sky-dancing hen harrier, it is a species of global conservation concern, which plays a vital role in the ecosystems of our rivers. It is incumbent on all of us to ensure that the species is protected for future generations, as part of our natural heritage. The Scottish Government intends to play its full part in that commitment.

Meeting closed at 17:45.

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