The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

MEETING OF THE PARLIAMENT

Tuesday 5 March 2013

Session 4

Tuesday 5 March 2013

CONTENTS

Scottish Parliament

Tuesday 5 March 2013

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

Time for Reflection

The Presiding Officer (Tricia Marwick): Good afternoon. The first item of business is time for reflection. Our time for reflection leader today is Professor Mona Siddiqui OBE, professor of Islamic and interreligious studies, University of Edinburgh.

Professor Mona Siddiqui OBE (Professor of Islamic and Interreligious Studies, University of Edinburgh): Presiding Officer, thank you very much for inviting me to lead time for reflection once again.

Yesterday, I delivered my inaugural lecture at the University of Edinburgh. I felt both proud and humbled, and I thought about how much this moment would have meant to my parents, were they alive today. When my parents came to this country over 40 years ago, they came for the sake of education and they stayed for the sake of education. They saw their children's achievements through the accumulation of O-level, A-level and university degree certificates, but those were only the outward trophies. The essence of learning meant something far more profound because they knew that, in an uncertain world, a good education is the one thing that no one can take away from you. Perhaps that is why the Qur'anic prayer, "God, increase me in my knowledge" resonates so powerfully with me.

For my parents, learning was not only a means to a better life, but a means to a more reflective life—a life in which the individual does not just better themselves and their own place in society but, through thought and action, develops a vision for the whole of society. It is not unreasonable to hope that all that is good in our world can be improved, and all that is bad can be made a thing of the past. T S Eliot said:

> "It is in fact a part of the function of education to help us escape, not from our own time—for we are bound by that—but from the intellectual and emotional limitations of our time."

I have lived in Scotland for almost 22 years. This is my home and my children's home, so what happens in Scotland matters to me as much as it does to you. There is the reality in which we live, and there is the country of our imagination and our hopes. What kind of world do we want our children to be part of, where they have a sense of belonging and where doing is always about making better—a continuum in life, not a destination? This demands commitment from adults to engage with young people, to encourage them to transfer what they know to what they can do, to work with them with both passion and compassion, and to have the wisdom to know that the most rewarding life is a life of giving.

Topical Question Time

14:02

Scottish Qualifications Authority (Foreign Government Contracts)

1. Liz Smith (Mid Scotland and Fife) (Con): To ask the Scottish Government what recent discussions it has had with the Scottish Qualifications Authority regarding contracts that the body has signed with foreign governments. (S4T-00264)

The Minister for Learning, Science and Scotland's Languages (Dr Alasdair Allan): The Scottish Government is in regular contact with the Scottish Qualifications Authority on a range of issues. It has recently sought clarification on the contract that it signed with the Government of the Kingdom of Bahrain.

We fully recognise that the SQA has, for many years, undertaken work in a range of countries to the benefit of the citizens in those countries.

Liz Smith: The Scottish Government makes the valid point that the contract that was signed between the SQA and the Bahrain Government is not something on which the Scottish Government would be briefed routinely. Notwithstanding that statement, will the minister confirm whether the Scottish Government had any concerns about the second contract that was signed between the SQA and the Bahrain Government in March 2012, which post-dated the University of Edinburgh's withdrawal from a similar contract on 27 January 2012, and about the context of the briefings from Bahrain campaign groups that were provided to the Scottish Government in April 2012?

Dr Allan: The member's point about the first contract also applies to the second contract—those are not matters that would routinely be brought to ministers. In this case, the matter was not brought to ministers, as the SQA is a body with its own board, which takes its own day-to-day decisions.

I understand the points that are being made. As I say, dialogue with the SQA to establish more information is on-going. However, I point out that the Scottish Government has made clear its concerns about human rights abuses in Bahrain. Indeed, we have said similar things to the United Kingdom Government in that respect. Again, like the UK Government, the SQA has an educational engagement in Bahrain. Of course, the distinctive feature of the UK Government's engagement with Bahrain is that in 2012 it signed an agreement on defence co-operation.

Liz Smith: The issue is the transparency of the contract. Is the minister able to give the chamber confidence by expressing support for the SQA's due diligence processes for the 2011 and 2012 contracts? Moreover, will he expand on the comment made by the Scottish Government at the weekend that it was in discussions with the agency

"about how processes and arrangements might be improved"?

Dr Allan: I am happy to provide information once those conversations have taken place with the SQA. I have to say that these were very much decisions for the SQA. Of course, I stand by Scotland's educational engagement in a country such as Bahrain and am more than happy to provide the chamber with information on what the SQA is doing.

However, I must point out that, as well as the member's Government in the UK supporting and being involved in a defence co-operation arrangement after last year's human rights abuses, it also approved a rather large sale of military hardware. I will not embarrass the member by listing some of the items that were sold.

Liz Smith: I am obviously aware of that. However, my point is about the process of questioning that was carried out with regard to the contracts. Concern has been expressed, particularly in view of the fact that the Scottish Government was aware of some of these issues at the time, and I want to get to the bottom of the process.

Dr Allan: Although I reiterate that the SQA is an arm's-length organisation with its own board, I am, as I have already indicated, more than happy to supply information about and detail on the conversation that the Government will have with the SQA.

Dr Richard Simpson (Mid Scotland and Fife) (Lab): I will not enter into the debate over whether the UK Government or the Scottish Government has behaved better with regard to what is happening in Bahrain, but I wonder whether the minister will question the SQA to ensure that any contract or arrangement between the agency and the Bahraini Government makes it clear that there must be no suppression of any ethnic group within that country in respect of the issues in which the SQA is providing material or support.

Dr Allan: I have been accused of many things but, so far, I have never been accused of being complicit in the suppression of an ethnic group, and I ask the member to consider the tenor of his remarks.

As I have already indicated, the Government will provide information to the chamber on our

conversations about the nature of all contracts with all countries. I reiterate that the SQA's engagement around the world is beneficial to the people of many countries around the world as well as to Scotland.

"Demographic change and an ageing population"

The Presiding Officer (Tricia Marwick): The next item of business is a debate on motion S4M-05765, in the name of Kenneth Gibson on behalf of the Finance Committee, on the committee's report on "Demographic change and an ageing population".

As we have some time in hand, I will be generous with interventions. I call Kenneth Gibson to speak to and move the motion on behalf of the Finance Committee. Mr Gibson, you have 10 minutes.

14:08

Kenneth Gibson (Cunninghame North) (SNP): I will just add another 10 minutes then, Presiding Officer, if that is okay.

The Presiding Officer: It is not okay, Mr Gibson. You are chancing your arm now.

Kenneth Gibson: I am pleased to open this debate on the Finance Committee's inquiry and report into demographic change and an ageing population. I thank my committee colleagues, our clerks and all those who gave evidence.

The inquiry arose following our fiscal sustainability discussions in early 2012 and sought to identify the impacts of demographic change and an ageing population in three core areas—health and social care, housing and pensions and the labour force—and the planning that was being undertaken by the Scottish Government, councils, national health service boards and others to mitigate such impacts.

Our evidence sessions showed the enormity of the challenge ahead. The Office for Budget Responsibility stated:

"demographic change is a key source of long-term pressure on ... public finances".

The International Monetary Fund reported:

"In spite of the large fiscal cost of the crisis, the major threat to long-term fiscal solvency is still represented, at least in advanced countries, by unfavourable demographic trends."

The registrar general for Scotland said that the most elderly age groups of the population are projected to increase most dramatically. Between 2010 and 2035, the number of those aged 75 and over is projected to increase by 82 per cent. The estimated number of 820 centenarians in Scotland in 2010 is projected to increase to 7,600 by 2035.

The committee recognises the extremely positive contributions, including economic contributions, that older people make to wider

society and the general good. That positive contribution is recognised in Age Scotland's report, for example. Age Scotland featured in the committee's demography round-table discussion. The Cabinet Secretary for Finance, Employment and Sustainable Growth also acknowledged the vibrant contribution that older people can make, and that they fulfil a great commitment to their communities.

A major influence on the type, level and volume of services that our ageing population require is healthy life expectancy, which is the length of time an individual can expect to live free of chronic or debilitating disease. Of course, ageing does not equate to an automatic increase in demand for services. NHS Greater Glasgow and Clyde stated:

"figures on healthy life expectancy demonstrate that the areas with the longest life expectancy ... also have the longest healthy life expectancy and therefore the shortest time in need of health services."

Similarly, the Scottish Social Services Council said:

"The extent to which demand will rise in line with the growth in the older population is dependent on a number of factors including the extent to which increases in life expectancy"

are

"associated with increased time spent in good health or in illness, an issue that remains unclear."

The Association of Directors of Social Work provided figures based on three scenarios relating to whether additional years are healthy or feature chronic illness and disability. The difference in the best and worst case scenarios could be more than £1 billion annually to health and social care expenditure by 2030.

Although healthy life expectancy has increased, there are large variations across the country. The Scottish Government acknowledges that

"the gap between life expectancy and healthy life expectancy has, for men ... been widening."

We look forward to hearing of the actions that are being taken to bring improvements in this area.

The Convention of Scottish Local Authorities' view of local government readiness is that

"Local government has long been aware of the financial pressures which increased demand for services from an ageing population will bring. Even at a time when overall resources were increasing, we recognised the need to plan for this change."

The committee will meet COSLA next week, when we will discuss the modelling that it did on the funding gap between the services that local government will need to provide and the resources that will be available. It believes that demographics and the rising number of older people will play a big part in the rising demand for services.

COSLA asks whether actions being taken to close the funding gap go "far enough". The Improvement Service, which supports a long-term shift to a preventative approach, believes that there is a

"very serious short to medium term problem of income and demand."

Our report invites the Scottish Government to detail its plans to close any funding gap—if indeed that is possible in the current economic climate—and where the shift to preventative spend would secure sufficient savings to fill the gap.

Bruce Crawford (Stirling) (SNP): Will Kenneth Gibson confirm that the issue is not just all about money? It is also about how organisations work better together. I could certainly talk about care homes in my area where there could be a bit more working in partnership between the Care Inspectorate, the deliverers of care homes and the local authority. If people talked to each other and worked together it would make a heck of a difference to outcomes.

Kenneth Gibson: That is the nub of what our report concludes, and we will go into that in greater detail as I progress.

Many of the issues that we considered overlap with work around early intervention and preventative spend, which has particular relevance when forecasting future demand for services and increasing costs. COSLA is working with the Scottish Government and community planning partnerships to

"re-focus funding towards preventative approaches."

Although there was welcome evidence of that from the City of Edinburgh Council, which has developed a 10-year financial plan to identify factors that will impact on service provision and resources, the approach is not widespread across all local authorities. Some appear to be focused only on immediate three-year funding cycles. Similarly, some national health service boards referred only to short-term planning, for example within the board's corporate plan period.

Regarding the influence of short-term budget cycles on long-term planning, NHS Highland—whose work around budget integration we have previously recognised—referred to being "heavily constrained". The Cabinet Secretary for Finance, Employment and Sustainable Growth made it clear that he did not think that

"anything inhibits a health board or a local authority in taking a fairly firm three-year assessment of where its budget is going and planning accordingly",

although he recognised that

"Beyond a three-year period, the issue is slightly more difficult, given the perspective that the United Kingdom Government sets out."

We look forward to hearing how the Scottish Government will develop and disseminate good long-term planning practice.

A key issue that emerged during the inquiry was that of unplanned hospital admissions and delayed discharges. A third of the £4.5 billion that is spent annually on health and social care for the elderly is spent on unplanned admissions. That was recognised by a number of witnesses and the cabinet secretary, who said that addressing that was

"at the heart of the debate on the integration of health and social care".—[*Official Report, Finance Committee*, 9 January 2013; c 2008-09, 2013.]

The Scottish Government is committed to reducing the number of emergency admissions to hospital—that is a specific indicator in the national performance framework. However, the indicator's status is shown as "Performance Worsening". We seek an explanation of why that is the case.

NHS Ayrshire and Arran stated:

"if hospitals continue to admit over 75 year olds at current rates we will need twice as many hospital beds in twenty years' time."

There is a need for better collaborative working, integration and budget pooling, which is an issue that we previously considered in the context of our work on early intervention and preventative spend. Audit Scotland said:

"There are very few examples of good joint planning underpinned by a comprehensive understanding of the shared resources available."

We hope that our findings will assist the Scottish Government in developing policy for its health and social care integration bill. The Parliament and the Scottish Government must show strong leadership in building a political consensus on the need to shift the balance of care and resources, to encourage joint planning and to support more preventative approaches.

An important component of the preventative agenda is the reshaping care for older people change fund. Although there is support for that fund and what it can achieve, there were concerns about the lack of evidence on whether, as Age Scotland said, it has

"catalysed a shift in wider health and social care spend as hoped."

We welcome the Scottish Government's commitment to monitor and evaluate the shift towards preventative spend.

The issues of better integration, shifting the balance of care from the hospital to the home and preventative spend bring me to housing. In the housing section of our report, we focused on the demographic pressures on the housing stock, the changes in housing need, the role of housing adaptations and the new-build specialist housing.

The registrar general for Scotland projects that between 2010 and 2035 the number of households will increase by 23 per cent, and that the average household size will decrease from 2.17 to 1.95 people. By 2035, the number of men and women over the age of 85 who live alone is expected to increase by 216 and 158 per cent respectively. The Joseph Rowntree Foundation stated that

"our society is becoming more marked by solo living"

and that that

"has implications for the supply of housing stock and the need to get our act together on housing adaptations."—[*Official Report, Finance Committee*, 11 January 2012; c 479.]

A key part of the Scottish Government's approach to delivering housing for older people is its age, home and community strategy and the adaptations working group report, which recognises that

"Adaptations, at the right time, can be life changing".

A common theme was the preventative benefits that the right adaptation at the right time—which can often be made at modest cost—can achieve. For example, the social return on investment study found that, on average, each adaptation could save the health and social care system between £5.50 and £6 for every £1 invested.

We welcome the additional funding for adaptations that the cabinet secretary announced in his budget, but there are possible limitations on the adaptations that can be made, because of the type of housing stock that we have—for example, we have a large number of tenement properties. The Scottish Federation of Housing Associations said:

"we have developed a housing stock that may not be compliant with wheelchair housing needs or indeed housing for varying needs".—[*Official Report, Finance Committee*, 21 November 2012; c 1875.]

As we cannot reinvent our housing stock, we must work with what we have. The committee looks forward to hearing the Scottish Government's intentions on future spending plans to support work in this area following the publication of the adaptations working group's report.

Although there is an emphasis on fitting adaptations to existing housing stock, the Scottish Government's strategy states:

"Building new, affordable and sustainable housing is a priority".

It particularly wants to see the building of homes that are of a type and size that encourage mobility, which can be called "lifetime homes".

The Chartered Institute of Housing in Scotland indicated that, without new specialist housing, some people would have to remain in their current homes, which would put pressure on the adaptations budget. Of course, some homes cannot be adapted to allow, for example, wheelchair use. The cabinet secretary spoke about the importance of addressing that issue

"to ensure that we have a housing stock that is appropriate for the needs of individuals at given times in their lives."—[*Official Report, Finance Committee*, 9 January 2013; c 2016.]

Integration of health and social care services is vital. Although the Scottish Government supports shifting the balance of care and supporting people to remain at home rather than in hospital or in care, concerns were expressed about the perceived lack of attention that was paid to housing in the health and social care integration consultation and the impact that change funding is having in shifting to prevention. We look forward to learning about the Scottish Government's health and social care integration strategy and housing's role within that.

Public pensions will be a growing source of financial pressure on budgets. Audit Scotland highlighted the widening gap between pension payouts and contributions and said that significant cost pressures have built up as a result of people living longer than forecast while long-term interest rate changes have increased pension schemes' liabilities. Pension providers face challenges as life expectancy after retirement increases. Audit Scotland stated that

"life expectancy has been systematically underestimated in actuarial assessments in recent years."

The committee also addressed labour market dynamics. Having older people in the workforce can have economic benefits—their experience, expertise and tax contributions are retained for longer—but there may be knock-on consequences for younger people starting out in the labour market, particularly at a time of relatively high unemployment.

We asked the Scottish Government how an ageing society will impact on and inform the design of new pension schemes and what modelling it has carried out on the budgetary impact of increasing life expectancy on pension provision.

We must prepare now for the challenge ahead. I believe that the committee took a rational and measured approach to the inquiry. The issue of demographic change and an ageing population will be with us for decades and it is crucial that it informs and influences policies and budgets. We hope that our report makes a helpful

"contribution to the on-going and essential debate as to how we radically reform the way our public services are delivered in response to an ageing society".

Our report concludes that

"there is a great deal of work being done both by the Scottish Government and the main public services in responding to demographic change and the impact of an ageing society",

but that there appears to be

"a lack of real progress in addressing some of the main challenges and barriers which prevent the necessary cultural and structural change which is required in the way our public services are delivered. While there are a myriad of strategies and initiatives it is not clear that these are having the desired effect in terms of facilitating real change."

Our report emphasises that

"while many of these strategies and initiatives are welcome they are not in themselves a solution."

We look forward to the Scottish Government's response, and we recommend that future spending reviews include an assessment of demographic change and its impact on spending portfolios.

There is a lot of detail in the report and I know that my remarks have only skimmed the surface. However, I believe that my colleagues will delve much more deeply into some of the areas that I have touched on.

