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Official Report

MEETING OF THE PARLIAMENT

Tuesday 26 November 2013

Session 4

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Scottish Parliament

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[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 the Rev Moira McDonald, minister of Corstorphine Old Parish Church.

The Rev Moira McDonald (Minister, Corstorphine Old Parish Church, Edinburgh): This coming Sunday is the beginning of the season of advent in the Christian church—a time of preparation for the coming of the Christ child at Christmas. It is a time when we meet again the familiar characters of Christmas and hear their stories—stories that lead them, and us, towards an outhouse in Bethlehem, to gather round a manger and gaze on the baby it contains.

We meet Elizabeth and Zechariah, a couple who are now beyond child-bearing age and yet are told that they will have a son and name him John—Zechariah chooses not to believe that promise but, much to Elizabeth's delight, is proved wrong.

We meet that son, John, now grown up—an odd man who spends time in the wilderness eating locusts and telling those who would listen that they should prepare a way for the Lord.

We meet a young woman called Mary, and then her fiancé, Joseph, who are told that they, too, will become parents to a special child, despite the natural impossibility of what the angel is promising them.

On Christmas day, we meet the shepherds, the most ordinary of men, called to be the first visitors to the stable, who are followed 12 days later in the church calendar—but possibly several years later in the actual calendar—by the men from the east, following a star and bearing gifts for the king. Sadly for all school nativity plays, there is no biblical mention of an innkeeper, painted as an enterprising sort of man who kindly suggests that Mary and Joseph use the stable round the back of his inn.

That non-existent innkeeper does what all the others did—look for solutions. Where others could have said, “No thanks,” to what they were being asked to do and walked away, our cast of Christmas characters, after a moment or two of questioning and careful consideration, respond positively to the trust that is being placed in them

and the gift that is being given to them, ridiculous, outrageous, dangerous and impossible though it sounds.

They are people whose faith and belief did not just comfort them and keep them safe but spurred them on to recognise and celebrate God in ordinary places and everyday people—people whose stories invite us to walk with them on a journey of hope, of joy, of peace. Enjoy the walk.

Topical Question Time

14:03

New Higher Examinations (Implementation)

1. Neil Bibby (West Scotland) (Lab): To ask the Scottish Government whether it will provide an update on the implementation of the new higher exams. (S4T-00523)

The Minister for Learning, Science and Scotland's Languages (Dr Alasdair Allan): The implementation of curriculum for excellence, including the new national qualifications, is on track. Our schools have made excellent progress and all partners are committed to ensuring that the new qualifications are delivered successfully and benefit pupils across Scotland.

The new highers, available from next session, are designed to prepare and support our young people for the changing world that lies ahead of them. They provide smooth progression from the new national 5 qualification and we have made it clear that we consider them the natural option for young people in Scotland next session. We also recognise that there needs to be some scope for local flexibility based on professional judgment, where teachers can work closely with their senior management, local authority and parent body to make a decision in the best interests of their learners.

Education Scotland, the Scottish Qualifications Authority, the Scottish Government and local authorities are delivering a wide range of support to help teachers introduce the new highers. We will continue to listen and respond wherever we need.

Neil Bibby: This is a very serious issue to do with our children's education. The minister says that he will listen and has listened, but he must have delayed hearing. Over 18 months ago, the Government was warned by teachers, parents and Opposition members such as me about issues with teachers' workload, so why has it taken until now to allow for a delay? When was that decision taken? If this climbdown was seamlessly planned and organised, why did Bill Maxwell of Education Scotland send a letter to directors of education just two weeks ago setting out

"the expectation that all schools and centres will adopt the new qualifications in line with the national timetable for implementation in 2014/15"?

Will the minister apologise for not listening sooner and for the shambolic mess that this has left us in?

Dr Allan: The member has to get it clear in his head whether he and the Opposition are criticising the Government for pressing ahead too fast, as

has been suggested, or for not pressing ahead fast enough. There is no doubt in my mind that the Government has been listening; indeed, we have been listening for some weeks now to the calls from the teaching community and schools for exceptional circumstances to be recognised. As for the expectations and the letter that Mr Bibby has mentioned, it remains the natural expectation and option that young people will be sitting the new highers in the coming session. Criticising the Government for recognising exceptional circumstances and the need to work with teachers is really a criticism that I find difficult to follow.

Neil Bibby: The listening mode did not last too long. I said that the situation could have been planned for and adequately resourced had the Government listened to concerns 18 months ago. Instead, an audit was commissioned on the state of readiness for the new qualifications, but those involved did not speak directly to a single teacher. Ministers had previously said that a delay would be damaging, but that is exactly what we will have in some circumstances and teachers, children and parents have been let down, with some children now not having a direct follow-on from their national 4 and 5 learning. Does the minister accept that his Government has got this badly wrong?

Dr Allan: No—and it is also worth saying that, as far as the flexibility that has been discussed is concerned, it will not be enough for a single teacher to make such a decision. Any such decision would have to be made in consultation with the school, the local authority and, crucially, the parent body in that school. In any case, I am more than happy to be in the company of people such as Larry Flanagan of the Educational Institute of Scotland, who described this decision as

"a sensible approach ... in the best interests of ... pupils",

and the Convention of Scottish Local Authorities, whose representative Douglas Chapman called it

"a pragmatic solution to exceptional circumstances".

The Government has been listening and has acted, and I am more than pleased that it is ensuring that curriculum for excellence continues to be the success that we all know it is going to be.

Island Areas Ministerial Working Group

2. Mike MacKenzie (Highlands and Islands) (SNP): To ask the Scottish Government what was discussed at the recent meeting of the island areas ministerial working group. (S4T-00521)

The Minister for Local Government and Planning (Derek Mackay): At its third meeting, on 21 November, the group discussed fishing and aquaculture, enterprise and the Crown estate. We

also agreed a joint communiqué on our current position, which was released following the meeting.

Mike MacKenzie: Does the minister agree that the powers that are needed to implement significant changes in island communities—for example, through a bill for an islands act—will be available only with independence?

Derek Mackay: Yes. Indeed, last week, the Government committed to introducing a bill for an islands act upon independence. The best prospect for implementing the outcome of the ministerial working group's discussions is with the full powers of independence, when decisions on, for example, energy, the economy and the Crown estate can be duly considered and, where necessary, legislated for by the Scottish Parliament. Today's independence white paper indicates clear steps towards local control and community benefit from the foreshore and sea beds in the islands. The answer to the member's question is, therefore, yes—with independence comes immense opportunities.

Mike MacKenzie: I understand that the group is scheduled to meet again in January. Will the minister provide an update on what issues will be discussed?

Derek Mackay: The agenda for that meeting has not yet been determined because we determine the agenda and content of these meetings in partnership with the our islands, our future campaign. We are working through a very ambitious work plan with the campaign and will continue to have a dialogue about the plan's content and the agenda itself, which will lead to a prospectus by the summer in advance of the referendum. As well as those on-going discussions, which have been welcomed by the campaign and the three council leaders, dialogue is on-going in the convention of the Highlands and Islands and the Scottish cities alliance.

Rhoda Grant (Highlands and Islands) (Lab): Instead of promising jam tomorrow, will the minister put on the agenda for the group's next meeting issues that can be devolved to the islands just now such as transport to and from them, which will make a huge step change, the real integration of public services and indeed the devolution of powers that the Government already holds? Will he put such issues on the agenda and make progress on them, or are the islands, too, on pause?

Derek Mackay: I can tell Rhoda Grant that the island leaders do not think that the issues are on pause. They welcome and whole-heartedly support the engagement that the Scottish Government is offering.

We are building a prospectus. The island campaign has used the opportunity that the constitutional debate affords to build a package that suits the island areas, which is to be welcomed. We are having constructive dialogue in that regard, in the context of the prospect of independence, because independence is an empowering concept, and this Parliament, led by the Scottish National Party, has been an empowering Parliament.

We will continue to empower local communities, along the lines of the Lerwick declaration, which is about subsidiarity, whereby communities can determine their future. With the transfer of powers from London to Edinburgh, this party and this Government will transfer more powers to local communities in the spirit of the Lerwick declaration, as is outlined in the white paper today.

Liam McArthur (Orkney Islands) (LD): I advise the minister that the convener of Orkney Islands Council does not agree with him. In the joint communiqué that was issued last week, Steven Heddle said:

"The three islands councils maintain their position that there should be legislation within the lifetime of this parliament regardless of the outcome of the referendum".

Will the minister therefore tell the Parliament which areas of policy for which the Scottish Government has responsibility he is committed to devolving to our islands? More specifically, on the crucial area of transport, does the minister think that replacing Orkney's passenger ferry service between Stromness and Scrabster with a freight vessel during January next year is in keeping with the spirit of the so-called Lerwick declaration or the objectives of his island areas ministerial working group?

Derek Mackay: I am delighted that Liam McArthur is being positive, as usual, about the package that is being created for the island areas. He did not complete the quotation from the council leader. About an hour ago, I spoke to the council leader, who has said that he is delighted with the engagement and the offer from the Scottish Government.

I had to double-check what the Westminster Government is offering the island areas right now. Mr Carmichael wanted to make a big impression when he came into office, and he has offered the island areas a ministerial desk—a desk! We are offering the islands empowerment, local control, local community benefit and constitutional protection in an independent Scotland. What a great offer, compared with a ministerial desk for a civil servant in Whitehall.

Let me finish the quotation that Liam McArthur started. Steven Heddle said that the island

councils want progress irrespective of the outcome of the referendum

“whilst respecting the Scottish Government’s political position.”