I will finish on a relatively optimistic note. The Association of Directors of Social Work has stated:

"Increased public expenditure on the scale required to meet demographic pressures is challenging, but not necessarily 'untenable'."

I look forward to hearing from colleagues during the debate.

I move,

That the Parliament notes the Finance Committee's 2nd Report, 2013 (Session 4): *Demographic change and an ageing population* (SP Paper 265).

The Presiding Officer: Thank you, Mr Gibson. I call the Cabinet Secretary for Finance, Employment and Sustainable Growth. Mr Swinney, you have a minimum of 10 minutes.

14:22

The Cabinet Secretary for Finance, Employment and Sustainable Growth (John Swinney): Thank you, Presiding Officer. I have never had an invitation to address the Parliament on that basis, but here we go.

I welcome the opportunity to discuss the Finance Committee's report and I thank Mr Gibson

for the substance and style of his representation of the Finance Committee's recommendations. The Government will, of course, respond to the committee's report in full and in writing, and in light of this debate.

The committee welcomed the direction of much of the Government's reform agenda in working to address the challenges that, I acknowledge at the outset, demographic issues pose for us, and questioned whether we had all the measures in place that would deal with the cultural and structural obstacles to addressing many of those questions. I hope that, in the course of my speech, I can reassure Mr Gibson and the Parliament that the Government has in place an approach and a set of interventions that will address the question, and acknowledge that a range of actions is required to implement the strategies that I will talk about in a few moments.

The impact of demographic change is often presented and discussed in negative terms, but I think that the Parliament should take the opportunity provided by this debate to welcome the positive impact of demographic change. Our people are living healthier, longer lives, which is to be celebrated. We must recognise and build on the considerable skills, expertise and insight of older people, and we must ensure that, as a society, we properly and fully make the most of that significant resource.

The Government's response to demographic change is anchored in our commitment to improving outcomes for all Scotland's people, including our older people, which drives the Government's policy approach to public services reform. Public services reform and consideration of such reform lie at the heart of today's debate.

The Government, taking its lead from the strong direction that was laid down by the Christie Commission on the Future Delivery of Public Services, is acting to strengthen collaboration and partnership between services, drive a stronger improvement culture, further embed preventative approaches and ensure that the skills, capacity and knowledge of local people and communities and the people who serve them are fully used to improve outcomes.

That point takes us to the nub of Mr Crawford's intervention during Mr Gibson's speech. The debate cannot be regarded as being about only money and the availability of resources; it must also be about how we structure public services and ensure that they interact with one another, so that their performance and effectiveness are improved.

In the pursuit of improved outcomes, I acknowledge the key and increasing role that the third sector will play in the process. The third sector's knowledge of local areas and populations, its expertise in engaging people and its position in community planning partnerships will be an essential part of our approach to reform. By the end of the current spending review period we will have invested more than £190 million in developing the third sector's capacity, to enable it to play a more significant role in delivering public services in the years to come. That is very much the point that Mr Crawford made.

We have acted to strengthen arrangements for community planning and adult health and social care, to drive discussion locally about how services can meet the needs and aspirations of different communities, now and over the longer term. In developing new single outcome agreements, community planning partnerships have been asked to consider how all partners will work together to

"improve outcomes for older people",

which is one of six key policy priorities that the Government has set for partnerships, in consultation with our local authority partners.

Through the framework of national outcomes, the Government economic strategy and the infrastructure investment plan, our response to the Christie commission, our 2020 vision for the national health service, our 10-year strategy for housing for older people, our strengthened relationship with local government and the community planning framework and a range of other strategic programmes, the Government has set a clear, consistent and decisive course, to put Scotland's public services on a sustainable footing.

Our focus on outcomes and collaborative working has helped to maintain public services in an increasingly tight financial environment and will continue to do so. If public services are to operate in an environment of tight financial management, a process of reform must be undertaken, to ensure that services are sustainable. In taking forward that approach, we have been clear that the existing model of service provision must change. In a variety of areas, we have advanced initiatives that will ensure that such change happens and public services are made sustainable for the future.

Projected increases in demand, the financial horizon and the crucial need to drive up outcomes for all and reduce inequalities provide a compelling backdrop for change. Our response necessarily involves structural change in some circumstances—our programme of police and fire reform is an example in that regard. However, in most cases we are establishing new ways of working, which capitalise on the full set of

resources and expertise that is available to us in Scotland.

I recognise that delivering such change is rarely easy or straightforward. Improvement in practice is all about implementation and requires bold decisions and collaborative action. Despite the financial and economic context in which we operate, progress is being made throughout Scotland and local partnerships are working to improve health and other outcomes for older people and to embed a more preventative approach.

In the area that I have the privilege to represent, the Perth and Kinross healthy communities collaborative is a community-led health promotion initiative, which helps older community volunteers to empower other older people in their communities to prevent problems from occurring and enhance people's ability to lead independent lives. In one year the approach realised a 34 per cent reduction in falls in care homes and helped to reduce social isolation, strengthen communities and encourage collaborative working between public services and local volunteer organisations.

Highland Council and NHS Highland are developing integrated services that cover all aspects of health and social care. NHS Highland is acting as the lead agency for adult services and the council is acting as the lead agency for children's services. That innovation is leading to a transformation in the way that key caring services are delivered.

John Mason (Glasgow Shettleston) (SNP): I note that the cabinet secretary mentioned the Highland region. I think that we all accept that it is an extremely good example. Does he have any suggestions for how we can roll out good examples across the country?

John Swinney: Mr Mason has touched on a fundamental point in the process. I plan to talk about the early years collaborative, which the Minister for Children and Young People, Aileen Campbell, is taking forward. Essentially, that collaborative brings together practitioners. The most recent interactive discussion with it involved around 700 people from all the community planning partnerships in Scotland, who met to learn lessons of good practice in the policy area and to ensure that those lessons could be shared widely across the country.

Mr Mason has highlighted the fundamental challenge of ensuring that the good examples in different parts of the country are communicated and replicated around the country effectively. The early years collaborative provides perhaps the best example of how that is currently being undertaken, but there are many other examples of how the Government, working with our local authority partners and the Improvement Service, is championing different approaches around the country.

A number of other projects are worthy of attention. In East Renfrewshire, a preventative partnership initiative allows vulnerable residents who use the local telecare and community alarm service to receive fire safety advice and provides them with a radio-linked smoke detector to alert the council's 24-hour telecare monitoring and response centre, which is called safety net. That ensures that potentially devastating accidents are detected at the earliest possible moment. Risks of such accidents happening arise from the fact that people will live in their own homes for longer and endure other challenges and issues in the process.

The total neighbourhood approach is a place-based approach that is being taken forward in the east of the city of Edinburgh. The approach involves a range of agencies, including the council, the police, the health service, the third sector and community groups. It looks at how money is spent in the area, uses practitioners' experience, and builds community engagement with the aim of making all services work better for all sections of the community.

Renfrewshire Council, Strathclyde Police and Strathclyde Fire and Rescue service have developed a strong partnership approach to ensuring community safety and public protection in the area, and that approach is also delivering results. It is evidence based, and it has supported a reduction in levels of violence in the community. That has, of course, improved the quality of life and the sense of public safety, which are important in many respects.

There is a range of strong examples from around the country. The point that I made in response to Mr Mason's question is that we must live up to the challenge of ensuring that that message is widely understood around the country and examples of good practice are replicated.

I referred to the early years collaborative, which has been a method of drawing together all practitioners in the area to understand some of the ground-breaking work that has been undertaken as part of the getting it right for every child agenda and the early years framework. That is providing us with strong confidence that good practice is being replicated in a number of areas of the country.

The Government has taken forward a focus on improvement in public services through a major gathering of public servants that focused on the improvement agenda. That has given rise to the framework that delivers some of the change that I

have talked about and replicates it around the country.

As well as ensuring that good practice is replicated around the country, there is a requirement to ensure that sufficient pace is applied to undertaking the reform agenda. I regularly discuss that theme with public servants to ensure that the organisations that are responding to strategic challenges that the Government has issued do so with sufficient pace and energy.

I will repeat that message when I address the Convention of Scottish Local Authorities conference later this week. Local authorities are major players and partners with us in taking forward the reform agenda. The Government has enabled a great deal of that agenda, in partnership with local authority colleagues, through the identification of the change funds, which are designed to create sustainable models of public services delivery at local level.

The Finance Committee focused on a number of specific themes, and I will deal with a couple of them. First, it focused on health and social care as an area that can make a big difference for older people. As Mr Gibson acknowledged in his speech, the Government is taking decisive action in those areas, within our wider approach to public services reform. The reshaping care for older people programme and the strategy for housing for Scotland's older people are already supporting focused responses to some of our key challenges.

We know that extended stays in hospital reduce healthy life expectancy and drive up cost. We therefore provide free personal and nursing care to allow people to be treated as far as possible in their own homes. We are driving forward the integration of adult health and social care, and we are improving care for older people by placing the individual at the heart of those services.

Through the work of local partnerships and the joint improvement team, we are on course to reduce the rate of emergency in-patient bed days for people aged 75 and over by at least 12 per cent over the five years to 2014-15. Health and social care partnerships are in the process of submitting their joint strategic commissioning plans for the next financial year, which is an important next step in efforts to encourage joint working and a more preventative approach. That preventative message will also be reflected in the submissions from community planning partnerships.

We are taking a considered, long-term approach to key issues that affect older people, such as dementia, with our second three-year dementia strategy due to be published in June, and sensory impairment, with consultation due to start shortly on a planned 10-year strategy.

The committee considered the sustainability of pensions. As members will know, much of the regulatory oversight and design of pension schemes is reserved to the United Kingdom Government. As regards the negotiations that the Scottish Government has initiated with the relevant workforces, we have adopted an approach that has required pension schemes to fit within the financial constraints that are applied by the UK Government as part of the reform agenda. We have set out the principled position that pension schemes should be career average revalued earnings schemes—CARE schemes for short—which should be operational from April 2015. As has been the Government's position throughout the pensions reform debate, it will be recognised at all times that pensions must be affordable, sustainable and fair to all relevant and interested parties.

The Finance Committee's report highlights the importance of reflecting demographic changes in the design, planning and management of our public services. The committee has specifically asked that that be included as a theme in the spending review. I reassure the committee that questions of demography and demand for public services are all reflected in the existing consideration that goes into a spending review. We must consider many of those questions through the scrutiny of the equalities issues that will underpin much of our decision making. In meeting that challenge of addressing demographic changes, the Government is responding decisively.

A substantive part of our policy will be delivered by maintaining focus on an outcomes-based approach, and our ambitious programme of public services reform is designed to do that. The decisive shift to prevention-oriented public services is a key element of ensuring that services meet the demands of the public.

I am absolutely confident that, if we design public services that have the individual at their heart, which is the direction of the Government's approach, we can meet the challenges that the Finance Committee has laid down. The Government is committed to ensuring that we establish a positive, sustainable vision for the future of Scotland. We will take that forward for all our citizens and particularly for our older people.

The Presiding Officer: I call Ken Macintosh, who has a very generous eight minutes.

14:40

Ken Macintosh (Eastwood) (Lab): I thank the cabinet secretary and the Finance Committee convener for their opening remarks.

Last month, three separate families wrote to me or came to see me at a surgery to say how worried they are about a particular care home in East Renfrewshire. Their concern was not about the standard of care, nor about the level of staffing or the support that is offered to their loved ones—quite the reverse, because on all counts it was clear that the care for adults with learning difficulties that is provided by those who work at Netherlee house continues to be first class and warmly appreciated by the residents and their relatives alike. Instead, the concern was about the prospect of losing that model environment without knowing exactly what will replace it.

I will not go into all the details, but the move to self-directed funding coupled with our greater emphasis on independent living has meant that local authorities will no longer fund new placements in that communal setting. The home will have to change, but the housing association that owns the property has no money to make the adaptations. The home is used by three neighbouring local authorities, but all of them are struggling with fixed or declining social care budgets. Rehousing the current residents of Netherlee house is unlikely to save the councils money. Moving the residents to separate flats will almost certainly prove to be a more expensive option.

There is no particular villain of the piece. The partners that are involved are caring and well intentioned, and the policy objectives are desirable—certainly over the long term—but the net effect is to create huge anxiety and upset. In the context of the demographic changes that the Finance Committee highlighted in its excellent report, that example illuminates at least some of the challenges that our public authorities face.

We need to adapt our housing stock to meet our population's needs, but the housing budget was cut last year and will reduce again next year. We support preventative spend, but the savings might not be realised for decades to come and, in the meantime, the process of change might involve greater cost, not less. All of that is taking place against a backdrop of austerity and an attack by some on the whole ethos of state-run public services. Those reforms might result from policy directives, but they are not planned in any co-ordinated or joined-up manner.

The Finance Committee's report is a welcome contribution to one of the most important public debates that our country faces. It can sometimes be difficult even to discuss demographic change and an ageing population without on the one hand hearing scaremongering or posturing or on the other drifting into what can sound like ageism. My starting point is simply that the problems that our society faces are caused not by age distribution but by uneven wealth distribution. The issues might have been thrown into stark relief by demographic change, but they are not burdens—they are simply choices, difficult though they may be.

To be honest, I found parts of the report genuinely encouraging. Since I was born, my life expectancy seems to have increased by more than 10 years. Living as I do in East Renfrewshire, my expectation is that the quality of my life will be excellent, as it is the part of the country in which people spend the lowest number of years in poor health. If only I was prepared to go the whole hog and change sex, who knows what the future might hold? I hope that most of us will look at demographic change in a similar fashion—I do not mean in relation to changing sex; I mean as something that is to be celebrated rather than feared.

Unfortunately, the flip-side of the statistics is that to be born or brought up in some parts of Scotland is to suffer from health inequality of the most invidious kind. The economic adviser to the committee, Professor David Bell, vividly reminded the committee of the train line in Glasgow, along which life expectancy for men declines by two years and for women by a year and a half with every station between Jordanhill and Bridgeton.

In fact, the Finance Committee noted that

"not only does Scotland have one of the lowest life expectancies in Western Europe but, according to the Scottish Government, 'the gap between life expectancy and healthy life expectancy has, for men, actually been widening.'"

I was pleased that the committee went on to ask

"what, if any, comparative research the Scottish Government has commissioned to explain the reasons for this"

and concluded that it

"supports the recommendation of Audit Scotland that the NPF"—

the national performance framework—

"is updated to include national indicators to specifically monitor progress in reducing health inequalities."

It struck me that there is clearly a broad sense of agreement across the parties on how we approach many of those potentially thorny issues. That is not, or certainly should not be, unusual in the Parliament. However, there is far less consensus about how we translate that supposedly shared agenda into action.

For example, we are all anxious not to portray older people as a problem and instead to welcome the many ways in which our society could gain from the shifting pattern of age distribution. We recognise the benefits of independent living and supporting older people in the community, including the fact that it helps to reduce hospital admissions. We are trying to place greater emphasis on quality of life, not just life expectancy. We agree about the desirability of integrating health and social care, and there is widespread support for the preventative spending agenda.

However, our political dialogue rarely reflects any of that agreement. The Christie commission, the Beveridge report and now the Parliament's Finance Committee have all considered the changing demography of Scotland and reached broadly similar conclusions about the need for a serious and informed debate about the way that we deliver public services, but when the Labour Party mentions the subject it is caricatured as some sort of attack on universalism.

The section on housing in the committee's report highlights the paradox of a Government that identifies the investment that needs to be made in adaptations but does not then will the means to make the change. I refer not simply to budgetary constraints—I agree with what Bruce Crawford said on that—but to the lack of a delivery mechanism. In fact, the report

"asks why there would appear to be a lack of specific measurable targets within the housing for older people strategy and on what basis the effectiveness of the strategy will be measured."

The report is excellent on health inequalities, housing and planning, but I am slightly less convinced by the section on pensions. Some of the pension changes that are coming from Westminster are driven by demographic change. Others, including the bulk of the increase in contributions to the public sector schemes, are more to do with the current chancellor's approach to Government finances than long-term pension planning. However, it is important that we continue to have a shared public debate on the matter, and I welcome the fact that the committee raised the issue.

As the committee points out, there is simply not enough long-term planning taking place in our public authorities. It is difficult to break the short-term political cycle but, if those of us who are part of supposedly social democratic parties cannot agree on a long-term strategy to help our public services to adapt, we will find ourselves descending into a cycle of cuts and crises.

To quote from the report again:

"The Committee notes that shifting the balance of care will require a shift in resources which may not always be popular and recommends the need to build a political consensus around this issue which will require strong leadership from both the Scottish Government and the Scottish Parliament."

To my mind, strong leadership means moving on from reports such as this that highlight the extent of the problem to the Scottish Government laying out what it sees as the potential solutions. As the report highlights, if the City of Edinburgh Council can draw up plans suggesting where we might want public services to be in 10 years' time, there is little or no excuse for the Scottish Government not to do so.

The care provider, the housing association and the three local authorities that support residents in Netherlee house in my constituency have agreed to work together and, crucially, to involve the families concerned to find the best way to continue to care for some very vulnerable individuals. That does not mean that everything will automatically be all right—to be frank, the families remain apprehensive and slightly sceptical—but the Scottish Government could do worse than take a leaf out of their book, take a similar practical approach and recognise the responsibility for leadership and planning that rests on its shoulders.

I commend the committee for its report.

The Presiding Officer: I now call Annabel Goldie. Ms Goldie, you have a minimum of seven minutes.

14:48

Annabel Goldie (West Scotland) (Con): My colleague Gavin Brown would normally participate in this debate, but he is unable to be present, so I have been shipped in. On the basis that ignorance is bliss, it is a great pleasure to speak in the debate. As the Presiding Officer is actively encouraging loquacity, I am her woman.

The subject under discussion could not be more important. As others have done, I commend the Finance Committee for undertaking such a timely and significant inquiry and for producing such a useful report, which I found illuminating and helpful.

As Mr Gibson said, the IMF identified the issue a number of years ago, and it is worth while to repeat what it said in 2008:

"In spite of the large fiscal cost of the crisis, the major threat to long-term fiscal solvency is still represented, at least in advanced countries, by unfavourable demographic trends."

The Finance Committee's report aims to identify the impact of the demographic trends in Scotland and it then examines the planning that is being undertaken to mitigate that impact. As others have said, it does that across several strands including

health and social care, housing, pensions and the labour force.

The report rightly looks at the financial impact, but it is worth while to make the point that an enormous positive contribution is made by older people throughout Scotland. Although we face demographic challenges, the vital work that is done by many older people means that we also have potential demographic opportunities. They should not be ignored and their potential should not remain unexplored.

I turn to the demographic landscape that is specific to Scotland. The National Records of Scotland has made the following stark forecasts: the working age population is set to increase by 7 per cent between 2010 and 2035, but in the same period the pensionable age population is set to increase by 26 per cent and the number of people aged 75 or over is set to increase by 82 per cent. Changes of that magnitude are bound to have a massive impact.

I therefore support the committee's recommendation in paragraph 24, which states:

"The Committee invites the Scottish Government to provide details of the work it is currently carrying out in forecasting the budgetary implications of demographic change."

That will not only reassure us that such work is being done but allow us to assess the robustness of that work. I hope that such information will be included in the Scottish Government's response to the report, which the cabinet secretary mentioned.

I also highlight the recommendation in paragraph 26, which states:

"The Committee recommends that future Spending Reviews include an assessment of the impact of demographic change in each portfolio chapter."

That would allow us to drill down further, with a portfolio-by-portfolio consideration of the issue, and it would be an important advance in understanding better both the focus and the priority of spend.

John Swinney: On that point, does Ms Goldie acknowledge that, as well as our setting out information on financial commitments, there is a need to accept in this debate the fact that we cannot operate on the basis that services will always be provided in the fashion in which they are provided today? That must surely have a meaningful and significant effect on how we set out and consider these questions as a Parliament in the years to come.

Annabel Goldie: I say to the cabinet secretary that, where I am concerned, he is pushing at an open door. I have always believed that we should never be shy in looking at how we deliver our public services. Many contributions to that debate are now coming forward and they certainly merit serious consideration.

I note that the committee also took evidence on healthy life expectancy. Discussion often centres on life expectancy, but healthy life expectancy needs to be given a much sharper focus. The report states that it is

"the length of time an individual can expect to live free of chronic or debilitating disease".

Like Mr Macintosh, I was struck by the differences in different areas of Scotland. We can compare the average not-healthy period of 5.5 years in one area with the period of 11.2 years in another area. I think that we would all regard that as a staggering difference. The gap between life expectancy and healthy life expectancy for men has actually been widening again. We would like to know what action the Scottish Government is taking on that.

It will be challenging to plan ahead successfully. It will require comprehensive and—I do not like the phrase, but I cannot think of a better one—joined-up thinking and partnership action. The Improvement Service phrased it well when it said that we need to

"endorse a long term shift from a service base that is reactive to one that is preventative and promotes positive outcomes first time round."

There is also a striking difference of approach between various councils when it comes to developing a strategy. Mr Macintosh alluded to that. Some councils are enlightened and proactive. One has taken long-term planning seriously and it has a 10-year plan, but others are moving at a more leisurely pace and they focus on three-year funding cycles. That has to change, so I welcome the meeting with COSLA that Mr Gibson mentioned in his speech.

In that context, I ask the cabinet secretary what central Government's advice to the public sector is on long-range planning. Are there clear guidelines, or is there just a general opaqueness? Further to that, what does central Government itself do in practice? The committee was told that activity varies between departments, but some clarity on how that activity varies and the timescales that are adopted in certain policy areas would be welcome and helpful.

The committee posed a number of other questions that need to be answered. On health, although I listened to what the cabinet secretary said and accept that there have been many advances in preventative spend for health, we have to ask why we have not seen improvements regarding emergency admissions to hospital and what actions will be taken to turn that around.

On the broad issue of preventative spend, again my party is more than sympathetic to the idea of deploying resource to that objective. In fact, I have to say that the new drugs strategy for Scotland, which my party insisted be delivered in 2008 and which focuses on recovery, is all about trying to help people in advance, support them in their addiction and have a much more positive destination at the end.

The cabinet secretary referred to my home patch of Renfrewshire. He is right to say that some extremely successful community safety initiatives are taking place there. I and one or two others in the chamber contributed to a debate on a motion that I lodged on the street stuff project in Renfrewshire, which is a strikingly impressive example of what happens when all the main partnership agencies get together and deliver a welcome and meaningful improvement.

I welcome the funds that have been set aside in general for preventative spend. I think that there are broad questions about how the Government can ensure that the fund is going on genuine preventative spend and about how that is measured. I am not pretending that it will be easy, but I think that there is a need to focus on those issues.

Housing has been dealt with in the debate, and the housing for older people strategy is a good idea—I will probably be a beneficiary of it in the not-too-distant future. However, where are the measurable targets and the corresponding budgets?

In conclusion, I commend the committee on what I think is a good, constructive and helpful report. Its last paragraph echoes what Mr Macintosh was talking about. It says:

"Both this Committee and its predecessor have consistently called for the need for more effective collaborative working across the public services including the need to pool resources and to share good practice. There is also a need to develop a more performance based and target based approach as a means of measuring the effectiveness of the various government strategies and policy initiatives which in turn should provide an increasing evidence base for accelerating the cultural and structural change which is essential if the challenges of demographic change and an ageing society are to be met."

That paragraph gets right to the nub of the issue. I very much hope that the committee might think of performing a standing role of vigilance on this issue. I think that the committee has an important locus in that respect.

I look forward to seeing the Government's formal response and listening to the rest of the debate. The issue will straddle several Governments and several sessions of Parliament. It is vital that, in Scotland, we try to get it right.

The Presiding Officer: We now move to the open debate. We have a wee bit of time in hand so members who take interventions will be compensated.

14:58

Fiona McLeod (Strathkelvin and Bearsden) (SNP): I will start by being positive and quoting from Professor Siddiqui, who spoke at today's time for reflection. She said:

"the most rewarding life is a life of giving."

That is relevant to today's debate about demographics, and that is how we should look on the demographic challenge that is facing us, because our older relatives give us a great deal.

I want to concentrate on housing for older people. The chamber will not be surprised that I want to deal with that issue, given that Strathkelvin and Bearsden has one of the fastest-rising elderly populations in Scotland.

We have heard a lot of the projections for 2035 for the whole of Scotland. For East Dunbartonshire, the registrar general's projection is that there will be a decline in all age groups—I somewhat doubt that—except the 65 to 74 and 75-plus groups. By 2035, it is expected that the 75-plus age group in East Dunbartonshire will rise from the current 9,000 to more than 17,000—an 88 per cent rise in 22 years of those living beyond the age of 75. My family are doing well at contributing to that at the moment. My mum, a resident of Strathkelvin and Bearsden, is 84, and my father-in-law—who also resided in the area—died just five weeks short of his 100th birthday last year.

We should be incredibly proud of those figures and the fact that people are living longer and better lives. It also deserves forethought and planning. There is a lot of evidence of the importance of appropriate housing for older people to ensure that we live those long and better lives. Appropriate housing for older people not only maintains independence but prevents social isolation.

Sandra White (Glasgow Kelvin) (SNP): I am interested in the member's point. Could the issue of housing for older people be included in the review of Scottish planning policy?

Fiona McLeod: I thank Ms White for taking away a whole section of my speech.

On the importance of appropriate housing for older people, we have heard about the need to lessen emergency hospital admissions, which currently cost us £1.4 billion a year. Appropriate housing could cut into that, especially when it

comes to falls prevention. We know that the preventative agenda can save quite a sum.

Hanzala Malik (Glasgow) (Lab): I do not see why Sandra White should get all the glory on the issue of housing.

When the new bedroom tax comes into effect, a lot of hardship will fall on a lot of families, particularly elderly families and, more importantly, on minority communities. Does the member agree that the committee should explore the difficulties that communities will face so that they can deal with those challenges before rather than after the event?

The Presiding Officer: We are just a wee bit wide of the debate.

Fiona McLeod: I do not think that I could find anything to say in favour of the bedroom tax.

Coming back to the debate, the Scottish Government's strategy for older people's housing, which Kenneth Gibson and the cabinet secretary mentioned, recognised the importance of appropriate housing for older people.

The Government's strategy also recognises that there needs to be choice in housing options. That was echoed at East Dunbartonshire Council's engagement events on older people's services, which were held throughout the council area in 2012. There we heard a call

"to provide a range of housing options to meet the diverse needs of older people."

I refer to East Dunbartonshire Council—which Strathkelvin and Bearsden is within—because it is easier to use those figures. Across the council, there are 423 sheltered housing properties. Members will recall that in 22 years' time there will be more than 17,000 people in East Dunbartonshire over the age of 75. It is fair to say that 423 sheltered housing properties will not satisfy the future housing needs of older people in my constituency.

It is also fair to say that we cannot expect public finances to build all the sheltered housing that we will need in my constituency. We need to start paving the way now for one solution, which is owner-occupied sheltered housing. That is specific not only to my constituents but in at least three or four other constituencies throughout Scotland.

Paragraph 7.2 of the Government's housing strategy for older people, "Age, Home and Community", states that 75 per cent of people aged 60 and over are home owners. There is a higher level of home ownership in that age group than in the general population. Most people in that age group want it to stay that way. As they progress through life, they want to remain as home owners, but they need homes that are fit and appropriate for them. Increasingly, many of them will want to buy their own sheltered housing. That would have a benefit at all levels of the housing ladder. The briefing from McCarthy and Stone tells us that, when an older person moves out of the family bungalow that they have lived in for many years, that frees up seven moves on the property ladder. I could give personal examples of that, but I will not stretch the Presiding Officer's patience.

We need to look at planning conditions with a view to ensuring that we build now to provide a choice of appropriate homes for our older people. I hope that what I am suggesting chimes with what my constituents want and is a no-cost option for the Government.

15:05

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): I joined the Finance Committee at the very end of its inquiry, when it was questioning the cabinet secretary, and I said then that I had a sense of déjà vu, because so many of the themes that we were dealing with in the report reminded me of the work that I had been involved in towards the end of the previous Labour-Liberal Democrat Administration, when we developed the strategy, "All Our Futures: Planning for a Scotland with an Ageing Population", which appeared just before the 2007 election. One of the driving forces behind that strategy was the desire to challenge the common perceptions and stereotypes about ageing and to emphasise and recognise the valuable contribution that older people make to society. In a debate in which we are talking mainly about the costs of an ageing population, it is important that we look at the enormously positive contribution that older people make. That point was made during the committee's inquiry by Professor Charlie Jeffrey of the University of Edinburgh, who talked about releasing

"the talents and energies of the over-65s."—[*Official Report, Finance Committee,* 11 January 2013; c 477.]

It is really important to emphasise that point at the outset.

Of course, releasing those talents and energies will be possible if the extra years of life that people are getting are extra years of healthy life. As we know, that is not always the case and that is one of the main issues that we have to address. The fact is, however, that even if every extra year of life equates to an extra year of healthy life, we will still spend more on older people, as the table on page 11 of the committee's report emphasises. That table is important, because it tells us that if we were to ensure that every extra year of life became an extra healthy year, we would spend £1 billion less in 2030 than we would in the worst-

case scenario of people having more and more years of unhealthy life.

The other side of what that table shows is that even in the best-case scenario, we will spend a whole lot more on older people by 2030—indeed, we will do so long before then, unless we change how we deliver services. The main change, which has already been highlighted, is the doubling of the over-85 population by 2030, with the inevitable increase in dementia and various other factors.

The main conclusion that we should draw from all this has to be that we must change how we deliver services. The need to change was crystallised in the report—as it was in previous reports—by focusing on emergency admissions to hospital. I think that it was the cabinet secretary, in the evidence session to which I referred, who reminded us that £1.4 billion is spent on emergency admissions to hospital, which is more than the whole social care budget of £1.2 billion. The issue of emergency admissions has been a focus for the current Government, as it was for the previous Labour-Liberal Democrat Administration. It was probably the main theme of the report by David Kerr and in particular the report by the action team on care of older people. I still see that team's report, which formed part of the Kerr report, as one of the key documents for explaining the kind of changes to delivery of care for older people that are required. In summary, it said that we need a

"change of focus from episodic to sustained co-ordinated care ... an anticipatory approach based on the identification of those older people with the most complex needs ... and sustained care at home and in local settings."

It said that

"Increasing integration of health and social care",

with services organised around the user, is a key part of that.

We have been talking about the issue for 10 years at least. I am not particularly blaming the current Government, because we did not do any better, but it has to be said that we are not reducing the number of emergency admissions. It is an important recommendation from the committee that we should have research into why that is the case. However, the cabinet secretary referred to collaboratives, which are perhaps even more important than research.

A lot of good practice is out there; there are lots of good examples of people making the changes that everybody knows are necessary, but they are not common or universal enough. Just as the early years collaborative is beginning to spread good practice, and just as we read in this morning's *Scotsman* about the patient safety collaborative's excellent work, a collaborative that focused on how to shift care from the acute sector into the community would be incredibly worth while, because that is probably the most important issue that we face in health and social care.

Housing is also a central part of the integration agenda. There were concerns about the fact that the original consultation on health and social care integration did not cover it, but I think that the situation has changed since then. I have no doubt that we will hear more about that on Thursday. Smart housing and electronic systems to monitor safety—often called telecare—are aspects of that and the more of it we have, the better.

As the report emphasises, we also need more adaptations. My council—the City of Edinburgh Council—emphasised the limitations of adaptations, particularly in areas like Edinburgh that have much tenemental property, and it emphasised the need for new supply. The cabinet secretary will be pleased to hear that I will not do my standard housing speech, but I remind him that the council told the committee that the number of households in Edinburgh would grow by 43 per cent between 2010 and 2035. If that does not highlight the need for new supply, I am not sure what does. There is a housing strategy for older people, but our report notes a degree of concern about the absence of benchmarks and specific resources for that. Housing is crucial and more needs to be done on that.

We now have a Deputy Presiding Officer in the chair, so I do not know whether I will get as much latitude as the Presiding Officer suggested was available.

The Deputy Presiding Officer (Elaine Smith): Indeed you will.

Malcolm Chisholm: I will conclude with just two points. I will stick with the theme of the City of Edinburgh Council. The report highlights and praises the long-term planning that the council has—unlike many other councils—undertaken. A 10-year financial plan was referred to, and the council is looking to 2035 at least in its scenario planning for housing and other issues. In that regard—and possibly in others, now that we have a new council—Edinburgh is a model for the rest of Scotland.

The fundamental conclusion that we must draw from the report is that we need to deliver services differently. I will finish with a brief quotation. I do not know whether any members follow the blog of Audrey Birt, who was the director of Breakthrough Breast Cancer until a month ago. This week, she wrote a blog piece about the implications of the baby boomers for services. In a way, she encapsulated well what people have tried to say. She said:

"Services that join and connect around people are efficient and empowering for all, but to be achieved people"—

meaning the people who deliver the services—

"will need to give up their pasts and work flexibly into their futures."

15:13

Jamie Hepburn (Cumbernauld and Kilsyth) (SNP): I join others in welcoming the debate, because the inquiry and the report are important. I joined the committee pretty much at the opposite end of the inquiry from Malcolm Chisholm, at its outset, and I was happy to be involved in this important and interesting inquiry. I echo the committee convener's thanks to the clerks for the support that they provided to the committee, and I echo the thanks to all those who gave evidence.

Scotland's population is changing. To set that out, I will quote the report. Paragraph 15 says:

"The National Records of Scotland ... highlighted in its submission that Scotland's population has been growing steadily in recent years. The latest estimates show the population on Census Day in 2011 to be 5,295,000—the highest ever. Since the 2001 Census, the population has increased by 233,000 (5%). This represents the fastest growth rate between two census years in the last century. The population has also become older over the last 100 years with the proportion aged under 15 falling from 32% to 16% while the proportion aged 65 and over has increased from 5% to 17% ... The NRS projections also indicate that although the working age population is set to increase by 7 per cent between 2010 and 2035 those of pensionable age will increase by 26 per cent over the same period"—

I note that Annabel Goldie made that point.

The report continues:

"The number of births is expected to rise slowly for a few years from its current level of around 58,900 before falling to around 56,500 by 2035. This decline in the number of births will contribute to the overall ageing of the population."

As Annabel Goldie did, I point out how the population is getting older, which is set out in paragraph 16:

"Between 2010 and 2035 those aged 75 and over are projected to increase by 82%."