He respects the position of the Scottish Government, which many people are coming round to. The best prospect of implementing the outcome of the group’s discussion is with the full powers of independence and, in that event, we propose to bring forward a bill for an islands act. It is by the transfer of powers to Scotland that we can further transfer powers to all parts of Scotland, including the island areas. That is why the council leaders in the our islands, our future campaign are endorsing our work plan.

Jamie McGrigor (Highlands and Islands) (Con): The minister knows that I have supported more local decision making for some Scottish islands. I have flagged up with him concerns from constituents that Argyll and Bute Council might miss out on the devolution of powers that it appears will be devolved to Orkney and Shetland in future. Will he provide further assurances on the matter? How will islands such as Islay, Jura and Mull benefit?

Derek Mackay: Mr McGrigor makes a fair point. The prospect of enhanced powers, subsidiarity and decentralisation will have ramifications and consequences for other local authorities and communities. That is why I attended the convention of the Highlands and Islands, engaged with the Convention of Scottish Local Authorities and wrote to local authorities such as Argyll and Bute Council to assure them that the consequences of the positive and dynamic discussion that we are having will benefit all parts of Scotland, in line with the Lerwick declaration.

Independence White Paper

The Presiding Officer (Tricia Marwick): The next item of business is a statement by Nicola Sturgeon. The Deputy First Minister will take questions at the end of her statement, so there should be no interventions or interruptions

14:14

The Deputy First Minister and Cabinet Secretary for Infrastructure, Investment and Cities (Nicola Sturgeon): I will make a statement on “Scotland’s Future: Your Guide to an Independent Scotland”, which is the Scottish Government’s comprehensive guide to an independent Scotland. It was published earlier today and was made available to all members from 10 o’clock this morning.

“Scotland’s Future” runs to 670 pages and 170,000 words. It is the most detailed prospectus for the independence of a country that has ever been published. The Government promised the people of Scotland, and this Parliament, detailed proposals for independence—the opportunities of independence, the benefits for individuals, families, communities and the nation as a whole, and the practicalities of how we move from a yes vote in September next year to becoming an independent country in March 2016. “Scotland’s Future” provides all that detail and more.

I realise that members will need time to read and digest the contents of this landmark document. The Government has therefore made time for a full debate tomorrow afternoon, and I am sure that there will be many opportunities to discuss and debate the detail of it—in Parliament and across the country—in the months leading up to the referendum.

I will set out the key themes of “Scotland’s Future” and provide information on how the Government intends to raise awareness of it, and to ensure that the public knows how to access the guide and the detailed information that it contains.

As members will be aware, the guide is in five parts. Part 1 gives an overview of the compelling case for independence and describes what our newly independent Scotland will look like.

Part 2 sets out the financial strengths of our country, forecasts Scotland’s fiscal position at the point of independence, and makes clear how this Government—if elected in 2016 to be the first Government of an independent Scotland—would deliver our early priorities within sound public finances.

Part 3 details the benefits and opportunities of independence across the entire range of government responsibilities that will transfer from

Westminster to the Scottish Parliament in the event of a yes vote, and it illustrates, through a set of Scottish Government policy choices, how we can start to use the new powers of independence to grow our economy and tackle the inequality that is so unacceptable in our rich country.

Part 4 describes how we will become independent—the negotiations, agreements and preparations that will be required in the transition period between a yes vote next year and independence day on 24 March 2016. It also considers the opportunity that independence will give us to develop a modern, written constitution that is fit for the 21st century.

Finally, part 5 provides a comprehensive set of answers—650 in all—to the range of questions that we have been asked about the practicalities of independence.

I will talk about the contents of each of those parts in more detail. The case for independence that is set out in part 1 rests on three key pillars: democracy, prosperity and social justice. The Scottish Government wants Scotland to become an independent country because we believe that decisions about Scotland should be taken by the people who care most about the future of Scotland—those of us who live and work here. It is better and right that decisions be made here in our democratically elected Parliament than by Westminster Governments that are very often in government despite having lost the election in Scotland. That is the democratic case for independence.

We want Scotland to become independent because we believe that access to our own vast resources and the ability to take decisions that will grow our economy faster are essential to putting our economy and public finances on a strong and sustainable footing, and to ensuring that our country can reach its full potential. That is the economic case for independence.

We want Scotland to become independent because we believe that being part of one of the most unequal countries in the developed world is simply not acceptable and that, with independence, we can choose to do things differently: we can ensure that our children get the best possible start in life and that we have public services to be proud of; we can ensure that the incomes of the lowest paid keep pace with the cost of living; and we can design a system of social protection that invests in the potential of people—one that supports people into work, but which also provides a decent safety net for those who cannot. That is the social justice case for independence.

Part 1 of “Scotland’s Future” also sets out some of the consequences for Scotland if there is a no

vote in the referendum. The fact is that there will be no guarantee whatever of any more powers for our Parliament. There will be a real threat to Scotland’s budget from the review of the Barnett formula that senior politicians in all United Kingdom parties seem to favour, and there will be a real and present risk that Scotland could be taken out of the European Union against our will.

Part 2, on our national finances, demonstrates that we are a wealthy and productive country. With independence, we would be the eighth richest country in the Organisation for Economic Co-operation and Development in terms of output per head of population, and the 10th richest country in terms of income per head. We more than pay our way: estimates show that for every one of the past 30 years—whether oil prices have been high or low—we have generated more tax per head than has the UK as a whole. Our financial foundations are solid and even with a population share of UK debt, our debt to gross domestic product ratio is projected to be lower than the UK’s.

Our starting point is a strong one, but it is just that—a starting point. The real benefit of independence will be the ability that it will give us to shape our own future. Beyond 2016, our future prosperity will depend on the decisions that we make as a nation. That is the whole point of independence—we will have the chance to make different and better decisions for Scotland. We will not simply continue with the same old Westminster policies that have failed us in the past and which will fail us again in the future. Instead, we can take the action that is needed to grow our economy and ensure that we have a growing, healthy and skilled population.

Part 3 sets out exactly how we can start to do that. It provides a comprehensive analysis of the benefits that independence will bring across the entire range of policy areas, and sets out some of the ways in which this Government would use the new powers of independence. I will highlight just a few of those ways.

First, with control of our own resources, we could embark on a transformational expansion of childcare.—[*Interruption.*]

The Presiding Officer: Order.

Nicola Sturgeon: It is our aim that all children from age one to when they enter school will have access to a guaranteed 30 hours of childcare per week for 38 weeks of the year—the same number of hours that children spend at primary school. We intend, by the end of the first session, to have delivered that policy for all three and four-year-olds and vulnerable two-year-olds. The policy will provide our children with the best start in life and will enable many more women to join the workforce to fulfil their potential, provide for their

families and contribute tax revenue to our economy.

That policy will also create 35,000 new jobs. Independence will allow us to ensure that the economic benefits from increased growth and, therefore, increased tax revenues will stay in Scotland rather than flow straight to the Westminster Treasury. That is why we need independence to successfully deliver that ground-breaking policy. *[Applause.]*

Secondly, we would call a halt to the damaging Westminster policies that are pushing so many people into poverty: we would abolish the bedroom tax within a year of the first election to the first independent Parliament. *[Applause.]* We would choose not to proceed with the roll-out of universal credit and personal independence payments. Those programmes are mired in controversy and delay, and will cause misery to some of our most vulnerable citizens. Independence will give us the chance, informed by the on-going work of our expert group on welfare, to build a fair and efficient social protection system that is fit for purpose.

Thirdly, because we know that a fair society needs a strong economy, we will ensure that our business taxes are competitive and support growth. We will do that as part of an industrial and economic policy to grow our economy, boost jobs and increase participation in the workforce.

The paper contains many other detailed proposals for an independent Scotland, including the advantages for our farmers and fishing communities, for broadcasting, for our transport connections and for our universities. It sets out exactly how we will effect the transition from being a member of the European Union as part of the UK to being a fully independent member with a seat at the top table and the ability to protect our national interests. It sets out how the governance of our nation would be underpinned by a written constitution to protect our freedoms and rights. It describes in detail the arrangements that we will put in place to secure and defend the nation. It also sets out our clear aim that, during the first parliamentary session of an independent Scotland, nuclear weapons of mass destruction will be removed from our country once and for all. *[Applause.]*

Those are just some of the benefits of Scotland's becoming an independent country. Part 4 sets out how we will make the transition from a yes vote in the referendum to becoming that independent country in March 2016. It describes the preparations and the legal processes that will be required, and the range of negotiations that we will have with Westminster, the European Union and other international partners. The subjects that those negotiations will cover will include

arrangements for the sterling area, equitable division of assets and liabilities, seamless delivery of public services across Scotland and the rest of the UK, and our continued membership of the EU and other international organisations. On all those, we have set out reasonable, rational and commonsense proposals that are in the interests of Scotland and of the rest of the UK.

Part 5 answers the range of questions that have been asked of us in recent months. That extensive and detailed "Q&A" section, which is fully searchable online, will be a valuable resource for everyone in Scotland as well as for everyone in the Scottish Parliament.

Our guide to independence is intended for the public. We want as many people as possible to read it, so let me turn to what we will do to ensure that everyone in Scotland has the opportunity to read it. The guide has an initial print run of 20,000 copies, but it will be made available to everyone who requests a copy. It has been designed to be as accessible and reader-friendly as possible. A summary document is also available in print and online. A fully searchable document is available at www.scotreferendum.com and reference copies will be available in local libraries. An e-book version is available on the scotreferendum website and from the iTunes store and Amazon. Anyone who wants a hard copy can request one by sending an email to referendumwhitepaper@scotland.gsi.gov.uk or phoning 0300 012 1809. Copies for individuals in the UK will be free, while bulk and overseas orders will attract a charge of £10 plus postage and packaging. *[Interruption.]*

The Presiding Officer: Order.