Even more remarkably

"The estimated 820 centenarians in Scotland in 2010 is projected to increase to 7,600 by 2035."

That clearly demonstrates that Scotland's demographic base is changing, which of course raises questions about the nature of the services that are required and how we sustain them.

We would be well advised to be careful about the language that is employed in any debate on the issue. The convener referred to paragraph 6 of the report. We had to report what the IMF referred to as "unfavourable demographic trends." I take umbrage with that terminology because it is not particularly helpful to suggest that there are "unfavourable demographic trends." It is important to recognise that people living longer is a good thing. Fiona McLeod made that point well, and I know that the deputy convener raised the issue several times throughout the inquiry. Indeed, I was happy to hear the cabinet secretary make that point in his opening statement, too.

We should remember that older people are the volunteers who—of their own volition—give their own time to support their communities. We should also remember that many older people provide a vital care role for their families. Of course, many older people have disposable incomes that they spend to sustain our economy. All those matters must be recognised and they should, by necessity, form part of consideration of the issues that have been raised in the report and, more generally, of how we will support the population in that changed demographic base.

We should also reflect on the fact that much is being done to respond to the changed circumstances. For example, we have free personal care for the elderly. The amount of money that local authorities are spending in support of services to older people in their own homes

"has increased from £133 million in 2003/04 to £342 million in 2010/11".

Some might argue that that in itself imposes a financial burden and that it poses questions about the scheme. However, it supports 77,000 vulnerable older people and, through it, more people are being cared for in the home, rather than in hospitals or care homes.

Sandra White: Does Jamie Hepburn agree that had the UK Department for Work and Pensions not taken the attendance allowance funding that was to be delivered to Scottish pensioners for free personal care, local councils and the people who receive the personal care would have benefited greatly?

Jamie Hepburn: I agree entirely. We see a number of changes that have been introduced by Westminster that undermine utterly the work by successive Scottish Administrations to deliver for older people and others.

In 2003-04, 32,870 people were being cared for in their homes and by 2010-11 the number had increased to 46,720. That is not only good for the individuals, but good for the public purse. According to Age UK, it costs about £5,000 a year to provide personal care at home, but it costs £25,000-plus a year for a person to be looked after in a care home. Caring for people in their own homes therefore makes a positive contribution.

The Scottish Government has committed itself to a preventative spend agenda as well as establishing the older people's change fund, which was increased last year from £70 million to £80 million, and NHS boards and local authority partners are working together in that regard, all of which demonstrates the importance of intervening early; it gives a better outcome for not only individuals but Government funds.

I could say a lot more, Presiding Officer, but I see that you are not allowing me to do so. I therefore conclude by saying that the subject should be seen as a challenge, not a burden, and that the work that is taking place now and the work that can be brought forward—informed, I hope, by the report, which I commend to Parliament—suggest that we are well capable of rising to it.

15:20

Willie Rennie (Mid Scotland and Fife) (LD): Several members have mentioned telecare and other new technology that allows elderly people to stay in their own homes. I had been quite attracted to that new technology—until 5 o'clock this morning, when I was woken by the battery dying on my carbon monoxide detector.

The second time I woke up, I listened to a radio discussion of an issue that is relevant to the debate: that the UK is lagging behind other countries in both life expectancy and healthy life expectancy. There has been much mention of the shocking disparity in healthy life expectancy between Scotland's poorest and wealthiest areas, ranging from 56 years in the east end of Glasgow to 70 just up the road in East Dunbartonshire. However, although we acknowledge such differences, we should not forget that we are probably lagging behind other countries—most significantly, Japan—that are making overall progress on health. The difference in healthy life expectancy between East Dunbartonshire and Japan is 10 years, so we should not take for granted or be complacent about the progress that we still need to make. This is not just about health inequalities, but about our overall health. After all, we celebrate the health improvements that we have made but the fact is that there is still an awful lot more work to do.

Early signs are emerging that we are not really prepared for this change in the demographic. My colleague Jim Hume has raised many times the issue of emergency hospital admissions, which he found to be at a 10-year high for elderly people. That significant number suggests that we are not prepared for what we knew to be coming. Like Malcolm Chisholm, I accept that previous Governments have not done enough in this regard and just hope that we can get things right now. Lord Sutherland was right to point out that although £4.5 billion is spent on social care for the elderly, £1.5 billion of that goes on emergency admissions. We need to make better use of that £1.5 billion to prevent such admissions and give elderly people the better quality of life that they deserve.

I do not minimise the challenge that faces the Scottish Government and I acknowledge the financial pressures that it is under, especially with the—I believe, necessary—reductions in its finance. That said, even if we were to have maintained the increases in finances that the Labour Government delivered over a number of years, we would still have a significant gap between demand and the money that would be available to meet it. We are going to have to change how the country works, which is why I acknowledge in many ways John Swinney's comment about the need to find new ways of delivering services. Carrying on with the current model is neither financially sustainable nor sustainable in personnel, and we need a radical change.

We talk a lot about planning for the future, but the fact is that our consideration of these matters has a very short lifespan or takes place in a very short timescale. Many councils still work to three-year cycles; it is good that the City of Edinburgh Council has taken a 10-year view, but we all need to be looking way beyond that to ensure that we future proof the available services.

John Swinney made a very good point about the need to shift from the old model of delivering services to the new one. It is tough to do those things, because when outdated services are shut down to create space for new services, people object. That is where the challenge is, and that is why it is important that Parliaments such as this come together when we recognise that the old delivery models are unsustainable and that we need to move towards a new model. People get attracted to buildings and old-style services, so we need to explain that we need, in order to be sustainable and maintain standards, to deliver new service models.

One of those models is to keep people at home. The case manager model has been delivered, although I am not sure how widespread it is now. Case managers would be closely involved in ensuring that people could stay in their own homes, by integrating services for that individual and pooling social services, healthcare and transport. Service models such as that are required to move towards sustainable services. That is the immediate issue for preventative spend. A lot of this is about prevention. How do we deal with the immediate crisis and avoid that £1.5 billion cost of emergency admissions to hospital?

We also need to consider medium-term measures, which I would class as things such as public health initiatives on smoking, diet and minimum pricing on alcohol, which we supported. It is important that the smoking strategy comes out with meaningful targets and measures, and that we do not set targets that will not be delivered because action is not taken. Dr Harry Burns is interesting in that regard. He said that it is important to do that work on smoking, diet and alcohol minimum pricing.

However, that is only medium-term work. We need to do much more over the longer term to change people's life chances. Harry Burns is very aware that we need to move towards enriching early life, because that gives the best hope of intervening in the irrational cycle of disadvantage that can continue over a long period. We think that we need things such as nursery education for three-year-olds, which many members will have heard me talk about before, to try to break the cycle of disadvantage. If we can give people the tools to look after themselves and earn, we can look towards ensuring that they do not fall into the disadvantage that many others fall into. Therefore, our immediate crisis measures and the medium-term measures that we take on smoking and alcohol minimum pricing will not be required, because we will have managed to change the way that people progress through their lives.

The Carnegie UK Trust has done some very good work on proposing changes to the way that public services work so that we do not just provide services to people—so that we do not do things to people, but do things with people to enable them to do things for themselves, rather than always be provided with a service. I think that we should be moving towards the enabling state. That is not the style in which public services currently operate; we tend to think of commissioning a service for somebody that needs something, rather than working with them to deliver a new kind of service.

It is important that Nesta's work is respected and supported, because it is looking at trying to improve community capacity—the ability of a family in a community to look after itself, rather than always to rely on the state to provide support.

The Deputy Presiding Officer: Please come to a conclusion.

Willie Rennie: It is important that we look for sustainable models of support, because, as John Swinney has repeatedly said, the current models of service are not sustainable. We will work constructively with the Government to deliver those new models of service, no matter how difficult that is.

The Deputy Presiding Officer: I advise members that the members who were told that they would get extra time have had it. I am afraid that we are getting a bit tight for time, although there is a little bit of room for interventions.

15:29

Sandra White (Glasgow Kelvin) (SNP): I declare an interest as the convener of the cross-party group on older people, age and ageing. Sir Harry Burns has been quoted and we should remember that he said that we have to look at not just health but areas of deprivation and everything else in the round. We cannot pick and choose what we want to say about Sir Harry's contributions.

I am not a member of the Finance Committee, but I read its report with interest. Like Jamie Hepburn, I was rather taken aback by the view that the IMF expressed in its report on the financial crisis, which the committee's report quotes. It said:

"In spite of the large fiscal cost of the crisis, the major threat to long-term fiscal solvency is ... unfavourable demographic trends."

I took that to mean that people are living longer. It is pretty shameful to refer to it in that way. Surely increasing life expectancy is one of the measures of a successful modern society. We should all celebrate that, rather than looking just at the economics. That is a fundamental point. Should we look at demographic change from the point of view of basic economics, or should we look at it differently?

Over the past few decades, the economy and its importance to our everyday lives have taken on more and more significance, to the point where everything is seen through that prism. I think that we need to look at things differently. It might take time to create a society that looks beyond economics, but issues such as those that we are discussing show clearly that we need to explore how to tackle such matters from a wider viewpoint than that of whether we can afford a particular approach.

John Mason: In defence of economics, would Sandra White accept that the fact that older people are living longer can provide an economic benefit and boost, through, for example, those people continuing to work for longer?

Sandra White: Certainly. That was the point that I meant to make. The IMF's view seems to be that we should not celebrate the fact that people are living longer, but those people contribute to society economically and in other ways. That is why we must adopt a different approach and take a wider viewpoint.

As the Finance Committee recognised, older people make a huge contribution to society, and not just economically—they benefit the people

around them and the wider community. Many of those benefits might not be easy for an economist to quantify, but they are an essential aspect of a vibrant society.

Some have shone the political spotlight on provision such as free personal care and free travel entitlement, but in my opinion they have done so without giving proper thought to the positive impact that such policies have on older people and wider society. When those policies are discussed, mention tends not to be made of the elephant in the room—I am not referring to anyone in the chamber, but to the powers that we in Scotland need but do not have. Age Scotland's document "Older People, Public Policy and the Impact of Devolution in Scotland" noted that a number of key policy levers that impact on older people, such as those to do with pensions, benefits and taxation, are still reserved to the UK Parliament. It concludes that, as a result, there are obvious limits on the Scottish Government's capacity to develop an integrated policy approach. I think that that lack of real powers is hindering rather than helping our ability to tackle demographic change and other issues.

I pay credit to the Labour Party under the leadership of Henry McLeish, which did not buckle under the pressure from Westminster not to introduce free personal care, even when the UK Department for Work and Pensions disagreed that we should be able to rely on the continued payment of attendance allowance. As I mentioned to Jamie Hepburn, that added significantly to the cost of implementing free personal care. At the time—nearly 12 years ago—the cost of free personal care was £40 million per year. I believe that it has now gone up to £60 million per year. That equates to £500 million denied to our budget for older people. In the debate, we must acknowledge that, if we are to face the challenges that lie ahead, we need to have real powers to tackle them. It is no use simply attacking steps that have been taken without acknowledging what steps could be taken. That is an extremely important point.

That is not to say that we should not make every effort to come to terms with the issues that confront us. As the committee notes in the report's conclusions, the Scottish Government and the main public services are doing a great deal of work to address some of the challenges that we face. The committee makes an important point about that work—namely, that it is not clear whether the many initiatives that have been mentioned are making real change—and suggests that an approach that is based on better partnership working is needed. Everyone has mentioned the partnership approach, which is particularly important in the context of community health partnerships.

I hope that the Government will take that main point on board when it looks at how best to deliver for our older people. I recognise that the cabinet secretary mentioned partnership working but, as we have seen in the past, it sometimes proves extremely difficult to achieve. My colleague Kenny Gibson mentioned that, throughout Scotland, partnership working is very patchy indeed.

In the past, I have raised the issue of having an older people's assembly or parliament to discuss and decide on the best way forward. It seems clear to me that hearing older people's views on the best way to tackle issues that affect them is a good idea, so I propose that idea as an appropriate next step to take in the general debate.

I mentioned the review of Scottish planning policy. I ask that the review looks at older people's housing needs and councils' local development plans, which could include the identification of land and areas for the development of retirement housing of all tenures. I praise the City of Edinburgh Council, which as Malcolm Chisholm said has a 10-year plan. Many councils do not go as far as that. However, through Scottish planning policy, we have an opportunity for local councils and local development plans to consider older people's housing needs.

15:35

Anne McTaggart (Glasgow) (Lab): Like others, I congratulate the members of the Finance Committee and their support team on their informative report and thank them for it.

Demographic change and the ageing population in particular are becoming a major concern in relation to Scotland's fiscal sustainability. The Finance Committee's report on the issue highlights some key issues and concerns with regard to the implications of such change for the public finances. Since the 2001 census, Scotland's population has increased by 5 per cent to 5,295,000—its highest ever. The population has also become older. The National Records of Scotland's projections indicate that although the working-age population is set to increase by 7 per cent between 2010 and 2035, the number of those of pensionable age will increase by 26 per cent over the same period.

Healthy life expectancy is at the core of much of the discussion about the demand for local services from an ageing population. NHS Greater Glasgow and Clyde has shown the importance of healthy life expectancy by stating that

"age alone is not a sufficient indicator of likely need or demand for services."

In addition, it highlights the

"profound impacts on health needs and people living in deprived areas"

that disadvantage and poverty can have.

One of the key recommendations in Audit Scotland's report on health inequalities is that national indicators specifically to monitor progress in reducing health inequalities should be introduced. In its projections on the impacts of demographic change on adult health and social care expenditure, the Association of Directors of Social Work has highlighted the importance of planning and reliable data on healthy life expectancy by showing that the difference between the best and worst-case scenarios will be more than £1 billion by 2030. It is of deep concern not only that Scotland has one of the lowest life expectancies in western Europe, but that the gap between healthy life expectancy and life expectancy for men has been widening.

With regard to the plans that different levels of government have in place to tackle the impact of demographic change, COSLA has revealed that the gap between the demand for services and the available resources will rise to almost £3 billion by 2016-17. While half of that can be attributed to the amount of available funding, the other half, more alarmingly, can be attributed to the rising demand for services that is driven in large part by demographics and the rising number of older people who will need services. While long-term strategies to combat that problem may be successful, the Christie commission pointed out that there is a serious short to long-term problem of income and demand.

An ageing society will also impact on health and social care. NHS Ayrshire and Arran has highlighted the fact that funding has not increased in line with demographic change, leading to the eligibility criteria for social care becoming tighter and tighter. More and more needs to be done to increase resilience at community level, so that we avoid unnecessary hospitalisation and speed up the return home from hospital.

The report highlighted the need for a shift towards preventative spending, including through the integration of health and social services. It is worrying that Audit Scotland said:

"in reality services have been slow to adapt and we have found it hard to see evidence of meaningful shifts in the way resources are used over time".

Demographic change and an ageing population will create big pressures on housing stock. The Joseph Rowntree Foundation has pointed out that our society is more marked by solo living, which reflects relationship breakdown and emerging social trends. More and more people will live alone in their old age, which has implications for the supply of housing stock. The Government published a national strategy for housing for Scotland's older people, which sets out a national framework for the delivery of housing stock that is suitable for older people, but concern has been expressed about how effective the strategy is likely to be.

The Finance Committee highlighted the key challenges for Scotland that are presented by our ageing population and other demographic changes. The Scottish Government must make the decisions that are necessary if we are to safeguard high-quality public services for future generations to enjoy. I look forward to the Scottish Government's formal response to the report, which I am sure will give examples of good practice and talk about how they are shared throughout Scotland through strong leadership.

15:41

Stewart Stevenson (Banffshire and Buchan Coast) (SNP): Willie Rennie talked about a crisis. I am that crisis. According to the table in paragraph 40 of the committee's report, I have another seven years of healthy life expectancy, with nine years of total misery thereafter. I will be deid in 16 years and aff yer hands.

Sixteen years looks a good deal shorter than the life expectancy of any other member who is likely to speak in the debate—or at least any member who was here when I wrote my notes—but that life expectancy is somewhat higher than the mean and the median age at death for my ancestors, over four generations. That is the point. It is projected that I will outlive those who went before me in my family, which is typical of society as a whole.

There are exceptions, however. When my great-great-grandfather Archibald Stewart died in 1877, he was a few weeks short of his 100th birthday. That is quite encouraging, although he is wholly exceptional in our family. For his time, he was a stand-out person of substantial age.

The committee looked at the many challenges that are presented by the sharp upward trend in mean age in our society, which is being driven by our living longer and breeding less. The cabinet secretary talked about the positive impact of demographic change and in paragraph 8 the committee recognised the potential of the older part of our population to make a positive economic and social contribution. Third sector volunteers from the over-65s can bring enormous experience and knowledge to their age peers and to the young. I note that Age Scotland contributed to the committee's inquiry. I will focus on the positive and suggest ways in which we can enable our older citizens to be fitter in body and in mind.

My great-great-grandfather Archibald Stewart was born in Stirlingshire and died in Ontario, Canada. He emigrated to Canada with his family in 1853, at the age of 75, and appears to have returned to Scotland on a number of occasions. It seems that the last time he came to Scotland he was in his 90s—still making what in the Victorian era was a substantial journey. Perhaps the lesson is that the more active we remain, the more we will remain active.

Let us think about what happens as we age. More of us will live as singletons as partners die, and social disconnect is one outcome of that. We know that the ability to acquire new friends diminishes with age, so simple things that help to maintain social contact are likely to help. Everyone will then benefit.

Appropriate physical activity is important. In the 1980s, I saw the winner of the over-40s marathon in Australia being interviewed on television. It was the 40th consecutive year in which he had won that marathon. He was over 90, and he was still beating people in their 40s. If we start fit and keep fit, we will be fit in our old age.

What could we support that might make a contribution? We might look at the contribution that the Ramblers can make, especially entry-level activity, such as urban rambling for the relatively unfit. Rambling contributes to physical wellbeing.

Cooking classes are simple and cheap, and they can deliver many benefits, especially when they are cross-generational.

I remember engaging on bingo licensing with Richard Simpson when he was a minister. Bingo is a great social activity for the old; it also significantly increases mental activity. I have seen old folk sitting with eight cards in front of them and marking them all off in a way that I would find utterly challenging. Bingo promotes social and mental wellbeing. Reading groups and creative writing groups also help mental health.

Perhaps there could even be engagement in political parties. In the Scottish National Party in my constituency, we have three leafleters who are in their 90s, and they are as fit as fleas. We have many youngsters, as well.

John Mason: Will the member give way?

Stewart Stevenson: I am sorry, but I think that I no longer have time to do so.

Those people do not only participate in our political debates; they do their share of the leafleting, which is absolutely great.

When my father was 65, he was a single-handed general practitioner. He had worked nights and weekends, but gave up working nights at 65. At 70, he gave up working weekends, and from the age of 70, he worked a 9 to 5 week—except that he went out at 7.30 in the morning and came back at 8.30 at night. He retired at 75 and, being active, remained fit. At the age of 75, he was still doing single-handed dinghy sailing, until mother bullied him into stopping that.

Let us talk about the positives of age and the recycling of experience and knowledge. Let us talk up the contributions that older people can make and create opportunities for those contributions to be made.

I gently disagree with Sandra White. We do not want a parliament for the old; we want the old to be in the Parliament. I am speaking entirely personally.

We want to ensure that we do not park our old people in a ghetto that is solely for the old. If the old are isolated from the rest of our community, that will cost us money and deny us the opportunity to learn from them.

The Deputy Presiding Officer: You must conclude.

Stewart Stevenson: I very much welcome all the contributions to this important debate. I have been fascinated by them, and I am sure that there are more such contributions to come.

15:48

James Kelly (Rutherglen) (Lab): Like other members, I welcome the opportunity to take part in the debate.

I thank the Finance Committee for producing such a comprehensive and well-researched report. It is an important contribution to the debates that we are having in the Parliament on the priorities in our budget and the challenges that the changing demographic in Scotland present.

Like others, I welcome the fact that we have a growing elderly population. There are many benefits from that. Most of all, we have our friends and families around us for much longer than our predecessors perhaps did. That can only enhance the quality of our lives. As others have pointed out, many pensioners also make a great contribution to the working economy and to the vibrancy of our local communities.

As the report highlights, there are real challenges around our ageing population. We now have 5.3 million people, and there are more people over the age of 65 than there are under the age of 15. As Anne McTaggart pointed out, the number of people over 75 is projected to increase by 82 per cent by 2035—although that contrasts with the continuing issues around life expectancy. Ken Macintosh quoted the famous train journey from Bridgeton to Jordanhill—for each stop, life

expectancy increases by two years. I was taken with the figures that Annabel Goldie quoted from page 8 of the report, not just on life expectancy but on the non-healthy component. In one part of Scotland, 11.2 years of a 67.2-year life are unhealthy. That means that a person is unhealthy for more than 15 per cent of their life, which is a real strain on them and on the NHS budget.

As COSLA pointed out, all those challenges are set against the background of a £3 billion funding shortfall up to 2016-17. Furthermore, because there is a deficit to pay off, there will be real-terms cuts in the budgets until around 2026. That produces real pressures.

There are continuing rises in emergency admissions for the NHS budget to cope with. As is noted in the report, budgetary provision for social care is not rising to take account of the growing elderly population. On housing, there are real strains around adaptations: because of the increasing number of pensioners, more houses will need adaptations. All those things make up a background of real financial pressure.

Against that background, we have the admirable policies that members have mentioned, such as free personal care for the elderly, free prescriptions and concessionary travel. However, the cost of those policies amounts to £870 million, and an aspect is that we are providing some services for free to those who could afford to pay for them.

I will go off topic slightly. A recent report highlighted that there are 194,000 young children living in poverty in Scotland, 3,387 of whom are in my constituency. There is a real challenge there. We have to ask whether, much as we all enjoyed Stewart Stevenson's speech, it is correct that we should be paying for his concessionary travel and free prescriptions while there are 3,387 young children in my constituency living in poverty.

Jim Eadie (Edinburgh Southern) (SNP): Will the member take an intervention?

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): Will the member take an intervention?

James Kelly: I am sorry—I would like to take the interventions, but I am short of time.

We cannot simply shut our eyes, wish those issues away and ignore the figures. There are real challenges here for all political parties. As Malcolm Chisholm said, the issues have been around for a long time—since before the SNP came to power. In some ways, successive Governments and political parties have exhibited an element of fear in taking them on.

However, we now face a situation where the finances are crowding in on us and the demographics are changing. If we are being serious, as political parties and as a Parliament, we need to face up to those issues. If we want a Scotland that treats older people with respect, that lifts children out of poverty and that addresses health inequalities, we need to make the correct budgetary choices. We also need to ensure that the various systems run better together.

The Finance Committee's report provides a platform for a thoughtful, open and honest discussion. I just hope that all the parties represented in the Parliament are prepared to take part in that discussion and to contribute to the continuing debate.

15:54

Mike MacKenzie (Highlands and Islands) (SNP): I compliment the Finance Committee on its inquiry and report on this important subject. Demographic change is one of the big themes and challenges of our time. In so far as it is a challenge, there is an element of irony, in that as a society we have in part become a victim of our own success. As members have said, the very welcome fact is that, generally speaking, we live much longer than we used to. However, that does not detract from the fact that that is not the case in areas of our country that suffer from deprivation, where lifespans have not increased and deprivation on its own presents significant challenges.

There is no doubt, though, that our ageing population presents profound challenges for service delivery and how we finance it. The challenges will intensify as the baby boom generation progressively retires and costs are borne by a relatively smaller workforce. There is a particular challenge for the Highlands and Islands, where demographic changes are intensified because, in many areas, we export younger people and import old people. Rurality presents particular service delivery challenges, not least for healthcare. I welcome some of the information technology innovations that might help to deal with that by reducing costs and by maintaining or improving the quality of services.

Perhaps the most significant response to the challenge, which is not really touched on or fully articulated in the Finance Committee report, is to ensure a successful and growing economy. The Scottish Government is pursuing that with vigour and is concentrating on areas of our economy where we have a comparative advantage, including oil and gas, renewable energy, life sciences and food, to name just a few sectors. However, in seeking a successful economy, the concern is by no means just the pursuit of growth for its own sake. Instead, as is made plain from the implementation of the national performance

framework, the aim is sustainable growth and a fully functioning and balanced economy that measures success across a broad socioeconomic spectrum.

I was therefore delighted to hear the Nobel prize-winning economist Professor Stiglitz pay tribute to that approach in giving evidence to the Economy, Energy and Tourism Committee only last week, when he said:

"Let me commend Scotland for the several efforts that are being made to develop better measures of performance."—[*Official Report*, *Economy, Energy and Tourism Committee*, 27 February 2013; c 2594.]

That tribute is all the more apt considering Professor Stiglitz's latest book, "The Price of Inequality", since inequality is in itself a contributory factor to the challenge that is presented by demographic change. Fuel poverty is one example of the difficulties that are disproportionately borne by older people.

Economic success is insufficient to tackle the problem. I believe that credit is due to the Government for maintaining a range of universal services and for implementing a range of preventative spend measures. Free personal care is one such provision and I am delighted that spending has increased from £133 million in 2003-04 to £342 million in 2010-11. That is not only wise, but financially prudent, as indicated by Age UK, which estimates that it costs £5,000 a year to provide personal care for someone, compared with £25,000 per annum for a person to be looked after in a care home.

Sandra White: On free personal care, does the member agree that, if the UK Government had not taken away the attendance allowance, which, as I mentioned, was £40 million a year and which would now be up to £60 million, we would have even more moneys to spend on free personal care for our older people?

Mike MacKenzie: Absolutely. I completely agree with the member.

Better integration of healthcare is another necessity. I am pleased that the Scottish Government has introduced the older people's change fund, which was £70 million last year and £80 million this year. The measure will, we hope, end the practice of cost shunting from one public agency to another and reduce bed blocking.

Free bus travel is another welcome measure that the Scottish Government is maintaining. It helps older people to remain active and maintain social networks, which has health benefits as well as social benefits. Just because those benefits are difficult to measure and quantify in economic terms does not mean that they are not of significant value.

Scottish National Party members are often accused of pursuing independence for its own sake, but it is precisely because of the challenges that I have outlined that we seek independence. We seek it to allow the Government to have the full range of levers necessary to realise our economic potential and bring about a more equal society—one where we support our older folk.

The longer-term trend of the UK, whatever Government is in power there, is economic failure and greater inequality. Against the backdrop of the demographic changes and challenges that we face, it is increasingly important that both countries be free to travel their own separate ways.

16:01

Hanzala Malik (Glasgow) (Lab): I am delighted to be able to speak in the debate. Many challenges will arise as the Scottish population ages. People feel that some politicians cannot see beyond the next election, but I believe that long-term planning is essential.

In his evidence to the committee, the cabinet secretary John Swinney expressed his belief that planning beyond three years is difficult, given what the UK Government sets out, and there may be some truth in that. However, he will be aware that the City of Edinburgh Council has developed a 10-year long-term financial plan for key factors that influence the cost of service delivery and calculations for the overall level of savings that are required to achieve delivery. Hats off to the council. I genuinely pray that it is successful in its hopes and aspirations, because the plan is a long-term look at what it will do.

The City of Edinburgh Council depends on funding from the Scottish Government, as the Scottish Government depends on the UK Government. Why can the Scottish Government not deliver a similar long-term plan to the one that the council has developed? What plans does the Scottish Government have in place—if any—to deal with the projected funding gap? It is essential that we recognise that there will be challenges and we really need to consider a long-term strategy.

I also have concerns about the lack of long-term vision and clarity in current planning for demographic change. In a report on social protection in Scotland that was published last month, David Bell states:

"There are areas where Scottish government and DWP policy clearly conflict. A notable example concerns free personal care".

Free personal care is important to many people. Because we are going through a change in our cultural norms, more and more people tend to live independently and more and more people do not have the ability or facilities to look after their

elderly. Therefore, more and more of the elderly depend on the state to support them.

David Bell continues:

"the role of different funding streams to support frail older people lacks clarity."

When a number of different streams support our elderly, people tend to use each other as excuses for not delivering. Therefore, there is a danger that people will fall through the gap.

Mike MacKenzie: Does the member agree that means testing of what are currently universal benefits would increase the likelihood of people falling through the gap, for a variety of reasons?

Hanzala Malik: I am not suggesting that. What I am saying is that, at present, our elderly are serviced by a number of different packages and people are likely to use one organisation rather than another to facilitate what they need. For example, councils can quite easily say that a care provider is unable to provide care. What happens if one carer cannot do that? The person has to go to somebody else, and that can take time. When there is such a time lapse, people can genuinely be without care. Those are my concerns.

We need to focus on how we package services so that they are easy for people to use. My point is meant not as a criticism but as a warning. We need to be aware that there are issues out there that we need to remedy. I know of at least two cases of people falling through the gap and I am concerned that if we do not rectify the situation, more people will be victims. That would be unhelpful.

The other question is: what is the anticipated role of preventative spend? NHS Greater Glasgow and Clyde stated that it will be difficult to fund and support preventative spend and early intervention due to

"immediate pressures of demographic change".

If it is having that difficulty, what are we going to do to support the board to overcome it? It is not that health board's difficulty but our difficulty—it is a shared difficulty, and we have to do something about it. I have not seen anything in any of the papers that addresses that.

At present, there are no studies that look at the growing elderly minority communities and how the issues will impact on them. I am keen to know what studies, if any, are planned or are under way that will address the issues on those communities' behalf. Rather than wait until it is too late, we should do the studies beforehand. That would be helpful.

There are challenges, and I accept that they are jointly ours. There are challenges from organisations and there are also areas in which people need to streamline services. The best way forward is to ensure that the streamlining is in place so that the elderly are not disappointed.

16:07

Maureen Watt (Aberdeen South and North Kincardine) (SNP): This is a useful debate on a useful report. In my role as convener of the Infrastructure and Capital Investment Committee, I thank the Finance Committee for the report, which will certainly help to inform our deliberations, especially on housing.

In defining old age, we need to completely change our thinking that everybody over 60, 65 or pensionable age is immediately a burden on the state. That is simply not the case. If I think back to how my grandparents were at 60 and then compare that with my parents and now their children, I see vast differences in people's health and abilities. The saying that 60 is the new 40 is perhaps not far off the mark.

Like Mike MacKenzie, I look forward to the day when we can devise our own pensions policy that could reduce wealth inequalities. Why should someone who leaves school at 16 have to work until they are 65 and beyond while someone who continues in education into their early 20s and thereby lands a less physically demanding job retires at the same age? As I have said before in the chamber, surely it is not beyond the wit of man or woman to devise a more equitable pensions system.

Many over-60s will lead active, healthy and fulfilling lives for many years to come and Government policies must be designed to enhance those lives for longer. The Government's vision is that

"everyone is able to live longer healthier lives at home, or in a homely setting".

Central to helping that to happen is undoubtedly free personal care—a policy that is under threat from Labour's cuts commission. According to Age UK, it costs £5,000 to provide personal care for someone and at least £25,000 for a person to be looked after in a care home. That is an excellent example of preventative spending but, as we have heard from James Kelly, the Labour Party would rather spend money on totally unproductive bureaucrats working out means testing than on helping older people and treating them all equally.

One of the things that leapt out at me from the report was the fact that many rural authorities will have a larger proportion of older people than urban areas will, and I wonder whether that will be taken into account in decision making on local government settlements in the future, as, in a rural setting, social isolation might be a much greater threat.

The Infrastructure and Capital Investment Committee is about to embark on an inquiry into community transport, both urban and rural. Hopefully, that report will be able to contribute to the issue of what is required in the future in that area.

There is no doubt that the concessionary travel scheme is helping older people to stay healthier longer, as people are able to get out to go to clubs and societies, the shops and entertainment and, crucially, to visit family. Social interaction is key to longer life, and the lack of it has been proven to curtail longevity and have an impact on health, as conditions such as dementia are more likely if a person lives alone and in isolation.

Fiona McLeod highlighted the fact that about 75 per cent of older people are homeowners. I agree with her about the need for suitable private accommodation. I have been to several exhibitions of such assisted-living sites in my constituency and now see them in construction in Cults and Mannofield. It is important that those developments are near amenities or are on bus routes to amenities.

Hanzala Malik raised the issue of the bedroom tax. I agree that it is relevant, as it will add to pressure on the one-bedroom or smaller-unit houses. As the Finance Committee convener pointed out, household sizes are diminishing and there is more of a need for one-bed or two-bed accommodation. We know that house builders seem to prefer to build larger houses and planning policy might need to change to make it easier for those companies that concentrate on building assisted-living houses to build the kind of houses that are needed.

Malcolm Chisholm briefly mentioned some of the barriers to making adaptations, but I cannot stress enough the importance of spending money on adaptations. The issue is something about which I get my ear bent every time I visit or telephone my father. He insists that he would be in a care home now, rather than at home, if he had not converted a large cupboard into a shower and toilet. I have to agree with him, so I am now bending the cabinet secretary's ear on the matter. I think that any money—if there is any spare—that was sent in the direction of local authorities and housing associations for adaptations would be money well spent. Every time that older residents move into accommodation, there should be discussions about the adaptations that are required. The briefing from the Bield, Hanover Scotland and Trust housing associations points out that for every £1 that is spent on adaptation, the Scottish Government recoups up to £4. That is also a good example of preventative spend. Of course, any additional money that the cabinet secretary could put into housing would be welcome.

The Deputy Presiding Officer: You must close.

Maureen Watt: All of those things must be done in partnership and in consultation with the older people—they do not need to have things done to them; we need to know what they need.

Grandparents used to fear their old age and I hope that growing old is now something that people can look forward to, due to their ability to take opportunities that they do not have while working.

The Deputy Presiding Officer: You really must close.

Maureen Watt: Our older people are a treasure and a huge resource. They are carers and childminders but, most of all, they are knowledgeable partners and grandparents.

The Deputy Presiding Officer: We have two speakers to go, but I advise members that we have run out of time for interventions.

16:09

Jean Urquhart (Highlands and Islands) (Ind): I will be quick because I will miss out the paragraph in which I quote information that Maureen Watt referred to in the Bield, Hanover and Trust housing associations' social return on investment study.

As a member of the Finance Committee, I was fortunate enough to take part in many of the evidence sessions for the report. I was particularly struck by the sheer financial and strategic size of the challenges posed by our ageing population, particularly for the sheltered housing and care sectors, and the need for a holistic, concentrated approach from Government, local authorities and housing associations to tackling those challenges, including investing at as early a stage as possible.