Nicola Sturgeon: A public information campaign that will use radio, press and outdoor advertising will be launched later this week, and an information postcard will be sent to every household to advise people how they can access the guide.

The total cost of the public information campaign will be £450,000. A final figure for the printing of the document itself will not be available until we know what the final demand for hard copies turns out to be, but I will, of course, update Parliament on that in due course.

In the 1997 devolution referendum, alongside publication of the white paper, a leaflet was posted to every household and a promotional video was produced by the then Scottish Office. There is therefore a clear precedent for public information activity on the scale that is proposed.

We face an historic year in Scotland. Two key dates are now firmly established: 18 September 2014, when we will choose our future, and 24 March 2016, when we will—I believe—become an

independent country. I believe that, with its comprehensive set of answers about the practicalities of independence and its detailed proposals on the benefits of independence, "Scotland's Future" will now be the document that drives the debate. It sets out the vision and the detailed plan.

There is simply no equivalent from the no side. With "Scotland's Future" providing the positive case for a yes vote, the absence of detail and vision from the no side will no longer be enough. Today's publication changes the dynamic of the debate. The challenge is now for those who oppose independence to move beyond project fear and to give us their vision for Scotland's future, and to answer the important questions about what will happen to Scotland if we do not vote yes.

Our message to the people of Scotland is this: take the opportunity to read "Scotland's Future", consider the positive opportunities that independence offers our country, compare and contrast it with the relentless negativity of the other side and make up your own mind. As of today, Scotland's future really is in Scotland's hands. *[Applause.]*

The Presiding Officer: Thank you. Order.

The Deputy First Minister will now take questions. I intend to allow 30 minutes for questions, after which we will move to the next item of business. It would be helpful if members who wish to ask a question would press their request-to-speak buttons now.

Johann Lamont (Glasgow Pollok) (Lab): What we have today does not mark the beginning of the end of the United Kingdom, but perhaps it marks the beginning of the end of the yes campaign. The white paper has 670 pages, but they are 670 pages of assertion and uncertainty, amplified by a statement from the Deputy First Minister that was a full exercise in assertion without evidence.

There is still no guarantee on the currency, and the much-vaunted legal opinion on our EU membership is noticeable only by its absence. The headline offer is another promise on childcare that the Scottish Government could deliver now but refuses to do so. Children are being denied the chance of proper care until their parents vote the way that the Scottish National Party wants them to. How cynical is that?

Beyond today's events, the fundamental questions remain unanswered. Does not the Deputy First Minister accept that she cannot guarantee Scots what currency they would have for their wages, mortgages, pensions and savings because her plan is to rely on the good will of the rest of the United Kingdom, who are the same

people whom she claims are doing us down and that is why we need to leave the United Kingdom in the first place? Of course, the Deputy First Minister says that if Scotland is not allowed to keep the pound, we shall simply default on our debts. The reality is this: the SNP is asking for a divorce but wants to keep the joint bank account. So, is plan B simply to do a runner? *[Interruption.]*

The Presiding Officer: Order.

Nicola Sturgeon: It is good to know that on this important day for Scotland, Johann Lamont is her usual cheery self. *[Interruption.]*

The Presiding Officer: Order.

Nicola Sturgeon: One thing that is absolutely certain in this referendum debate is that whenever she gets the opportunity, Johann Lamont manages to strike entirely the wrong tone and note. It really does not surprise me to hear Johann Lamont's questions; I could have written her script at any time over the past few weeks. There was an article in *The Spectator* magazine a couple of weeks ago saying that it had already seen the no side's rebuttal to the white paper, even before it was published. So, we know what the no side will say; it is hardly a surprise that they are trying to persuade people to vote no.

I will address the two substantive issues that Johann Lamont raised. On the European Union, we set out in "Scotland's Future" a clear, reasonable and rational position that is fully consistent with our legal advice, and which shows how Scotland will make the transition from being a member of the EU as part of the UK to being an independent member of the EU and able to represent properly our national interests. I point out to members that the only risk that exists right now to Scotland's membership of the European Union is the in/out referendum that David Cameron offers, which risks taking us out of the European Union against our will.

On currency, I make it very clear to Johann Lamont—in case she has missed it—that Scotland will continue to use the pound, which is as much ours as it is the rest of the UK's. That position is not just put forward as a reasonable and rational position in the interests of Scotland; it is put forward because it is also a reasonable and rational position in the interests of the rest of the UK, for three reasons, the first of which is our trading relationship. Scotland is the rest of the UK's second-biggest export market; it exports £60 billion of goods into Scotland. It would make no sense for a Westminster Government to force its own businesses into a separate currency.

The second reason is our massive contribution to the UK's balance of payments. If we take our £40 billion of oil and gas exports out of the UK's balance of payments, it will leave rather a big hole

that would be extremely damaging to a sterling currency.

The third reason is a point to which Johann Lamont alluded. I am not making any threats; I leave that to the other side in the campaign. I simply make the point that, in any sensible negotiation, we talk about assets and liabilities. I think that Scotland should take a fair share of the liabilities of the UK, but I also think that we should get a fair share of the assets. We cannot have one without the other.

Ruth Davidson (Glasgow) (Con): The people of Scotland have been waiting a long time to get answers on what independence might look like. I think that people right across the country will have looked at the launch of the white paper today and thought, “Is this it? Is this why we should break apart a United Kingdom that Scotland has spent 300 years helping to build? Is this why we should sacrifice one half of our shared nationhood and our dual identity? Is this why we should walk away?”

The truth is that there was little that is new—little that we had not heard here before—except the pledge on childcare. For six years, the Deputy First Minister has sat in a Scottish Government with full powers over childcare, and for six years the Scottish Conservatives, the Labour Party and the Liberal Democrats have been urging her Government to give Scottish families more help with childcare. Now, suddenly, after six years, we get this promise.

It is illuminating that, when the Deputy First Minister was asked this morning why, in six years, she had not helped families in that way when she had the powers to do so, she answered that she had not helped when she could have done so because the tax receipts of women going back to work would have gone to the UK Treasury.

If the Deputy First Minister wants to prove that the pledge is not retail politics and is not jotted down on the back of a fag packet, can she tell us how much the policy would cost? How much, per year, will 1,140 hours of childcare for all children from the age of one to school age cost, and why is the costing not in the document?

Nicola Sturgeon: First, I tell Ruth Davidson that I will be happy to allow the people of Scotland to judge the document. That is why we are taking great pains to make sure that everybody has access to a copy. I said in my statement that our message is, “Read the document and make up your own minds.” The question for the other side of the debate is, “Where is your equivalent?” We now have the case for independence. Where is the case for the no proposition?

On the specific issue of childcare, it is interesting that Ruth Davidson has come to

Parliament and completely distorted a quotation that I gave on the radio this morning—but we will put that to one side. The fact of the matter is that this Government has been increasing childcare provision throughout our time in government, and we are continuing to do it right now. However, if we want to make not just incremental increases but a transformational change in provision of childcare, we need to access the increased revenues that will flow from that policy. If we were able to bring our levels of female participation in the workforce to the level of, say, Sweden—a comparable independent country—we would have increased tax revenues in the region of £700 million every year. That is the kind of revenue that would fund that policy. That is why we need independence to do that.

If Ruth Davidson was watching—I am sure that she was—the live stream of the launch this morning, she will have heard me give the answers to the question about costing. Part 2 of the white paper sets out how we will deliver our priorities within sound public finances, with £100 million within our first budget for phase 1 and £600 million by the time we get to the end of that first session of Parliament. By then, we will see the increased revenues from more women being able to participate in the workforce. It is the kind of ambitious, transformational and life-changing policy that independence will give us the ability to implement. If the Opposition would raise their sights and their ambition, they might find it within themselves to support it.

The Presiding Officer: I advise members that 20 members wish to ask questions. It is unlikely that I will get through everybody, but if the questions and answers are brief, we might make considerable progress. I remind members that we will be having a debate tomorrow, so I ask them to keep the questions as questions, and to keep the answers as brief as possible. Thank you.

Bruce Crawford (Stirling) (SNP): The thing that excites me most about independence is the opportunity to make transformational changes to our society and our economy. That is why I welcome the commitment to childcare in “Scotland’s Future”. Can the Deputy First Minister provide more detail about how, with independence, we can transform childcare provision in Scotland, and explain to the doomsayers in the better together campaign how the policy will help Scottish families and the Scottish economy, and help create jobs to boot?

Nicola Sturgeon: Bruce Crawford asks an excellent question. He highlights exactly what people out there want to hear and want to know. They want to know what the benefits of independence will be to them, to their families and to their communities. This childcare proposal will

benefit families the length and breadth of the country. It will give our youngest people—our children—the best start in life, and it will give parents, particularly women, the opportunities to participate in the workforce that many of them are priced out of now because of the prohibitive costs of childcare. It will also grow the economy and increase revenues, allowing us to make the policy affordable and sustainable.

Incidentally and into the bargain, delivering that kind of transformational policy will create 35,000 new jobs for the people who are needed to look after the children. That is the kind of ambitious policy that I believe will galvanise the campaign and be at the heart of the debate as we move towards the referendum.

Drew Smith (Glasgow) (Lab): Does the Deputy First Minister accept that the people of England, Wales and Northern Ireland have the right to say no to a eurozone-style currency union? Is she listening and hearing the many voices from England, Wales and Northern Ireland that are saying that it is seriously unlikely?

Nicola Sturgeon: I hear the no politicians say that because they are in a campaign to persuade people to vote no, so it hardly comes as a surprise.

We are not talking about a eurozone-style shared currency. Scotland and the rest of the UK have been described by a range of eminent experts as a optimal currency zone, unlike the eurozone in which the richest parts of Germany and the poorest parts of Greece co-exist within one currency.

The reasons why I believe that this is the right policy are not just because it is in the best interests of Scotland, but because it is in the best interests of people in other parts of the UK. Perhaps those who are on the other side of the argument would care to take the time to explain why on earth a Westminster Government would want to say to its own businesses that export into Scotland, “No, no. Scotland wants to stay in a currency with you but we will force you into paying the transaction costs and losing the jobs that would come from a single currency.” Why would a Westminster Government take out of its balance of payments the £40 billion that flows from our oil and gas exports?

This is a sensible, commonsense, rational, reasonable proposition, which is perhaps why the no campaign does not recognise it.

Linda Fabiani (East Kilbride) (SNP): As we know, Westminster continues to cut UK civil service jobs in contrast to the Scottish Government's policy of no compulsory redundancies. That affects my East Kilbride

constituency, so what does “Scotland's Future” say about improving job security?

Nicola Sturgeon: I refer Linda Fabiani to two parts of the white paper. Page 365 in part 4 details workforce issues such as the transfer of civil service and public service employees from UK Government employment to Scottish Government employment, where they will get the benefit of our no compulsory redundancy policy, which the UK Government does not have.

Given her constituency responsibilities, Linda Fabiani might also be interested in page 49 of the document, which makes it clear that Scotland's military headquarters will be at Faslane, but the delivery functions will be at East Kilbride. I am sure that the member will find that to be of interest.

Willie Rennie (Mid Scotland and Fife) (LD): I like optimism as much as the Deputy First Minister, but she must be the only person on the planet who believes that there is not one single downside to independence that is worth mentioning in the white paper, and that dozens of other countries and organisations will agree to every single one of her demands on the currency, on NATO, on the European Union, and so much more. Yet if she is wrong, that is the gamble that she will have taken and the gamble that Scotland will pay the price for.

One area in which the Deputy First Minister is definitely wrong is childcare. The Scottish Government has the worst childcare arrangements in the British Isles, yet the Deputy First Minister has said that she is delaying the introduction of early education for two-year-olds until after the referendum, even though it is already being delivered by the powers in England. She has the powers now, so why the delay?

Nicola Sturgeon: In response to the first part of Willie Rennie's question, I say that we, like every other country, live in a world that is at times difficult, challenging and uncertain. However, I believe that for this and every other country in this uncertain world it is better to be in the driving seat of our own destiny than to leave the decisions to be taken elsewhere. That is why I believe that in any circumstances it is better to be independent.

I forgot to use two words in describing a currency union. Those two words were “logical” and “desirable”. They are not my words; they are the words that Alistair Darling used when he was telling the truth about it, before the no campaign got hold of him and made him change his tune.

Willie Rennie is wrong about the Scottish Government's childcare position. I seem to recall that his UK leader, Nick Clegg, the Deputy Prime Minister of the UK Government, was at one point forced to speak out against his Government's childcare policy. We are making progressive

changes to the provision of childcare, but we want to transform it. If Willie Rennie has been listening to this session so far—I am sure that he has—he will know that we need the powers of independence to provide that policy, grow revenues and allow those revenues to make that policy sustainable and affordable. I believe that that policy will capture the imagination of people around Scotland and, given his creditable track record on this issue, Willie Rennie would be better advised to get behind it.

Graeme Pearson (South Scotland) (Lab): What discussions has the Deputy First Minister had with her opposite numbers at Westminster on the delivery of national security? The document indicates that the Government's "first responsibility" is to reflect MI5, MI6, the Government Communications Headquarters and measures to deal with national cyberthreats with a "security and intelligence agency". Will she give us confidence on her costings?

Nicola Sturgeon: I know that Graeme Pearson, with his interest about and expertise on these issues, will be interested to read the document from page 261 onwards, which sets out proposals around security and intelligence, including the establishment of a new security and intelligence agency.

I am glad that Graeme Pearson raised the issue of discussions with Westminster counterparts. I have said repeatedly, and I say again today, that I would welcome discussions with UK counterparts about how we take forward negotiations in the event of a yes vote next year. I do not expect that we should pre-negotiate the entire independence settlement, but it would be in everybody's interests for us to have sensible discussions. The Westminster Government's position is that it is not prepared to have those discussions. If Graeme Pearson wants to take up the matter with the Westminster Government and encourage it to change its tune, I would be very happy for him to do so. I, the Scottish Government and the entire civil service are at its disposal to sit down and talk about these issues any time it likes.

Aileen McLeod (South Scotland) (SNP): Does the Deputy First Minister agree that at a time when the UK Government is seriously contemplating withdrawal from the EU, Scotland's future in the EU can be guaranteed only by independence and that under any scenario, an independent Scottish Government taking its place at the EU top table is the only way to ensure that Scotland's best interests are represented in EU legislative and policy decisions?

Nicola Sturgeon: I make two points in response to Aileen McLeod's vital question about Scotland's representation in the European Union. First, our interests would be much better served by

independent membership of the European Union. Anybody who doubts that need only speak to Richard Lochhead, who I am not sure is in the chamber, about the disgraceful situation around agriculture payments over the past few weeks, when Scotland's interests were not served by the UK Government.

The second point is absolutely the correct one. The risk to Scotland's membership of the European Union is not independence; the risk is the in/out referendum that is being proposed by David Cameron, the Conservatives and the UK Government. If Scotland does not become independent, there is a very real risk that, in that referendum, the UK as a whole will vote to come out, Scotland will vote to stay in and we will be taken out of the European Union against our will, with all the serious implications that that will have for our economy. That is the risk to Scotland, and that is one of the many reasons why we should vote yes in next year's referendum.

Jackie Baillie (Dumbarton) (Lab): The Deputy First Minister will know that pensions make up about 40 per cent of the social security budget, but there was not one word about pensions in her statement. Is that because she has no answers? There are no answers on how cross-border pension schemes will be funded, no answer to the fact that pensions will cost more in Scotland due to the population ageing at a faster rate and no answer on the cost of pensions overall. *[Interruption.]*

The Presiding Officer: Order.

Jackie Baillie: Is it not the case that the Office for National Statistics, the National Records of Scotland, the Institute for Fiscal Studies, the Scottish Government's fiscal commission and even John Swinney have acknowledged that maintaining pensions in an independent Scotland would present a huge problem? Is it not true that the pensioners in Scotland face a stark choice? They can either believe the facts from experts or believe the assertions from the SNP.

Nicola Sturgeon: I know that it has been only a few hours since the white paper was published and Jackie Baillie may not have had time to read it yet, but I recommend to her pages 138 onwards, which set out in detail the position around pensions. *[Interruption.]*

The Presiding Officer: Order.

Nicola Sturgeon: Let me give her just some highlights:

"current pensioners will receive their pensions as now, on time and in full. Accrued rights will be honoured and protected";

and:

"planned reforms will be rolled out ... including the introduction of the single-tier pension".

In addition, the triple lock will be guaranteed for the first term of an independent Parliament. No such guarantee currently exists from Westminster.

Let me make a couple of other points about pensions. Right now, we pay a smaller proportion of our GDP on social protection, including things such as pensions, than is the case for the UK as a whole, so we start from a stronger, more affordable position. We have an ageing population, but we are not unique in that and, actually, that is a good thing and something that we should celebrate, not moan about. We can argue about whether having an ageing population is a more acute problem for Scotland than for other countries. Actually, the proportion of our population over pension age is increasing at a slightly lower rate than in the UK—if we look at the whole dependency ratio, it is better; if we look at the dependency ratio just for pensioners, it is slightly worse.

The key point is this: what do we do about that? The way to deal with and support an ageing population is to grow the working-age population. How do we do that? We attract immigration rather than follow the UK Government's policy, which is, for example, to get rid of the post-study visa. We take measures to grow our economy, to create jobs, to grow tax revenues—that is how to deal with and support an ageing population. We will be far better able to do that with independence than we will be as part of the union.

Stewart Maxwell (West Scotland) (SNP): Does the Deputy First Minister agree that one of the biggest gains of independence will be a social security system that is in line with the wishes of the people of Scotland? Can she outline what measures are set out in the white paper to achieve that fair and prosperous future?

Nicola Sturgeon: I refer the member to part 3, chapter 4, of the white paper, where our proposals on welfare and social protection are set out. I agree that the Westminster assault on our welfare state is one of the many reasons for supporting independence. Our welfare state, cherished by all of us, is being dismantled by the Westminster Government before our very eyes. If we want to protect that, the best way to do so is to vote yes.

We set out some very clear policies in the white paper. We will abolish the bedroom tax within the first year of being elected as the first Government of an independent Scotland. We will take the decision not to proceed with universal credit and personal independence payments. Those programmes are mired in controversy, delayed and seriously damaging to some of the most vulnerable in our society. We will build on the work

that is being done by the expert group on welfare to ensure that we can design a social protection system that is fit for Scotland's purposes and helps people into work but provides the decent safety net for those who cannot work that I believe we all want to see.

Iain Gray (East Lothian) (Lab): On page 305, the white paper says that the Scottish Government would look to establish an oil fund immediately upon independence to stabilise the economy, but it does not say where the money for that fund will come from.

Members: Oil! *[Laughter.]*

The Presiding Officer: Order. Let us hear the member.

Iain Gray: I think that members will find that it does not say where the money for the fund will come from. The question is: will it come from increased taxation or cuts in public spending? Alternatively, does the SNP seriously propose, as is rather implied, to borrow the money to save in an oil fund, in the world's biggest payday loan? Surely that is not the common sense that is so beloved of the Deputy First Minister.