We have already heard that the number of over-65s in Scotland is set to increase by 21 per cent between 2006 and 2016 and that the number of over-85s is set to increase by 38 per cent in the same period. It means that there will be an estimated 1.43 million people of pensionable age in Scotland in 2035.

In contrast, there are only 36,000 sheltered housing units in Scotland—enough for 2.5 per cent, or 1 in 40, of that cohort. While not every person of pensionable age will need to stay in a sheltered housing unit—many older people are able independently to live full and healthy lives—the gap between those two numbers is a matter of some concern. Although the Government's housing for older people strategy is a welcome

recognition of that challenge, I would echo the report's concern at

"a lack of specific measurable targets within the housing for older people strategy",

which would help us to measure its effectiveness.

Another element of our considerations is the urban-rural divide. Various graphs in Professor David Bell's January 2012 paper on fiscal sustainability show that rural areas, such as Argyll and Bute and the Western Isles in my constituency, have and will continue to have a much higher proportion of older people than urban areas. Although an ageing population will have a national impact, we are already beginning to see the difficulties posed for older people with care needs in remote areas of Scotland. We must bear that in mind.

I commend Highland Council and NHS Highland for their new collaborative working pattern. Perhaps I could continue Stewart Stevenson's speech by saying that we should welcome the fact that we have an ageing population. Hopefully, we can all look forward to a healthy old age. No one wants to be a burden or a problem, yet all the statistical stuff seems to suggest that that is the case.

A number of years ago, I was fortunate to show around a group of people from Burkina Faso. We went on a trip north with a translator and, as we entered a village, our visitors pointed to a care home and asked what it was. I explained it to the translator, who explained it to them. There was a great deal of discussion. They did not understand the concept at all and asked me how young people learn if older people go and live in a care home.

I have a terrific example. At a primary school that I visited quite recently, when an eight-year-old arrived 10 minutes late for his class, a young teacher chivvied him about it and he said that he was sorry but he had had to help his great-granny with her iPhone. It was a light-bulb moment for the primary school teacher. The community now has a formal class in which the teachers are eight and nine-year-olds and the pupils are 65, 75 and 85-year-olds, learning about iPhones and having cloud and Facebook sessions. We could repeat that example. It occurs to me that we might use older people to teach young people the craft skills that we are in danger of losing, such as making a pot of soup from a good bit of Western Isles mutton.

I understand that the next Nordic horizons event to be held in May will look at care home provision in Sweden. I would encourage those interested in the approach of our Nordic European neighbours to attend. We are not alone in facing these challenges and should not be afraid of finding out what possible solutions other countries have identified to address them.

16:19

Joan McAlpine (South Scotland) (SNP): I commend Jean Urquhart for her speech and suggest that perhaps that eight-year-old could help me with my iPhone as well.

I congratulate the Finance Committee on its extensive report and thank it for the opportunity to debate an important issue. Although it is quite right that we face up to the challenges of healthcare costs and pensions, we must also be wary of descending into doom and gloom. I echo what Maureen Watt, Stewart Stevenson, Jean Urquhart and others have said about avoiding speaking in ageist and very negative terms, by using words such as "time bomb". Older people are not a burden and to depict them as such is to depersonalise them, demean them and ignore their valuable contribution.

We need to consider the contribution that older people make through unpaid work, such as in caring, because the number of older carers has grown considerably in recent years. Even in families that do not have particular challenges, older people play a really important role. Like many of my generation, I never knew three of my grandparents, because they died in their 50s, before I was born. Their early deaths were probably linked to their being born into poverty. By contrast, my children had all four of their grandparents for much of their childhood. They broadened their horizons, helped them with their education, got them to numerous extracurricular activities and allowed me to have a career—which I think was a good thing—and to contribute to the overall good.

A number of members have mentioned Professor Stiglitz's evidence last week to the Economy, Energy and Tourism Committee on alternatives to gross domestic product. One of the striking things that he said was that it is difficult to measure wellbeing, a really important aspect of which is strong and happy families, which we cannot put a price on.

Older people are often the linchpin of volunteering in the third sector as well. I want to talk a little bit about an organisation that I visited recently called the Annandale transport initiative, a community transport project based in Lockerbie that provides services for the residents of Annandale and Eskdale and the surrounding villages. It uses specially adapted vehicles and is a fantastic example of an organisation that is contributing to the Scottish Government's preventative spending agenda. In an area where scheduled bus services are not always accessible

and given that 32 per cent of single pensioner households do not have a car, it provides a very valuable service.

During my visit, I spoke to two of the organisation's volunteer directors, Mr Don Hunter-Grant and Mr Robert McDonald, who are both past the age of retirement. Don and Robert had both finished their careers and so, unlike younger people, had the time as well as the skills to dedicate to the cause. It is estimated that around 48 per cent of volunteering in Scotland is undertaken by people who are aged over 50.

The main services provided by Annandale transport initiative are delivered by six minibuses for use by registered community groups, a large number of which cater for elderly people, and two community cars. A pool of volunteer drivers and a comprehensive booking service ensure that all the users' requirements are met. The initiative responds to user demand, such as by providing vehicles for day trips, but it also provides a registered monthly service to Peebles and a twice-monthly service to Carlisle. It is financed by charges and a grant from Dumfries and Galloway Council. The overall budget is over £127,000 a year, but that input will save much more for the public purse.

I draw to members' attention the recent Age Scotland report, "Driving Change: The case for investing in community transport", which includes invaluable information on why investment in this area is a great example of comprehensive spend. Isolation is a huge issue for older people. Age Scotland reports that 18 per cent of older people do not speak to family or friends on a daily basis. Researchers rate loneliness as a higher risk to health than lifelong smoking.

One of the key causes of isolation among older people, particularly in rural areas, is a lack of available transport. Age Scotland has coined the term "transport poverty", which affects a great many people, particularly in rural areas. Two thirds of single pensioner households in Scotland do not have access to a car, as I mentioned earlier.

Community transport increases physical activity as one has to walk to the bus, which improves muscle strength, reduces falls and fractures, and helps tackle malnutrition, which can be a problem among older people, by increasing their opportunities to shop around and buy cheaper food.

Some members—particularly James Kelly—have criticised aspects of the concessionary travel scheme. However, in a 2009 review of the scheme, 85 per cent of older people and disabled people agreed with the statement that the scheme enhanced access to shopping, health services, leisure facilities and family and friends. Respondents strongly agreed that the scheme had helped them to develop a more active lifestyle.

Age Scotland argues that, rather than diminish the scheme, we should extend it to cover community transport initiatives such as Annandale transport initiative. Age Scotland calculates that extending concessionary travel to community transport would save £73 million a year on dealing with hip fractures, because people are more likely to experience fractures and falls on public transport than on specially adapted community transport buses. Age Scotland's report contains other statistics, such as those on the enormous cost—£1.3 billion—that would be saved on dealing with cardiovascular disease, diabetes and obesity.

I understand that we are under extreme pressure in the public finances, given the cuts from London, and that the proposed measure might not be possible in the short term. However, it fits the bill for the Government's preventative agenda.

Before I conclude—

The Deputy Presiding Officer: I must ask you to conclude quickly.

Joan McAlpine: Moving to three-year funding rather than year-to-year funding would make a huge difference to initiatives such as the community transport initiative in Annandale. I would welcome anything that the cabinet secretary had to say in response to that.

16:26

Jackson Carlaw (West Scotland) (Con): I apologise to Kenny Gibson for missing the opening part of his speech, which was delivered in such measured and gracious terms that I was quite beguiled—it was a change from the normally combative Mr Gibson to whom I am used.

I thank Stewart Stevenson for his speech; only he could turn a debate into a biography of the Stevenson family. The prospect of bingo, reading groups and elderly marathons was a kind of "Haud me back" moment; it was a vision of purgatory rather than something to which I would look forward.

Joan McAlpine and many others made the point that there are so many positives associated with growing old and the contribution that older people can make that the debate must be partly in such terms. Ken Macintosh might recall that, during the previous Scottish parliamentary election campaign, a Liberal Democrat candidate—who was rather hapless—said in response to a question in a public meeting that we had a very serious problem with people growing old in East Renfrewshire. The majority of the people in the hall at that time were older, and they were

somewhat unimpressed to be told that they were a very serious problem. We must avoid straying into such language.

Many members have touched on the facts, such as the fact that the number of people who are aged over 75 will increase by 82 per cent. Today, there are 820 centenarians in Scotland but if I live to be 75—some might be pleased to hear that that would be a record for a Carlaw man, as we are not long lived—there will be 7,600 centenarians. All the age groups appear to be in decline, except the elderly.

We have only to look at ourselves in the Parliament. When the Parliament had its first meeting in 1999, eight members were aged 60 or over. By the end of this parliamentary session, 46 members will be aged 60 or over, and seven or so of them contributed to this afternoon's debate. The Scottish Parliament information centre has been helpful on that.

Ken Macintosh will know—because we have both trooped round East Renfrewshire during elections—that something like 60 elderly persons homes are scattered around the area. There are very few men in them. Men in Scotland have on average not been long lived. In some homes, that is a cause of some distress to the ladies; in others, they regard it as a positive advantage.

We must accept that, in comparative terms, Scotland still lags behind many other countries on the age to which we can extend our lives and the quality of life therein. Almost the first meeting that I attended outside the Parliament as an MSP was on dementia. In response to a question on whether they could offer any clinical intervention that was likely to assist with dementia, the blunt answer from clinicians was that that would not be for 20 years.

When I asked clinicians the same question last year, I got the same answer—that it would take 15 to 20 years. Regrettably, society will have to cope with the pioneer generation that is part of the ageing demographic—it is no longer in the distance—on the basis that dementia will become something that people do not hear about and touch on only by anecdote and through other families; instead, it will likely be something that they have a direct experience of in their own family.

That is difficult to plan for. It may be that, in 20 years, there is a clinical intervention for dementia, but the situation is worrying considering that the generation that is entering old age now is typically not the generation in which people are obese or have drug or alcohol addictions. Therefore, even if we find a clinical intervention for dementia, the older generation that will emerge in the future will be the generation in which those conditions, which are increasingly a health issue today, will potentially be in the future, too.

Therefore, we must recognise that it is not only a case of planning how to provide services for older people in the future but—some members touched on this, sometimes uncomfortably—a case of being stronger in our language to younger generations today. They must be told that they have a responsibility to consider their future health and wellbeing and, where possible, to act responsibly so that the preventative agenda that I think that we all want to see more of works in partnership with their actions to reduce the potential additional costs to the national health service—the burden of expenditure on the NHS cannot be infinite—so that we can intervene effectively when we have to in the years ahead.

The Finance Committee report is excellent. It says that the preventative spend agenda is all

"dependent on significant cultural change".

I am not optimistic about that, although I am not unduly pessimistic either. The exigencies of politics today—by today, I mean for whichever Government we are talking about in five or 10 years hence—get in the way of taking dramatic and bold decisions that will have an impact a generation hence. However, in many respects, that is what we must do. We know how difficult it is to get younger people even just to think about pensions because at that age they think that they are immortal. With regard to all those issues, the change that must be made is complicated and difficult to achieve.

When James Kelly introduced the subject of concessionary travel, he was not saying that it was not desirable—I would expect him to think that it is wholly desirable. His point was to ask whether, in the context of the overall picture that Scotland will face 20 years hence, we will be prepared to consider concessionary travel among the priorities that we must address and the decisions that we will have to take, in order to ensure that the many questions that the report rightly identifies and seeks to introduce for discussion move into active policies that will make a meaningful difference to the generation about whom we are talking.

16:33

Rhoda Grant (Highlands and Islands) (Lab): I welcome the debate. We know that Scotland has a declining and ageing population—that is a fact. Although our population is relatively stable, that is not a reason to be complacent. Indeed, when Jack McConnell was First Minister, he saw the declining and ageing population as the single biggest challenge facing the nation at the time.

Maureen Watt: Will the member take an intervention?

Sandra White: Will the member take an intervention?

Rhoda Grant: I want a chance to get going, please.

Jack McConnell took action by bringing forward the fresh talent initiative, homecoming and the like. That action helped to increase our population, and we are getting the benefits right now. However, the demographics still show an ageing population.

Many members during the debate rightly talked about the contribution that older people make through their knowledge and experience. Someone said that the report referred to the "talents and energies" of older people. Many continue to work when they are healthy. Indeed, on a recent visit I made, the two people running the show—and it was some size of show—were well into their 70s. In fact, one of them was closer to their 80s.

Those people were working healthfully and making a huge contribution with an energy that I could only envy. Increased life expectancy is a good thing for all of us, but only when it is healthy. After all, as Anne McTaggart pointed out, the costs are incurred in our unhealthy years.

Ken Macintosh and Anne McTaggart also pointed out that wealth is a huge factor in determining whether we will be healthy in our old age. The distribution of wealth is therefore important, because it influences people's lifestyle and diet, the stress that they have to deal with and their education outcomes. The poorer they are, the shorter their lives and the greater the proportion of their life that will be unhealthy.

National indicators are needed to make progress in tackling the huge issue of inequalities, which Government after Government has talked about but which very few have tackled. Health board funding was previously geared to following health inequalities, but the formula has changed, with the result that areas with the greatest inequalities might be getting less of a share of the budget than they previously received.

James Kelly highlighted the issue of child poverty. I have to say that I find it quite sad that a person's place of birth consigns them to an early death. We have to take that difficult issue on board and ensure that children, regardless of where they are born, have the same life chances and the same chance to live a full and healthy life.

Many speakers referred to preventative spend and, in that respect, Willie Rennie mentioned new models of service provision. I agree that we all need to think about that issue, but the fact is that we have to take people along with us. People, who are seeing not only health cuts and bed closures but cuts to home and community care, do not take easily to movement and change, which they see as just another way of making cuts.

For example, the community transport company in my area used to take people shopping, but it was then told that that part of its service would no longer be funded and, as a result, it had to stop. It was not a transport but a social work issue but the money came from the same organisation. We need a joined-up approach across portfolio areas in local government, health and, indeed, Government itself and to ensure that, as Hanzala Malik made clear, the person becomes the focus. There is no point in telling someone, "We can't take you shopping because it's not part of our transport budget" without following that up with help from social work—but that is happening here and now.

As an earlier speaker pointed out, we have a funding gap of about £3 billion in health and local government. That is what is needed just to stand still; it does not take any budget cuts into account. As a result, we need to look at how we provide care and how we can best fund it in future. Jean Urquhart highlighted how NHS Highland and Highland Council are coming together to deliver health and social care, with the council taking on responsibility for young people's health as well as education. We should examine and learn from such examples.

Care in the community must also be adequate. Many speakers have referred to the benefits of free personal care but if that is the only support that an individual receives in the community it is simply not adequate to keep them out of care homes or, indeed, out of much more expensive hospital provision. I believe that Jamie Hepburn compared the costs of care homes and home care; those costs are huge and, as Malcolm Chisholm has made clear, the cost of hospital care is even greater. As a result, we must ensure that people receive not just free personal care at home but the care and support that allow them to live happy and fulfilled lives in their own homes.

As for housing, many speakers mentioned adaptations, which the Government itself has described as a difficult issue with regard to existing housing stock, tenements, flats and so on. We need to look at how we provide housing for older people. Members talked about affordable lifelong houses, which is fine when we are building new houses, but we need to look at how we plan for that.

Sandra White talked about local plans and identifying areas for housing for older people. Stewart Stevenson said that we need to be careful not to put older people into ghettos. We need mixed housing to allow young people to learn from

older people, as Jean Urquhart said. Therefore, we need to make sure that we do not form ghettos for older people but instead look at how we plan new housing to fulfil the needs of all our population, including young families and people as they get older. That would mean that people would not have to leave family and friends to move into housing that is more appropriate for them. That degree of planning is required.

We need the Government's strategy on housing for older people to be resourced. We are talking against a backdrop of housing cuts and we need to benchmark what the Government is doing to ensure that we make progress and meet targets on what we provide, and to ensure that housing meets the needs of our older population.

A number of members mentioned pensions, and we have a long way to go before we have dealt with that issue. Members should bear in mind that people paid into pensions believing that they would get care and help in their old age.

The Finance Committee report adds to the reports of the Christie and Beveridge commissions, and it adds to the Labour Party's calls for an open debate. I hope that the Scottish Government takes that on board and meets us with targets and progress rather than just warm words.

16:41

John Swinney: When I gave evidence to the Finance Committee on 9 January, I was somewhat startled by a question from my colleague John Mason, who asked:

"Is the Government generally happy that people are living longer"?

To give Mr Mason due justice, once I had recovered from my surprise at that question he went on to say:

"or does it share the pessimistic view that the future is all doom and gloom?"—[*Official Report*, *Finance Committee*, 9 January 2013; c 2014.]

Mr Mason's question set the backdrop of what has been a very constructive debate this afternoon. My colleagues Joan McAlpine, Stewart Stevenson, Maureen Watt, Kenneth Gibson, Fiona McLeod and Jamie Hepburn made strenuous efforts to set a measured and rounded debate not in the terms in which we often see the issue reported by the media, as being all about the "demographic time bomb" and all that emotive language, but in terms of the opportunities that arise from having a population that is living longer and healthier lives, and what that raises for us regarding the contribution that individuals can make to our society.