Nicola Sturgeon: Norway established its oil fund some years before it started paying into the oil fund. In case Iain Gray has forgotten this fact, I remind him that independent Norway now has an oil fund of £450 billion. That is one of the very big benefits of being independent.

I think that Iain Gray knows the answer to his questions, because I am sure that, being the careful and prepared person that he is, he has read the fiscal commission's work on the oil fund. The commission proposes an oil fund with two purposes. One is to smooth the volatility of oil revenues. We would make a cautious forecast of oil revenues and, when the actual revenues exceed that, we would put the excess into an oil fund. Secondly, we would have an oil fund with the purpose of saving for future generations, which is something that Westminster Governments over generations have failed to do. We would start paying into that when the deficit reached a point below 3 per cent.

That is very clear, but the key thing is that, if we leave Westminster in charge, for the next however many years, our oil revenues will be squandered in the same way as they have been squandered for the past 40 years, whereas, if we are independent, we can steward them for the future. That is yet another reason to vote yes and become independent.

Annabel Goldie (West Scotland) (Con): Whatever Alex Salmond says, an independent Scotland using the pound will not be under his control; it will be under the control of a foreign

country. At page 111, the white paper concedes the possibility of “a different arrangement”. Will the Deputy First Minister please clarify what the different arrangement will be if the currency negotiations to use the pound fail? Will it be the euro, the groat or the Aberdeen dollar? What is plan B?

Nicola Sturgeon: The point that Annabel Goldie draws attention to about different arrangements simply acknowledges that, in future in an independent Scotland, some parties might take a different view on the best currency arrangement for Scotland. I see Patrick Harvie here in the chamber, and I know that, as recently as the 2010 general election, Willie Rennie’s party still had entry to the euro as its preferred currency option. Clearly, there are differences of opinion in the no campaign on the best currency option. Our firm view is that a shared currency is in the best interests of Scotland and of the UK. I would have thought that Annabel Goldie, whose party gave Alistair Darling such a warm standing ovation when he came to its conference, would agree with Alistair Darling that a shared currency is both “logical” and “desirable”.

Patricia Ferguson (Glasgow Maryhill and Springburn) (Lab): Will the Deputy First Minister advise the Parliament what discussions have taken place with EU member states to back up the statement that, to ensure that the current UK obligations and provisions apply to an independent Scotland,

“the necessary Treaty amendments will be taken forward with the agreement of member states”?

In the event that the consent of EU member states has not already been obtained, does she agree that it would be more honest for the document to explore what concessions might have to be made to secure EU membership? Which of the UK opt-outs would she be prepared to concede in order to ensure Scotland’s membership?

Nicola Sturgeon: We have discussions with EU members on a range of issues and on a range of occasions. For example, over the next few days, Fiona Hyslop will brief the consular corps on the content of the white paper. She will be as aware as I am that no other European member state would want to be seen to say anything that could be deemed to be interfering in the domestic debate that Scotland is having.

To go back to an answer that I gave earlier, we would be happy to sit down and discuss these matters with the European Commission, but it has made clear that such discussions would have to be initiated by the member state, which is the UK. That takes us back to the point that the UK Government, for reasons best known to itself, does not want to discuss the issues, perhaps

because it knows that the Scottish Government’s position is sound.

The question that the no campaign has to answer is why on earth any member of the European Union would not want Scotland to continue in membership. Scotland is a contributor to the European Union in many, many different ways. *[Interruption.]*

The Presiding Officer: Order.

Nicola Sturgeon: It would be in the interests of Scotland and other EU members for that contribution to continue.

On Patricia Ferguson’s question on opt-outs, I am sure that, if she has not already done so, she will read the detail on that in the white paper. We argue for a transition on the basis of continuity of effect. We are not asking for special arrangements to apply to Scotland; we are arguing for the arrangements that apply to us now as part of the UK to continue when we are an independent country. That is a reasonable and sensible position, as are all the positions that are laid out in the comprehensive document published today.

Annabelle Ewing (Mid Scotland and Fife) (SNP): What analysis is provided in the white paper as to the opportunities of independence to reverse the trend of widening inequality, which has been presided over by successive Westminster Governments of whatever political hue decade in and decade out?

Nicola Sturgeon: One of the reasons why we need power over the levers of social and economic policy is to deal with the inequality gap in the UK. I have already spoken about the childcare proposal, which would have a huge effect over time on raising attainment and dealing with some of the inequality gap. We also set out proposals to ensure, for example, that the minimum wage, tax credits and benefits rise at least in line with inflation. That is important because it would stop the lowest-paid in our society falling further and deeper into poverty.

There are a range of measures in the white paper that will address the inequality gap in Scotland, not overnight but over time, and help to make our country not only wealthier but fairer. That ambition for a wealthier and fairer country drives everything in the white paper and our support for the independence that we seek.

Patrick Harvie (Glasgow) (Green): I would love to fund a childcare revolution by scrapping the weapons of war instead of cutting other public services. *[Applause.]*

The Presiding Officer: Order.

Patrick Harvie: However, even if the better together parties do not share the desire for the

freedom to make that choice, does it not show the depths to which they have sunk that they describe that proposal as a childcare bribe? Since when did any politician with any integrity describe public services in such demeaning terms?

Nicola Sturgeon: I agree 100 per cent with Patrick Harvie on that. It is a sign of what things have come to when we have not only Conservative politicians describing public service policies such as universal childcare in those terms—which, perhaps, does not come as a huge surprise—but Labour politicians queueing up to join them in doing so. That is the better together Labour-Tory alliance that wants to hold Scotland back. I am proud to be part of a cross-party yes campaign that wants to take Scotland forward to a better future.

Fiona McLeod (Strathkelvin and Bearsden) (SNP): I am sure that, like me, the Deputy First Minister believes that democrats across the chamber and throughout Scotland will be incredibly excited by the opportunity that independence gives Scotland finally to have a written constitution. Given the historic and social significance of that, I ask her what thoughts have been given to making writing that constitution a truly participative process, with innovative engagement techniques, so that everyone can feel and be part of the process.

Nicola Sturgeon: Fiona McLeod raises one of the genuinely exciting opportunities of being independent: the opportunity to design a written constitution. We are one of the few countries in Europe, certainly, and the world that does not have a written constitution that sets out clearly the relationship between the citizen and the state and which protects our freedoms and rights.

The Government has been clear about the kinds of things that it would want to be in that written constitution—social and economic rights and a ban on nuclear weapons, for example. However, it should be written not by the Scottish Government but in a collaborative and participative way. Part 4 of the white paper sets out that process, but it should be determined by the independent Scottish Parliament elected in 2016. If we get the yes vote and become independent, I look forward to being part of—but only part of—that exciting process.

Duncan McNeil (Greenock and Inverclyde) (Lab): Only 12 days ago, the Deputy First Minister said that shipbuilding is dear to her heart and vital to the Scottish economy. However, 150,000 words later, can the 35 words in the document that refer to shipbuilding in any way match up to a new future or even to a sustainable future? Where are the assurances and guarantees to my constituents who work in Govan, Scotstoun and Rosyth that the industry will have a secure future in an independent Scotland?

Nicola Sturgeon: Shipbuilding is dear to my heart, which is why I always avoid taking any opportunity to use it as a political football. I think that shipbuilding is more important than that.

The white paper sets out what the initial procurement requirements will be for independent Scottish defence forces. It talks about something that has been talked about far too little within the Westminster system: diversification in terms of defence and the shipbuilding industry.

I will repeat what I have said previously. Following independence, the Clyde will remain the best place to build the type 26 frigates. Alistair Carmichael said that article 346 of the European Union treaty somehow prevented the UK Government from placing those contracts on the Clyde. I hope that he now regrets saying that, because, just a couple of weeks ago, he sat in a House of Commons committee next to a defence minister who contradicted him by saying that there is nothing that prevents the contracts from being placed on the Clyde.

The contracts will come to the Clyde because the Clyde is the best place to build those ships and has the best people and the best facilities to do so. Further, given the details that are set out in the white paper, it would make sense, post independence, for that to be a joint procurement process. Remember, joint procurement, in terms of cost effectiveness, is what the UK Government goes on about all the time.

Jim Eadie (Edinburgh Southern) (SNP): Following a yes vote, what further steps will the Scottish Government take to realise Scotland's ambition to be an active and good global citizen?

Nicola Sturgeon: The section of the document that deals with international relations and defence sets out in detail our commitments on international aid. Just as, I believe, we have a responsibility to the poorest in our country, so too, as a relatively rich country, we have a responsibility to the poorest around the world.

We have set out in the document our commitment to ensuring that 0.7 per cent of gross national income is secured for international aid, and a range of other ways in which we would work with international partners to be that good global citizen and help to tackle global poverty and build on the world-leading work that this Parliament has already done on climate change. The opportunities of independence in that regard are many and varied.

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): I welcome the cabinet secretary's aspirations on childcare, although I would give more emphasis to two-year-olds and would do it now. However, how could she deliver that or any of her other spending wishes with a neo-liberal

economic policy, higher interest rates and a hope-for-the-best relationship with the rest of the UK?

Does the Deputy First Minister realise how absurd the Government looks when the white paper says that the Bank of England will continue to be the lender of last resort? Does she not understand that, even if there were a currency union, there would be no fiscal independence, contrary to what she said on the radio this morning? Is she not leading project wish against project reality, as will become increasingly clear in the months ahead?

Nicola Sturgeon: I understand the vehemence with which Malcolm Chisholm makes his argument because, as someone who has the greatest of respect for Malcolm Chisholm, I have a sneaky wee feeling that he does not believe it in his heart of hearts and that, actually, he will be as inspired by the white paper as I am. [*Laughter.*]

The Presiding Officer: Order.

Nicola Sturgeon: I do not know where the high interest rates that were chucked into that question came from. Perhaps Malcolm Chisholm has been reading the project fear playbook a little too much. [*Interruption.*]

The Presiding Officer: Order, Mr Bibby.

Nicola Sturgeon: Independence offers us the opportunity to take the steps that will get Scotland's economy going and will create jobs that create wealth that we can share more equally in order to deal with the inequality that I know that Malcolm Chisholm loathes as much as I do.

I have not yet given up hope—and will not give up hope before 18 September next year—of getting Malcolm Chisholm on to the yes side of this debate, which is where I believe that his heart lies.

Margo MacDonald (Lothian) (Ind): I congratulate the Government on producing a very workmanlike document, which I hope will start many of the debates that we should have in Scotland. I also gently say that Nicola Sturgeon should not dismiss what Malcolm Chisholm said, because a lot of us feel that this looks too easy. We know that it will be difficult, which is where we get to negotiations.

When we talk about negotiations, should we not think of tapping into all the talent and experience in Scotland after the yes vote? There are people who have been front benchers and in Cabinets, and there are people who have done international negotiations—they are called Gordon Brown and Alistair Darling; I would leave out one or two others. I seriously urge the Government to think of the whole country and not just the Scottish National Party.

Nicola Sturgeon: I made a speech about a year ago in which I set it out clearly that, although this Government—as the democratically elected Government of Scotland—would lead the negotiations if we got a yes vote, we would do so as part of a team Scotland approach. I would very much want people such as Alistair Darling, Gordon Brown and Margo MacDonald to be in the negotiations with us, to ensure that all of us on Scotland's side get the best deal that we can for Scotland.

That is a key point in the debate. We will have the yes/no debate passionately over the next few months and members will be on opposite sides. However, the minute that Scotland votes yes, we will stop being on opposite sides and we will all be on the same side, when we will have the opportunity to take our country forward. I agree 100 per cent with the proposition that Margo MacDonald made.

Christina McKelvie (Hamilton, Larkhall and Stonehouse) (SNP): Given that women in Scotland need to worry just as much about the sticky floor as the glass ceiling, what proposals does the white paper set out to increase female participation in the workforce? What impact would those proposals have on the economy of an independent Scotland?

Nicola Sturgeon: I have spoken at length about the childcare proposal, which would do great things to help women to participate in the workforce. We have also talked about what we would do to increase women's representation on company and public boards—we would legislate for that if necessary.

Under independence, a practical transfer from Westminster to the Scottish Parliament will be of legal responsibility for equality issues. That is perhaps one of the little things in the white paper that will not get the headlines but which is absolutely worth supporting.

The Presiding Officer: That ends questions to the Deputy First Minister on her statement.

Public Bodies (Joint Working) (Scotland) Bill: Stage 1

The Presiding Officer (Tricia Marwick): The next item of business is a debate on motion S4M-08389, in the name of Alex Neil, on the Public Bodies (Joint Working) (Scotland) Bill. I advise members that time for the debate is extremely tight. I ask members to keep to their time limits, which will allow us to call all the members who are to speak.

15:12

The Cabinet Secretary for Health and Wellbeing (Alex Neil): I am pleased to open the stage 1 debate on the Public Bodies (Joint Working) (Scotland) Bill. I thank Duncan McNeil and the Health and Sport Committee for their scrutiny of the bill and for preparing their stage 1 report, which contains interesting and welcome recommendations. I also thank the Local Government and Regeneration Committee, the Finance Committee and the Delegated Powers and Law Reform Committee for their consideration of the bill and for contributing to the Health and Sport Committee's scrutiny of the bill.

I am grateful to partner organisations across the national health service, local government and the third and independent sectors and to the broad range of stakeholder working groups that have helped the Scottish Government to develop the policy that is reflected in the bill, and I thank the organisations and individuals who provided oral and written evidence at stage 1. I am sure that the Parliament will wish to join me in welcoming those contributions. By definition, integrating health and social care requires a good team effort, and that is exactly what the work by a wide range of people and organisations represents.

I am pleased that the Health and Sport Committee welcomed the bill in its stage 1 report and recommended that the Parliament should approve the bill's general principles. The committee asked a number of questions on specific issues and asked for further clarification on a range of points. I am grateful for the committee's careful scrutiny, to which I have responded in my reply to the stage 1 report.

I will begin this debate by capturing once again the essence of what this legislation is about, why it is needed as a matter of urgency and why the principles that underpin it command widespread support.

The 2011 census showed us that, for the first time, Scotland's population included more people aged over 65 than people aged under 15. We all know that that statistic represents an extraordinary

achievement on the part of our health and social care services, which have helped to enable so many people to live longer, healthier lives in Scotland.

However, I need remind no one of the challenges that an ageing population brings as we consider how best we should plan and deliver services in the future. In particular, as more people live longer with multiple conditions and complex needs, we must make sure that the health and social care support on which their wellbeing relies works seamlessly, effectively and efficiently.

That is why we are integrating health and social care: to improve outcomes for the growing numbers of people who need both health and social care support, most of whom have multiple complex needs, some of whom are older and all of whom should have access to the right care, at the right time and in the right place.

Too often, people are admitted to hospital or to a care home when care provision and support in the community would result in better outcomes for them. Too often, the system is not configured to provide the right care in the right place at the right time.

Maureen Watt (Aberdeen South and North Kincardine) (SNP): On that point, does the cabinet secretary agree that adaptations to housing provided by registered social landlords and community transport are just as important to the integration of health and social care?

Alex Neil: Absolutely. It is very important that vital services such as housing and transport are actively involved in partnerships and that they feed into the design and commissioning of the services that we are talking about.

Too often, people's independence and wellbeing are diminished too early or to too great an extent by an overreliance on institutional care.

We all accept that it is our responsibility as a Parliament to tackle these challenges, not least because the costs and consequences are not limited to the individuals involved. The consequences of our failure in Scotland to use different types of care and support to best effect undermine our entire health and social care system and are shared by everyone as public sector resources are spent on activities that do not deliver maximum possible benefit.

The solution to many of these challenges is strong, effective leadership—from clinicians and care professionals, from people working in the national health service, local government and the third and independent sectors and, by no means least, from parties and Parliament itself, which is why this legislation is necessary and important.

This Government is committed to establishing a public service landscape in which different public bodies are required to work together and with their partners in the third and independent sectors to remove unhelpful barriers and use their pooled resources for the greater benefit of patients, service users, carers and families. That is fundamental to the ethos and ambition of this bill.

I will now spell out some context for the bill's provisions. As I have stated—and as the stage 1 report by the Health and Sport Committee reiterates—there is a clear need for legislation to provide the framework for driving forward change, because not enough progress has been made under the current permissive legislation.

The purpose of this bill is exactly that: to establish that framework for integrating health and social care and to improve the quality and consistency of services by focusing on improving outcomes for service users, carers and their families.

The bill will foster an environment that encourages constructive culture change by requiring health boards and local authorities to establish integrated partnership arrangements and to work more closely together day to day and via medium and short-term joint strategic planning arrangements.

Evidence shows us that effective integration depends particularly on four key features. First, local systems must plan together for shared populations of need; in other words, health and social care with their third and independent sector partners must plan for people with complex needs together, not separately and in isolation from one another. Secondly, resources must be pooled to deliver population-based plans, which is why integrated budgets will be so important. Thirdly, clinicians and other professionals must be closely involved in and lead the design and planning of local services. Fourthly, both local and national leadership must be strong, effective and consistent. The bill is built directly on those four features of well-integrated systems.

With regard to overarching arrangements for integration, the bill provides for local flexibility and leadership to determine which approach to integration is most appropriate to local circumstances. Two models are provided: delegation between partners—or, in other words, lead agency arrangements—and delegation to a body corporate. It will be up to each area to decide which is appropriate for them.

Having set up the integrated partnership arrangement, health boards and local authorities will then be required to delegate adult health and social care functions and budgets to the integrated partnership. By bringing together integrated

governance, integrated strategic planning and integrated budgets, we will create the environment not only for improving outcomes but for greater financial accountability by reducing the opportunities and indeed incentives for cost shunting between organisations. I intend to lodge at stage 2 an amendment that will set out on the face of the bill that only adult social care functions—and therefore budgets—must be included in the integrated arrangement. Regulations will set out the types of adult healthcare—and therefore budgets—for integration, including adult primary and community healthcare and, importantly, aspects of acute hospital care that offer the best opportunities for service redesign in favour of prevention and anticipatory care in the community.

The bill requires each integration authority to put in place a strategic commissioning plan for the integrated services. Strategic planning lies at the heart of this process of reform and the bill is clear on the broad extent of consultation required to ensure strategic planning is robust and effective. A key feature of strategic planning arrangements is the bill's requirement on the integration authority to establish locality planning arrangements, which will provide a forum for local clinical and professional leadership of service planning. Where the body corporate model is used, a chief officer must be appointed by the integration authority to ensure integrated oversight of strategic planning, budget management and service delivery. To facilitate such changes, community health partnerships will be removed from statute and national outcomes for health and wellbeing will be established via secondary legislation after consultation. Integration authorities will be required to publish a performance report to provide accountability and transparency for delivery against the national outcomes and any further outcomes agreed upon locally.