There has been a range of ideas in that respect. Joan McAlpine made points about community transport and Stewart Stevenson gave us a lexicon of different volunteer activities. If Jackson Carlaw believes that being consigned to the bingo hall is a life of purgatory, I assure him that he has not lived yet, given some of the bingo halls in which I have spent time and in which I look forward to spending more time in the years to come.

The debate has also generally been set against a realistic financial climate. Generally—although there have been some exceptions—we have not had a debate in which people pay homage to the fact that we have an acutely difficult financial environment and then demand bucketloads of extra spending.

A point of substance that was raised in the debate, and which the Finance Committee made in its report, is that although life expectancy has been increasing for men and women in Scotland health inequalities between different population groups in our society have not been resolved. The answer to that can be no less complicated than the depth of the challenge that exists in some of the questions about alcohol consumption, smoking rates and a lack of active living, healthy eating and positive mental health.

All those issues are reflected in the way in which the Government takes forward its strategies, and we will concentrate our efforts on tackling many of them as part of a long-term agenda. Malcolm Chisholm made the fair point that the Administration of which he was a part concentrated on some of those themes in its work. I make no secret of the fact that we have delivered a policy approach that, in many respects, has continued some of the themes of that Administration's approach.

Jackson Carlaw was a bit pessimistic about the prospects for cultural change in some of the areas to do with public service reform that it is necessary to tackle to address the deep-seated problems that we face. I am not at all pessimistic, because I think that reports such as the Finance Committee's report have ushered in a willingness to create a space in Parliament that allows us broadly to agree on some of the themes that require to be addressed, whether from a Government or an Opposition perspective. Many of the steps that we are taking to tackle health inequalities issues were founded in the approach that was taken by our predecessors. It is entirely right to acknowledge that.

There is an interesting point of conflict in the debate on some of the questions about universal services. Ken Macintosh, James Kelly and Rhoda Grant mentioned the issue of encouraging an open debate on such matters. I commissioned the

independent budget review in 2010, I commissioned the Christie commission report, and the Finance Committee report has occupied similar territory. When we go into a spending review or a budget round, I am not sure quite what form of open debate people want us to have, other than to make the choices that are required in the context of our public finance priorities.

Mr Kelly is absolutely right. The correct budget choices have to be arrived at. I would not put forward to Parliament budget choices that I did not believe were the right budget choices. If Mr Kelly and Mr Macintosh want to be taken seriously on this agenda, it is incumbent on them to advance the choices that they want to make and to say what things they want to do differently and what things they want us not to do. We have made our choices and put forward a balanced budget. It is up to others to bring forward alternatives.

Members should be cautious about some of that ground, given what Joan McAlpine and other colleagues have said about the beneficial effect on mobility, health and wellbeing of policy measures such as the concessionary travel scheme. I can think of people with a free bus pass who commonly get on a bus in different parts of the country without having regard to the cost, because it is part of how they keep themselves active and mobile and connected with other communities. That forms an extremely important part of people's social interaction.

Ken Macintosh: Does Mr Swinney accept that looking at such issues is a way of reaffirming our support for those policies? [*Interruption*.]

The Presiding Officer (Tricia Marwick): Order.

Ken Macintosh: I am glad to see that we are having the open debate that was mentioned.

That is a way of reaffirming our faith in concessionary travel and the benefits that it provides to the community. I remind the chamber that the policy was introduced by Labour, so our support for it is not in question.

Mr Swinney says that he presented a balanced budget to Parliament, but all over Glasgow—and, I believe, across Scotland—there are cuts to bus services. There is a specific link between the support that is given to concessionary travel and the cuts to bus services. What is happening is that we are losing support—

The Presiding Officer: I am sorry, Mr Macintosh—it was supposed to be an intervention, not a speech.

John Swinney: Perhaps Mr Macintosh could have covered some of that ground in his speech, instead of trying to make speech number 2.

My point is that the concessionary travel scheme receives active support and provides real benefits to members of the public. I hear what Mr Macintosh says about his reaffirmation of support for concessionary travel; I am simply saying that, if the Labour Party wants to raise such issues and believes that we must have an open debate, it should put on the table some alternatives to the balanced budget that I put to Parliament and which Parliament approved.

Annabel Goldie said that, for many of the areas of work that are undertaken, she could not think of a better term to use than joined-up thinking, and she is absolutely correct about that. I spend a great deal of my time encouraging collaboration between different public bodies to create an integrated solution. Annabel Goldie's reference to the drugs strategy that the Conservatives advanced in 2008 is a clear illustration of shifting focus to a more sustainable area of policy.

As Mr Malik said, this area of activity needs leadership. I set out in my introductory comments the range of different interventions, whether they are the Christie commission, our 2020 vision for the NHS, the 10-year strategy for housing for older people or the community planning framework, which are all about the Government's long-term perspective, as is the work that we have undertaken that the Carnegie Trust and Nesta commended, to which Mr Rennie referred. That is also the case for the focus of the national performance framework, which is designed to give a balanced approach to wellbeing and growth in our economy to ensure that we can take forward our policy interventions in a sustainable way.

The Presiding Officer: I call John Mason to wind up the debate on behalf of the Finance Committee. Mr Mason, if you could continue until 5 o'clock, that would be helpful.

16:50

John Mason (Glasgow Shettleston) (SNP): Thank you, Presiding Officer.

I am greatly pleased to close the debate. I thank all members across the chamber who have been positive about the report. I am sure that the committee and the clerks are pleased about that. The convener gave a detailed overview of some of the key issues from the inquiry. I will touch later on some of the key points that members have raised on it during the debate.

First, though, I believe that the committee welcomes the fact that people are living longer, to which a number of members have referred. Slightly tongue in cheek, I asked the cabinet secretary at committee whether the Government was positive about people living longer, which created slightly more laughter than I had expected.

However, I think that the point has been made. John Swinney, Annabel Goldie and Malcolm Chisholm all referred to that. I quite liked the term that Annabel Goldie used, which was "demographic opportunities". I do not think that I have heard that before, but I think that it is extremely good.

Sometimes when we look at the media, everything just seems to be bad. For example, in June 2010, *The Herald* had the headline:

"Glasgow has lowest life expectancy rate for men",

which is all doom and gloom. If we fast forward to March 2012, *The Herald* had the headline:

"Ageing Scotland faces population time bomb".

It seems that no matter what happens, it is a bad thing.

I want to touch on two issues on which the convener was not able to spend much time in his speech, namely data collection and sharing, and health conditions. In our call for evidence, we sought views on what data is and should be collected on the three core issues under consideration and what use is or should be made of that data to forecast funding needs. How data collection is shared and what use is made of it in the monitoring and evaluation process are issues that we have considered across our work programme this session, particularly in our work on early intervention and preventative spend.

In our report, we highlight a number of issues around monitoring and evaluation. For example, with regard to the older people change fund, the Scottish Government has stated that it is

"committed to establishing fit for purpose monitoring and evaluative processes underpinning what we recognise to be a very long term shift in spending patterns and culture in public services for Scotland."

We certainly welcome that commitment.

We conclude our report by highlighting that

"this Committee and its predecessor have consistently called for the need for more effective collaborative working across the public services including the need to pool resources and to share good practice."

That point has come out a number of times during the debate. We go on to say in our conclusion:

"There is also a need to develop a more performance based and target based approach as a means of measuring the effectiveness of the various government strategies and policy initiatives which in turn should provide an increasing evidence base for accelerating the cultural and structural change which is essential if the challenges of demographic change and an ageing society are to be met."

That is a slightly longer sentence than I would normally use. However, that issue will be an area for discussion next week with COSLA. We also look forward to seeing what actions the Scottish Government will take to bring about such development.

On health and social care, and in particular the health conditions that the convener flagged up earlier, we asked in our call for evidence:

"To what extent are the pressures on health and social care a consequence of an ageing population as opposed to other health challenges such as obesity?"

I think that Mr Carlaw referred to some of that area.

We were interested in identifying, among other things, conditions that might become more prevalent or have a particular impact. Examples that came up were sight loss, conditions that relate to thinking skills, including dementia, and fragile fracture, which can have long-term and substantial cost implications for NHS boards and local authorities.

A number of conditions that are likely to increase came up in evidence, and the report identified key challenges that health and social care services face in that regard. For example, NHS Education for Scotland said that NHS boards

"can expect increased demand on psychological services"

from older people, and Age Scotland said:

"the cost of dementia to society is around £1.7 billion, which is projected to rise to £3.1 billion by 2031".

In a joint submission, Action on Hearing Loss Scotland and RNIB Scotland said:

"By 2031, it is projected that the number of people with hearing loss in Scotland will rise from 850,000 to around 1.2 million. Similarly, the number of people with sight loss (without intervention beyond the current provision) is expected to double from around 180,000 to almost 400,000."

The submission went on to say that it is estimated that

"sight loss conditions cost the NHS and the public sector in Scotland ... £194 million a year, plus £434 million more in terms of broader costs to the economy and to society ... This total cost is projected to rise by around £120 million a year".

The National Osteoporosis Society highlighted the long-term costs of osteoporosis and said:

"250,000 people in Scotland currently have osteoporosis, a figure which is likely to rise as the average age of the population increases."

Those conditions emerged in evidence, but the list is not definitive. We look forward to hearing from the Scottish Government about the planning that it is doing to address the consequences of the increase in such conditions that is likely as a result of our having an ageing society.

I am afraid that I will not be able to comment on all the points that were made in the debate. John Swinney mentioned the third sector. The evidence

that the committee heard over a number of months suggests that although there is much support in the Parliament for the third sector, support can be patchy at local government level. We hope that that will improve. I very much appreciated the assurance that John Swinney gave when I intervened on him, in relation to the roll-out of good practice in the early years and elsewhere.

I liked the phrase "sufficient pace", which I think that John Swinney used a couple of times and which reflects some of the frustration that I think that all members feel. Members of the Finance Committee certainly thought that the move to join up the work of the NHS and social work services has not happened as fast as we would like. I also appreciated the assurance that demography will be a factor in future spending reviews.

Ken Macintosh and other members referred to an excellent report—we are grateful for that. Ken Macintosh said that his area, East Renfrewshire, has among the longest healthy male life expectancy in the country. We heard personal stories, not least from Stewart Stevenson and Jackson Carlaw, which made me think about my experience. I live in east Glasgow, where, according to the table on page 8 of the report, healthy life expectancy for men is only 56. That gives me another two and a half months, which I have to say is quite sobering.

I think that many members would agree that we cannot mention housing too often. Fiona McLeod said that appropriate housing can reduce the number of emergency admissions to hospital, and Malcolm Chisholm said that some houses cannot be adapted. It certainly came through to me in committee that we need to balance the need for adaptations, the need to make normal new housing as accessible as possible and the need to build new housing with a specific purpose, such as sheltered housing, in the private and public sectors.

Willie Rennie made comparisons with other countries; that was useful, because we sometimes get a little too fixated on examining other parts of the UK, when there are other countries to consider.

I agree broadly with what Sandra White said about economics, but I also think that the economic situation can improve as a result of people living longer—it is not an either/or situation.

As the convener said, the committee aimed to take a rational and measured approach to its inquiry into an issue that will feature more prominently in the years to come, certainly for the Finance Committee, given our recommendation that

"future Spending Reviews include an assessment of the impact of demographic change in each portfolio chapter."

I understand that when the report was published, the convener wrote to the conveners of the Health and Sport Committee, the Local Government and Regeneration Committee and the Infrastructure and Capital Investment Committee, given the relevance to their remits of the issues that we had covered.

We look forward to seeing the Scottish Government's response to our report's conclusions. We can then all consider what short, medium and longer-term planning the Government and the Parliament will undertake.

I support the motion in the name of the committee convener.

Decision Time

17:00

The Presiding Officer (Tricia Marwick): There is one question to be put as a result of today's business. The question is, that motion S4M-05765, in the name of Kenneth Gibson, on demographic change and an ageing population, be agreed to.

Motion agreed to,

That the Parliament notes the Finance Committee's 2nd Report, 2013 (Session 4): *Demographic change and an ageing population* (SP Paper 265).

Multiple Sclerosis (Availability of Treatment)

The Presiding Officer (Tricia Marwick): The final item of business today is a members' business debate on motion S4M-05346, in the name of Liam McArthur, on a postcode lottery for people with multiple sclerosis. The debate will be concluded without any question being put.

Motion debated,

That the Parliament understands that Orkney has the highest recorded rate of multiple sclerosis (MS) per capita in the UK and one of the highest rates in the world; understands that approximately 10,500 people in Scotland have MS; believes that MS can have an affect not only on people with the condition but also their families, friends and colleagues, meaning that it impacts on over 63,000 lives in Scotland; understands with disappointment that, in Scotland, there remains a so-called postcode lottery for accessing treatments and neurological services to deal with MS, and understands that the MS Society believes that the Scottish Government should address what it sees as this inequality and ensure that levels of treatment and support for people with MS are the same regardless of where they live.

17:01

Liam McArthur (Orkney Islands) (LD): I hope that, over the next half an hour or so, we will achieve a number of things.

First, we have the opportunity to further raise awareness of what multiple sclerosis is and how the disease affects the lives of 10,500 sufferers in Scotland, as well as their families, friends and colleagues.

Secondly, I hope that we can build up a picture of where in the country we are meeting the needs of sufferers well and where there is room for improvement—and I believe that there is room for improvement. I look forward to hearing the experiences of and contributions from colleagues across the chamber. I thank them in advance, as well as those who signed the motion and allowed the debate to take place.

Thirdly, I am keen to put on record my admiration of and gratitude for the work that is being done by a host of individuals and organisations in the field, from health professionals and researchers through to the Multiple Sclerosis Society, volunteers and support groups across the country. Without their efforts, the situation that MS sufferers in Scotland would face would be unimaginably bleaker.

It would be nice to think that, along the way, we might also be able to restore the tarnished reputation of the Vikings, whom certain tabloids have accused of being responsible for the high incidence of MS that is found in Orkney, my colleague Tavish Scott's Shetland Islands

constituency, and other parts of the north. That seems unfair, and more important, it is not supported by growing research evidence.

However, that same research, which was carried out by teams at the University of Edinburgh and the University of Aberdeen, makes alarming reading for those in the northern isles. In a report that was published last year by Elizabeth Visser, Katie Wilde and James Wilson—who is an Orcadian—the incidence of MS in Orkney was found to have almost doubled since the 1980s, to 402 per 100,000. For women in Orkney, the rate of diagnosis is running at an astonishing one in 170. Being world leaders in neolithic archaeology, marine renewables or bird and sea-life populations is a source of great pride for many of my constituents, but knowing that the islands that I represent boast the highest rate of MS anywhere on the planet is simply depressing.

If it is not all the fault of our Viking ancestors, what are the reasons for the dramatic concentration of MS sufferers in Orkney, Shetland and other parts of the north of Scotland? At this stage, a combination of genetics and environment appears to be the most credible answer, although, as Dr Wilson explained:

"These findings may reflect improved diagnostic methods, improved survival or rising incidence."

Despite the uncertainty and the need for further research, vitamin D deficiency appears to be a determining factor. It has long been acknowledged that MS is increasingly common among populations the further away from the equator they are. Indeed, although we have enjoyed some uncommonly sunny weather of late, visitors rarely head to the northern isles in search of a tan, although few who come to them leave disappointed or without a ruddier complexion than the one that they arrived with.

The disease attacks the nerves in the brain and spinal cord, and interrupts signals between the brain and the body. It is incurable, although treatment can be effective in delaying symptoms.

Like the causes, the symptoms can be hard to pin down. They can include intense pain, mobility and co-ordination problems, severe depression, fatigue, incontinence and loss of vision. For some people, there are periods of relapse and remission. For others, the pattern is one of progressive deterioration. That variety in the form that the disease can take often makes life more complicated for sufferers and those around them. People often assume that sufferers will be wheelchair bound or very old, yet diagnosis invariably takes place between the ages of 20 and 40. Many of the symptoms are invisible, and they can come and go.

Supporting those with a diagnosis is not straightforward, either. Angela Monteith, a constituent who has been helping fellow sufferers for many years both directly and through her roles with the MS Society, has pointed out that people who have just been diagnosed want to know what to expect. That is difficult, because the disease is never the same for everyone and, post diagnosis, it is almost impossible to predict the future.

What is being done to help those who are affected? As the title of the debate suggests, the picture nationwide is patchy, and unacceptably so. In 2009, clinical standards were published, detailing the quality of services that someone with a neurological condition should receive. There is a standard for MS, but a peer review in 2012 demonstrated that, in many instances, the standards remain unmet.

Rather than focusing on where there are failings, it is perhaps more constructive and effective in promoting change to highlight instances of good practice. NHS Tayside, for example, has a multidisciplinary team, including an MS physio and social worker, who work closely with the Dundee branch of the MS Society in an excellent partnership between the public and voluntary sectors. NHS Ayrshire and Arran's collaborative approach is also worthy of mention, in particular the excellent Douglas Grant rehabilitation centre.

I am pleased to say that NHS Orkney is meeting the MS standard for service provision. Two groups have been set up to ensure that that continues and to enhance partnership working further. Those groups involve physios, speech therapists, doctors and occupational therapists, as well as local groups and charities representing people with MS and other neurological conditions. That approach, in a small community with more than its fair share of sufferers, is absolutely the right one, and I congratulate all those involved. I know that plans are in hand for an awareness day next month, covering all aspects of living with a neurological condition, and I am sure that it will be well received and well attended.