The bill does not sit in isolation but fits within a wider agenda of public service reform that is currently taking place in Scotland. Reforms in other areas, including those in the Social Care (Self-directed Support) (Scotland) Act 2013 and the Children and Young People (Scotland) Bill and our planned changes to community planning, all serve to complement the work of this bill, which in turn will reinforce that wider programme of reform for the benefit of our population. Through the creation of an integrated health and social care budget and a single set of joint outcomes, integration creates a positive policy environment for health boards to play an integral part in self-directed support policy and practice, and it is vital that we take full advantage of this opportunity.

Should local authorities and health boards decide to include children's health and social care in their integrated arrangement services, the

planning requirements of the bill will feed into the development of the plans that will be required under the Children and Young People (Scotland) Bill, which the Parliament is considering.

Like other public sector bodies, integration authorities will be expected to play a strong and effective role in supporting the work of community planning to achieve better outcomes for communities on shared priorities.

The bill deals with a number of important and complex issues, and this debate provides an important opportunity for the Parliament to consider, in some depth, the bill and the challenges to which it responds. I think that there is wide agreement in the Parliament and beyond on the aims of integration and the broad principles that underpin the approach. As Bob Doris, the deputy convener of the Health and Sport Committee, put it when the committee's stage 1 report was published:

"whilst this legislation is not a panacea, it will provide a focus for cementing and reinforcing progress that has already been made".

I agree with that, and I look forward to working with members of all parties as we take this bill through Parliament.

I move,

That the Parliament agrees to the general principles of the Public Bodies (Joint Working) (Scotland) Bill.

15:26

Duncan McNeil (Greenock and Inverclyde) (Lab): As convener of the Health and Sport Committee, I am grateful for the opportunity to speak in the debate.

I express my thanks and those of committee members to everyone who gave written evidence and who came along to our evidence sessions. I also thank the clerks and the team from the Scottish Parliament information centre for all their help during the process. Members of the committee undertook fact-finding visits to West Lothian and the Highlands, to see integration in action, and we appreciated the welcome that we received. I am also grateful to Lothian Centre for Inclusive Living, which hosted an event for service users and carers representing a wide range of disabled people's organisations. Finally, I thank the cabinet secretary for his engagement with the committee and for his written responses to our report.

The bill will bring about big changes in how health and social care services are structured and managed. It will require a change in working practices among front-line staff, who must identify new ways of working across teams and departments. The committee has considered the

area before. Two years ago, our inquiry into the regulation of care for older people highlighted the increasing shift to the provision of care in a person's home rather than in a care home setting. In anticipation of the integration process, we called for a review of the national care standards, which would embed principles of independent living in the framework for the delivery of care services. We would welcome progress on that.

The bill reflects the shift in emphasis from acute care to community-based care. The Royal College of General Practitioners recognises the need for integration in responding to the growing older population. However, there remains a good deal of concern that general practitioners might not have adequate resources to enable them fully to participate in the design and planning of the new joint-working arrangements. The cabinet secretary is currently engaged in discussions on a renewed GP contract, and I ask him to report back to the committee in due course on the role that the contract will play in encouraging GPs to immerse themselves in the integration process.

I note the Scottish Government's intention to introduce legislation to support carers through integration, but I would like more detail on that in the bill.

The bill has been drafted in the spirit of the Christie commission in that it seeks to tackle what Christie referred to as the

"unduly cluttered and fragmented ... public service landscape".

All that comes against a backdrop of an older population and the increasing demand on our public services to deliver more with less. In a healthcare setting, that marries with the objective of reducing bed blocking.

Christie also suggested that

"changes need to be driven by how we can achieve more positive outcomes".

That is a theme to which I shall return.

Our report highlighted a number of issues on which we seek clarification from the Government on the effect of the legislation. Andrew Eccles of the Glasgow school of social work suggested a need for

"More subtle and complex engagement with some of the issues".—[*Official Report, Health and Sport Committee*, 10 September 2013; c 4193.]

The themes of strong leadership and cultural change came up repeatedly in evidence to the committee. There is a clear need for committed engagement among all involved in the processes. Health boards and local authorities are required to identify the structures that best suit their circumstances. Most areas have opted for the

body corporate; so far, only the Highland region has adopted the lead agency model.

The vast majority of evidence has been supportive of both approaches. However, further clarity is required on how the body corporate model will operate. How will the health boards, local authorities and the new joint boards work together in practice? In particular, there appear to be concerns about a transfer of funding from acute budgets to social services. Concern has also been recorded among recipients of social care services about charging for care services when national health services are free at the point of use.

The committee has heard that around half of the total health board budgets will be under the scope of integrated plans, but there is concern about the potential for cost creep in obtaining social care services. It is important that users of the services receive assurance that they are not going to be hit with additional charges.

The bill contains significant powers for Scottish ministers. In evidence to the committee, the cabinet secretary noted his intention to lodge amendments at stage 2 that would seek to mitigate the fear—held by the Convention of Scottish Local Authorities and others—that too much power was being given to ministers. That is a helpful and constructive offer, and I look forward to those amendments.

I will now move on to what I consider to be the most important aspect of the bill. The legislation seeks not only to encourage health and care providers to work together more closely, but to improve the outcomes available to patients and service users. It is those outcomes that are crucial.

The legislation is to be commended for closing the gap between the provision of health and social care. It is paramount that the bill makes it easier for patients and their carers to access the services that they need. For that reason, our report highlighted the need for a

“continuous commitment to improving these individual outcomes.”

I look forward to seeing more detail at stage 2 on how that important aim will be achieved.

Although the bill rightly focuses on the provision of services, we should never forget the important role played by the third sector and independent providers. We heard repeated pleas from providers and their service users for assurance that they would be represented in the new integrated board structures. We accept that that is by no means a straightforward issue and that the Government has set out good reasons why that might not be possible. However, I call on the cabinet secretary to give due consideration to how

the involvement of the third and independent sectors can be strengthened in the bill.

The process of integration is already well under way, and the committee agrees that we are heading in the right direction. However, the Parliament has a duty to ensure that the bill delivers for all those individuals and organisations that contributed to our report, for all the staff who are affected by the changes and, most important, for the patients and carers whose quality of life depends on high-quality health and care services. We will ensure that its implementation receives appropriate scrutiny.

On that basis, the Health and Sport Committee recommends that the general principles of the Public Bodies (Joint Working) (Scotland) Bill be approved.

The Deputy Presiding Officer (John Scott):

As we are tight for time, speeches in the open debate will be restricted to five minutes. I call Neil Findlay, who has up to nine minutes.

15:35

Neil Findlay (Lothian) (Lab): We will support the bill at decision time, as we agree with its broad principles.

As a West Lothian councillor for nine years from 2003, I saw how cultural change, co-operation and political vision from the Labour group on the council in 2003 advanced integration without any need for legislation. However, the issue of social care in Scotland is one of the scandals of our time, which has been swept under the carpet and kept as far away as possible from prying eyes.

We sit in Parliament today pretending that all is reasonably well and that, with the bill, everything will be okay. Well, it will not, and I think that we all know that. Since the summer, I have met dozens of pressure groups, health professionals, trade unions and local authorities who have all, when asked directly, said that the social care system is in crisis. Yesterday, *The Herald* invited 30 stakeholders to a round-table session to discuss that and other issues. Not one person at that event mentioned the bill or believed that it would make the changes that are needed, and all of them said that the system is in crisis. Let me explain why I agree with their analysis.

At present, councils are bearing the brunt of Government cuts, which is having a direct impact on the front-line services that they provide. That is nowhere more evident than in social care. Contracts that were awarded a few years ago at, say, £14 an hour are now being won at £12 an hour as contractors try to secure work in the face of council cuts that have been passed on from the Scottish Government. That may sound like a good

thing, but the consequence is that, the day after they win the contract, their staff are told that they might have to work two more hours a week for the same money—and they are now in the fifth or sixth year of a pay freeze. That results in a high turnover of staff as people leave to get a better-paid job, maybe in a supermarket, while those who are left behind are demoralised and de-skilled, as training is often cut back to save money.

Many staff members are on the minimum wage. Some have to pay for their own uniforms and use their own mobile phones, and do not get paid for travelling between clients. Those people often work for less than the minimum wage. The result of all that is that, as one care worker told me, people now work in care only because they cannot find another job and many stay only until they find another job. We simply cannot continue like that.

How we treat staff has a direct impact on the quality of the care that is provided to our elderly, our disabled and our most vulnerable people. I ask the cabinet secretary to reflect on this. In the circumstances that I have described, what quality of service does he expect to be delivered? Does he really believe that, in the words of today's white paper, Scotland has "world-leading ... social care"? If he does, he is the only person in Scotland who believes that.

At the moment, many providers operate in 15-minute time slots. When those were introduced, if a person needed an hour of care, four 15-minute time slots were provided for them. Now, it seems that one 15-minute slot has become the norm, irrespective of the care that is required. In *The Times* today, Age Scotland highlights the fact that care visits are now down to seven minutes. Is that a world-class social care service? I think not. What level or quality of care can be provided under such a system? I repeat: we cannot continue like that.

A few weeks ago at my surgery, I spoke to a young woman of 18 who had just left school. She wanted to work in the care sector, so she got a job with a private provider. After being given four days' training in an office, she shadowed a fellow worker for one and a half days and was then sent out with her own client list. On day 1, she was given 30—I stress 30—visits to do. On her first visit, she was verbally abused by a client who suffered from a mental health disorder. She was quite scared. The second client whom she visited was a male in his 70s who had a catheter in and she did not have a clue what to do; and so things went on throughout her day.

Mary Scanlon (Highlands and Islands) (Con): I thank the member for the points that he raises—we have all heard about similar issues—but I cannot help thinking that the Care Inspectorate is responsible for standards of care and for inspecting care-at-home standards. Does he think

that it is doing enough, because there is nothing in the bill that will change what it does? Is the Care Inspectorate doing what it was set up to do?