As Angela Monteith explained to me recently, in an island community, MS sufferers and their families face some unique problems relating to geography. Although regular get-togethers are held, they can be hard to attend for people living on the smaller outer islands, and the sense of isolation can exacerbate other problems that they face. The costs of patients travelling to Aberdeen for neurological check-ups are extremely high, although it is encouraging to note the increased use of telehealth options. The local MS nurse in Orkney helps to support patients during teleconsultations with the Aberdeen-based neurologist. Not only does that save money but it

reduces the physical strain that is caused to the patient by excessive travel. Their application in Orkney might be obvious, but I am sure that greater use could be made of telehealth options elsewhere in Scotland, too. Those examples of innovative solutions to meet the needs of MS sufferers in different parts of the country should give us all confidence that we can move away from the current postcode lottery of service provision.

Orkney may top the world's league table for MS, but it is a disease that affects all parts of the country. As MSPs, we have a role to play in better understanding the needs of sufferers; in raising awareness of the disease and of the forms that it can take; and in pressing health boards in our constituencies and regions to ensure that standards are being met. Those are just a few things to be getting on with ahead of MS week, which starts on 29 April.

In the meantime, I again thank colleagues for their support and, in advance, for their speeches, and members of the MS Society—particularly Angela Monteith—for the advice and expertise that they have provided. Finally, thanks to me, the reputation of our Viking ancestors is a little less tarnished this evening.

17:09

George Adam (Paisley) (SNP): One of the reasons why I wanted to speak in the debate is that my wife, Stacey, has MS. I know that you have been involved with the MS Society Scotland for some time, Presiding Officer. I declare my interest; the subject affects me very personally.

Liam McArthur has framed the debate around Orkney, and I am aware of the situation there because of a documentary by Elizabeth Quigley a number of years ago, which discussed the fact that more of us seem to have MS in Scotland compared with anywhere else per head of population.

This is one of those issues on which I will talk from a personal point of view. MS is a strange condition and something that I did not know much about before I met Stacey. Like a lot of people, I had a misunderstanding of the condition. People get the idea that, as Liam McArthur said, sufferers end up in a wheelchair or not able to work. However, the opposite is true. Most of the people whom I have met are very motivated. I do not know whether the condition has made them that way, but they all seem very motivated. It is almost like the Frank Sinatra song "That's Life"—they think, "I fall down, I get back up and I just keep moving on." That is, literally, the way that a lot of people with MS deal with life. We do not know why we have such a high rate of MS here in Scotland.

I recently had a situation with my wife. Stacey will probably kill me for talking about personal stuff but, last week, we had that conversation when she said, "That's me, George—it's getting worse." More or less, she was saying, "This is me checking out, George—time's run out." When we got married, she promised me that she would be gone by the time she was 30. I am now 44, and she is still hanging in there, but she was genuinely worried. For people with MS, their mood, the way they feel or not having the support of their family can mean that they end up feeling that way. I laugh it off and joke with her, and that way probably works for the two of us, but members will never have seen a woman so happy as she was when the doctor told her that her back pain and all the other problems were because of a urinary infection. She will be really pleased that that is now in the *Official Report*.

The first hustings that I went to during the election in 2011 was run by the MS Society in Paisley and district. There was a lot of pressure on me, because it was my first hustings, it was in Paisley and it was on MS—it was almost like a home game for me. However, one of the candidates took the pressure off when he announced to everyone that he was an economist and had absolutely no idea about multiple sclerosis and even less idea about how the national health service worked. Suffice it to say that that kind of helped me, and it might be one reason why I am standing here today. He had a total misunderstanding of multiple sclerosis. He did not understand the issues that people have to deal with or that the condition affects every sufferer differently.

One issue that the MS Society raised recently is about the serious problems that are coming its way because of welfare reform. A lot of people with MS can be okay one week and bad the next. The situation with disability living allowance, the personal independence payment and, in particular, the bedroom tax could lead to issues for some MS sufferers.

I received a letter from a constituent that I was told I had to read out. It states:

> "I was diagnosed in 1989 (23 yrs ago) and no-one seemed to know anything.
>
> I was at Uni and I thought it important to tell the campus GP, he called me a liar as I was too young."

That person was Stacey Adam, now aged 40. She sent that to me because everyone thinks that things have changed and moved on. They have changed slightly, but there are still issues and we still need to get the message out on multiple sclerosis.

The Presiding Officer: Thank you, Mr Adam. I will make sure that Mrs Adam gets a copy of the

Official Report, so we do not expect to see you in here tomorrow.

17:13

Jackie Baillie (Dumbarton) (Lab): I congratulate Liam McArthur on securing the debate. Scotland has the highest incidence of MS in the world, with about 10,500 people estimated to be living with the condition. That makes the issue of keen interest to us all. The impact of the disease extends to families, friends and colleagues. I associate myself with your remarks, Presiding Officer, on George Adam—I hope that he survives seeing his wife this evening.

We know that MS is an unpredictable disease and that it is, unfortunately, currently incurable. Too often, people who are affected by MS are confronted by a postcode lottery in accessing healthcare, which can mean long delays in diagnosis, poor access to rehabilitation and, in some areas, lack of access to even the most basic care.

As colleagues have pointed out, in 2009, the Government published the clinical standards for neurological health services, in order to address the issue. It then carried out a review, ending in 2012. It charted progress, which was patchy. For example, one finding of the interim review was a

"concern that the momentum to drive improvements will decline at the end of the programme".

The review also found

"a requirement to increase opportunities to spread and share good practice"

and

"concern that improvements would be hindered without additional investment."

There was also a need for

"a common core data set to drive improvements in neurological services."

We could do more. A postcode lottery remains despite progress, as does variation in people's experience of services throughout the country.

Although we need to improve access to health services and, indeed, to social care services, I will spend a little bit of time celebrating some of the services that are provided by the voluntary sector. Those services provide the glue in most of our communities; they provide practical support not only to MS patients but to their families.

I know from experience of Leuchie House Short Break Care how important good access to care is for people who are affected by MS and for their families. Leuchie house provides residential short breaks and day respite care. It also provides preventative services, rehabilitative services, reablement and intermediary respite and care services, physiotherapy, emotional support and complementary therapies. The list is long. Since July 2011, when Leuchie became an independent charity, it has dealt with something like 200 patients and their families. It has provided much-needed care for those who are cared for, as well as for carers. An impressive range of services is available there.

I will be privileged to spend an evening in Leuchie house in a couple of weeks. I invite members who have not visited it to take the opportunity to do so. Leuchie house is summed up by testimony from one of its guests:

"Leuchie is the only place where I don't feel disabled."

That is the kind of provision that we should value.

The Dumbarton and district branch of the MS Society is active in my area and provides a number of excellent support services. It recently organised a new drop-in centre for sufferers of MS and carers in Helensburgh, which enables them to meet others with the disabling neurological condition.

Progress has undoubtedly been made. Initiatives such as those that I have described at Leuchie house and in Helensburgh are available locally to assist sufferers in coming to terms with the disease. We need more such examples, because they are positive examples of what can be done practically to help MS patients. However, too many people do not have access to such facilities. More needs to be done to ensure that patients get the treatment to which they are entitled, regardless of where they live.

17:17

Jackson Carlaw (West Scotland) (Con): I congratulate Liam McArthur on lodging his motion. I reassure him about the reputation of the Vikings. I have attended—as I am sure many members have—the excellent exhibition at the national museum of Scotland on the Vikings, but multiple sclerosis does not feature as a contribution of theirs to our society.

I also pay tribute to the speech that George Adam made. He and Stacey have obviously approached the condition with which they have to live in a positive and engaged way. That positive attitude is probably part of what accounts for their being together still and celebrating continued marriage.

I am one of those who knows of, but not a great deal about, multiple sclerosis. Therefore, I am probably in the wider majority of the public. It was interesting to see in the briefing that we received that one of the hopes that the MS Society has for the debate is that awareness is generally raised. I

now know much about MS that I did not know before; I knew only some of it, in part.

MS is an autoimmune disorder that is characterised by episodes of inflammation on the brain. It is progressive, but the rate of progression is unpredictable, and the cause remains unknown. It is not hereditary—I knew that—but there can be a familial risk. It is not infectious—I knew that—but some people think that it can be triggered by a virus. There is no known cure and it affects more women than men.

MS is usually diagnosed in young adulthood—between 20 and 40. In particular, I note that NHS Greater Glasgow and Clyde, which services West Scotland, said that a record number of young people were diagnosed with multiple sclerosis in its area last year, and there has been a sevenfold increase on the number of people who were diagnosed just a few years ago.

The course of MS is unpredictable and its presentation varies from person to person. People have to adjust to the diagnosis and the lack of certainty about the prognosis. As has been said, there is a common presumption that people will be in a wheelchair, but only one sufferer in four actually is.

What has struck me as well as the need for a greater understanding of the illness is the context in which the motion is set, which is that of a postcode lottery. I went to the MS Society website, to which many individuals have contributed, and was struck by a contribution from somebody who posted to one of the forums. Having used the phrase "postcode lottery" in the title, the person said that they thought that that was a contentious title to use, but went on:

"When I read of people having a great consultant or being diagnosed within a year or two of onset (note I said year—I am reasonable here not expecting a month or two ...) I really honestly do feel really pleased that they have been looked after well. But my next thought is usually I bet you don't live anywhere near me!"

The term "postcode lottery" is a crude one, but I would be interested to hear the minister comment on the extent to which the services that are available across Scotland are equal, and on the areas in which more requires to be done. NHS Greater Glasgow and Clyde has been quite candid about the growing incidence of diagnoses of multiple sclerosis, but it seems that other boards are slightly more circumspect about confirming the incidence in their regions. It slightly concerns me that, because of that, we might be underestimating the focus and attention that are required to ensure that people have equality of access.

17:21

Rhoda Grant (Highlands and Islands) (Lab): I, too, congratulate Liam McArthur on securing this important debate. He talked about trying to shift the blame for MS on to the Vikings, but if we look abroad to other countries, it becomes the Scottish disease and not the Viking disease, so it seems that the buck is being passed regardless.

MS is a devastating disease, or it can be a devastating disease. Many people who have MS go through life with it as something of an inconvenience rather than as an illness to be dealt with, but for others it can be truly devastating and life threatening.

As has been said, MS is in many cases diagnosed when the person is young, which means that many people who are affected have young families who have to deal with the effects. It can have a huge impact on people's children, who become carers, and people have to live with a disease for which they cannot follow a route. MS takes many different forms and it is difficult to know what to expect. We therefore need specialist services; we need MS nurses and specialist consultants, and MS physiotherapy is really important for mobility and the like.

We also need specialist MS social workers, because they can deal with the whole person. They can put people who have MS in touch with the specialist services that they need when they need them, but they can also deal with the wider problems that affect sufferers' lives and their families. We should not underestimate the importance of that. They also need to be able to point people to advice and assistance when they require it. As we heard, the disease takes many forms, so it is difficult to know what to expect. People do not need all the information initially; they might just need some information as their illness progresses. Indeed, it might not progress.

I will take a couple of minutes to talk about volunteers, which Jackie Baillie mentioned. I am aware of many people who have MS who have become advocates for others who have MS and who fight for better services. Christine Stewart in the Western Isles is one such person and she succeeded in getting an MS nurse for the islands, but there are many other people who have MS who use their time to fight for better services and to support others who are newly diagnosed. As part of the debate, we should pay tribute to them and what they do for others.

I will leave it at that, Presiding Officer, because many of my points have been covered. However, I think that they were important points to make.

The Presiding Officer: Thank you, Ms Grant.

I call on the minister to wind up the debate. Mr Matheson, you have 38—I am sorry. You do not have 38 minutes. You have seven minutes.

17:29

The Minister for Public Health (Michael Matheson): You had them worried there, Presiding Officer.

Like others, I congratulate Liam McArthur on securing the debate, on the constructive manner in which he has taken it forward and on his stout defence of the Vikings with regard to their role or otherwise in the incidence of MS in Orkney.

Often, one of the most effective ways to get across the impact that a condition such as MS can have on someone's life is through speaking about our personal experience of it. This was not the first time that George Adam has spoken about his and his wife Stacey's experience of MS and how it has affected their lives. His words give us an insight into the challenges, both physical and emotional, that MS poses for individuals and couples. I should say that, knowing Stacey, I wish George Adam well when he gets home tonight.

I am sure that everyone would recognise that it is in all our interests to try to ensure that individuals who are diagnosed with MS can access the best possible care and support.

A number of members referred to the neurological standards that were implemented two years ago. We see them as being one of the key measures that can assist us in trying to drive forward greater consistency and equity in the way in which services are delivered for individuals with MS, and to ensure that patients receive care that is safe, effective and person-centred. Although the standards are generic, there are three that are specific to MS: access to specialist services, diagnosis, and on-going management.

To take forward the standards, we provided boards with about £1.2 million over two years to develop neurological improvement networks. Several members have referred to the peer review papers that were published last year, reflecting on the progress that had been made by some boards and comparing that with the progress that had been made in other boards. I accept that they have highlighted some areas in which there continue to be deficiencies, but they have also highlighted areas in which there has been progress on the part of some boards.

In order to continue the momentum in that work, we established a national neurological advisory group, which is a partnership between the third sector and NHS Scotland. It is a collaborative group that helps to oversee and support NHS boards in continuing to develop improvement plans in their areas. The group is made up of individuals who come from neurology-focused charities, clinicians, Scottish Government officials and various other people. Its role is to consider what boards are doing and to support them to make further progress on a collaborative basis, so that further improvement can be supported.

Members might be aware that the national neurological advisory group has developed a work plan and has identified as one of its initial work streams the need to ensure consistency and equity of access to MS services across Scotland. I expect it to work in partnership with NHS boards to take the issue further.

Rhoda Grant and a couple of other members touched on access to specialist nurses. For a number of years, there has been an ever-increasing number of specialist nurses in NHS Scotland for a number of different conditions. MS nurses can play an important role in helping individuals to receive the best possible care, and in signposting them to services of which they are aware and which can be used by MS patients.

MS nurses can also bridge the gap between patients and consultants, which can ensure that people get the right type of advice and support. That type of specialist support is recognised in the neurological standards. It is clear that specialist nurses have an important role to play in achieving the neurological standards. I expect NHS boards across the country to reflect on that and on how they work on their local plans for improving neurological services.

We must recognise that, although specialist nurses have a crucial role to play, other members of the multidisciplinary team—the medical staff, the allied health professional staff, the physiotherapists, the occupational therapists and the speech therapists—also have crucial roles in supporting people with MS. In planning services, NHS boards need to ensure that they have capacity to support individual patients and their needs.

When we are improving services, it is important that we ensure that we hear the voices of individuals who have MS or who suffer from other neurological conditions. It is important to allow them to play a role in shaping the way in which services are improved at local level. That is why we provided funding to the Neurological Alliance of Scotland's voices programme, which has been specifically designed to support individuals to engage with health boards and other service providers and to influence the shape of specific services. A number of health boards have made use of that service. I am not sure whether NHS Highland is one of them, but it is a service that we have funded and it is available for individual health boards.

I will turn briefly to a couple of other issues that members have raised. The motion rightly makes it clear that Scotland has one of the highest incidences of MS in the world. Better data and better research will be critical to improving our understanding of why that is the case. There is often speculation about MS being linked to vitamin D deficiency, but there is, at present, no definitive evidence on that. However, we continue to monitor the emerging evidence in that area closely and if there is a recommendation that vitamin D provision needs to change, we will not hesitate to respond.

We have provided pump-prime funding for the establishment of the Scottish MS register, which aims to collect information on all people in Scotland who have a new diagnosis of MS. Its purpose is to ensure a better understanding of the data, which will assist us in building up more information and help to drive forward further service improvements in Scotland overall.

Another area that has been highlighted is the importance of research. The chief scientist office is supporting a number of areas of research. Liam McArthur mentioned the high incidence of MS in Orkney. The CSO is providing some £240,000 to the Orkney complex disease study. The primary objective of the project is to identify key genetic markers, some of which are relevant to MS. We are also providing funding to multiple sclerosis prevalence studies that are being carried out in Orkney, Shetland and Aberdeen. It is hoped that the results of those studies will, in the long term, improve our understanding of MS.

Members have raised a number of important issues. The need to continue to improve services for those with MS and other neurological conditions is often raised in the chamber. They can be assured that the Government is committed to doing that, where it can, and to working with others who can help us to drive improvement.

Meeting closed at 17:33.

Members who would like a printed copy of the *Official Report* to be forwarded to them should give notice to SPICe.

Available in e-format only. Printed Scottish Parliament documentation is published in Edinburgh by APS Group Scotland.

All documents are available on
the Scottish Parliament website at:

www.scottish.parliament.uk

For details of documents available to
order in hard copy format, please contact:
APS Scottish Parliament Publications on 0131 629 9941.

For information on the Scottish Parliament contact
Public Information on:

Telephone: 0131 348 5000
Textphone: 0800 092 7100
Email: sp.info@scottish.parliament.uk

e-format first available
ISBN 978-1-78307-513-3

Revised e-format available
ISBN 978-1-78307-528-7

Printed in Scotland by APS Group Scotland