Neil Findlay: Mary Scanlon has hit on a very good point. I think that care at home is extremely difficult to assess. It is easier to assess care in a care home—the inspectors turn up at the home and they inspect the care that is provided there. Care at home is much more difficult to assess. The fact that the provider that I am talking about got a clean bill of health from the inspectorate did not prevent the person who spoke to me, who worked for that provider, from having the experience that I am describing.

That experience went on throughout the young woman's day, which lasted from 7.30 in the morning until 10 at night. She was, of course, paid for only the eight hours that she was supposed to work. The princely sum that she was paid was £5.03 an hour. Is that the value that we place on the care of the elderly? I say to the minister that this is a scandal and that, no matter how deeply he puts his head in the sand, it will not be wished away.

The bill is very limited and it is woefully inadequate in addressing the care crisis—not the care crisis that is coming, but the one that is here now.

Bob Doris (Glasgow) (SNP): I am glad that Mr Findlay has started to talk about the bill that is before us. Does he not see that there are opportunities in the bill, such as the opportunity to disaggregate the acute budget for older people and to invest some of that in social care? Surely that is an opportunity. I understand some of the issues that he raises, but surely he should be engaging with the opportunities that exist to improve services rather than just lamenting the poorer practices.

Neil Findlay: I think that we should all be addressing such issues, because they are the fundamental problems with the care system as we know it. Let us not pretend that they are not there.

The bill is inadequate in addressing the care crisis that is here. We will support it, but we need to have a much bigger national debate about how we as a society value our elderly and most vulnerable people. We need to look at the support that is available for those who provide unpaid care and those who simply act as good friends and neighbours. We need cultural as well as legislative integration of health and social care that looks at pharmacies, general practitioners, families and communities, and we need to state clearly whether we are prepared to invest to create a service that is based on dignity, care and respect rather than one that is based on a race to the bottom,

because one thing is certain—we cannot allow the current situation to continue.

At stage 2, issues of governance, staffing, shared services, budgets, service user involvement, scrutiny and the powers of ministers will be considered, and I am sure that the bill will be amended. It needs to be improved and we will contribute to that process. However, the bill should have been about addressing some of the issues that I have raised. It should have been about putting people at the centre, pursuing a rights-based agenda that was focused on high-quality care, and having a skilled and motivated workforce.

Alex Neil *rose*—

The Deputy Presiding Officer: The member is in his final minute.

Neil Findlay: However, the bill is about none of that. Councils are heroically trying to deliver services in the face of unsustainable pressures and I salute them for their efforts, but a failure to address the real issues is—in my view—a dereliction of the cabinet secretary's duty and of the Parliament's.

The Deputy Presiding Officer: I call Nanette Milne, who has up to six minutes.

15:44

Nanette Milne (North East Scotland) (Con): I thank the cabinet secretary for giving us the Government's response to the stage 1 report last Friday, in good time for today's debate. However, I am disappointed that we are holding the stage 1 debate on this particular day, because although the bill will be hugely important to the delivery of health and social care to a large and growing number of people in Scotland, sadly it has been totally eclipsed by the launch of the referendum white paper.

I am also disappointed that the bill's title does not include its main purpose, which is to integrate adult health and social care so as to improve the wellbeing of recipients of that care. The title focuses instead on the public bodies that organise the care, which I think gets things the wrong way round. I know that there were compelling reasons for having that title, but I do not think that it sends out the right message to patients, service users, their families or their carers. Those issues aside, I am happy with the bill's general purport, and the Conservative group will support the motion on the bill's general principles at decision time.

In recent years, there have been many initiatives intent on achieving greater integration of health and social care, and excellent results have been achieved in some parts of Scotland. However, concerns remain that joint work between

partners to bridge the gap between primary and secondary healthcare, and between health and social care, has not been as effective as it could be and is, at best, patchy across the country. Because the integration agenda has not been compulsory and barriers still exist in terms of structures, professional territories, governance and financial management, the Scottish Government has concluded—rightly, I think—that legislation is required if the balance of care is to be pushed from institutional care to community provision of services, with resources following people's needs.

The proposed legislation should set the framework for change, but it will be successful only if cultures and attitudes change as well, which will depend on strong leadership at the local level that is committed to improving outcomes for individuals and to true integration that is capable of not only delivering those outcomes, but doing so with more efficient use of the available resources.

As we know, the bill requires each health board and local authority to develop an integration plan setting out proposals for establishing an integration authority that can be set up under either the body corporate model, with a joint board and its own chief officer, or the lead agency model, in which local authority and health board partners can delegate to each other agreed functions, with a joint monitoring committee accountable to both bodies that will scrutinise the effectiveness of the integrated arrangements. Concerns were raised with the committee about governance arrangements, particularly under the body corporate model, so I hope that the on-going work of the Scottish Government and its partners in the national health service and local government will lead to greater clarity around that important issue.

I was fortunate enough to visit both NHS Highland and NHS West Lothian to hear about their experiences of working as integrated adult health and social care services under the different models. Although both would accept that there is still much work to be done on the road to full integration, I was really struck by the enthusiasm of the staff in both areas and their commitment to deliver person-centred care by developing a service with a clear focus on securing the best possible outcomes for people.

My party is generally not in favour of a centralising agenda, but I agree with Carers Scotland's statement in its evidence that the provision that councils and health boards will be jointly accountable for the local delivery of national outcomes set by ministers after consultation has

“the potential to achieve consistency across Scotland in the delivery of holistic health and social care services.”

The provision should also help to reinforce the message that health, wellbeing and care are not the sole responsibilities of any single agency.

The potential to extend integration beyond adult health and social care was raised as an issue, with COSLA wanting to restrict the proposed integration arrangements and others arguing that it was essential that they include housing services, for instance. I look forward to seeing the Government's promised amendments at stage 2, but I welcome its clarification that the bill should permit local flexibility beyond adult health and social care.

Clearly, in a six-minute speech I cannot cover all aspects of the bill; I will just note that there are significant concerns over the fact that human rights, quality standards and the need to involve rather than just consult patients, users and carers are not expressed in the bill. I have no doubt that there will be some interesting discussions on those matters when amendments are lodged at stage 2. The lack of involvement of non-statutory partners—those in the third sector, for example—with the statutory local authority and NHS partners at the strategic planning stage is another controversial issue that was raised with the committee.

There are concerns about other issues, such as the potential for cost creep, which Duncan McNeil mentioned, the need for partners to be able to share information electronically, and the reallocation of budgets between acute and primary care. Those are all important issues on which there needs to be further discussion.

In the final moments of my speech, I will focus on locality planning and GP involvement. Both are essential elements if services are to be redesigned in a way that engages individuals and local communities in delivering the best possible outcomes for patients and other service users. I saw at first hand the success of local healthcare co-operatives, which were located in a few general practices, and the failure of community health partnerships, which were far too big and toothless as health board sub-committees.

Now we have the opportunity to truly engage again with GPs, who are pivotal in the delivery of care in the community. I welcome the cabinet secretary's statement that GPs will be embedded in the process as key stakeholders in shaping the redesign of services. I appreciate that current discussions on GP engagement in the planning and development of integrated health and social care arrangements are confidential within contract negotiations, but I am pleased that they are happening and I look forward hopefully to a positive outcome in due course.

I have had time just to scratch the surface of the bill, but I am happy to support its general principles while accepting that a number of amendments will be lodged as it progresses through the next stages of the parliamentary process.

The Deputy Presiding Officer: We move on to the open debate. I call Bob Doris, to be followed by Malcolm Chisholm. Speeches should be of up to five minutes, please.

15:50

Bob Doris (Glasgow) (SNP): I note that Nanette Milne's thoughtful speech did the job of stage 1 scrutiny very well. I associate myself with Duncan McNeil's words and the thanks that he gave to everyone who has been involved in scrutinising the bill, those who gave evidence on it and the Government and its civil service team. A lot of positive work has been done on the bill.

I begin by making it clear that I wish that the Parliament did not need to pass the Public Bodies (Joint Working) (Scotland) Bill. The integration of health and social care has been an aspiration for many years, but a reality far too rarely. The bill will set up an overarching framework to deliver integration and, as a last resort, compel health boards and local authorities to get on with the job of integration where that is not happening.

I will go on to talk about structures shortly, but first I will say a bit more about what the bill hopes to achieve. We have already heard a great deal about the demographic challenges that Scotland will face with an ageing population. The objective is to have a unified health and social care strategy for our older population that suits the needs of older people and ensures that the person is put before the pound sign—in other words, that cost shunting between health boards and local authorities becomes a thing of the past. That means having a single budget for the health and social care of older people.

For too long, there has been a suspicion that there is a tension between speedy discharge and delayed discharge from our hospitals. The longer a patient is in hospital, the greater the cost to the NHS, and the earlier an older person is returned into the community, the greater the cost to local authorities. In what way is the patient, rather than the pound sign, at the centre of that? I do not think that the matter is necessarily a high enough priority at present. If we have a single budget, put people before pounds and have a truly integrated health and social care system, we can end that cost shunting once and for all.

We need a disaggregation of acute budgets. I am delighted that the Scottish Government shared with us some estimates of what proportion of

acute budgets may be disaggregated and put towards combined health and social care, but there are still no real projections of what sections of local authority budgets will be put towards that. Will it just be whatever budget lines local authorities identify from their own social care budgets, or do we need to be a bit more sophisticated about it?

I know that we are not going as far as housing at the moment, but an argument could be made that there is a direct link to housing adaptations and policy. If we can get older people in an ageing population back into their houses and they are happy and safe there, they will be content, and sometimes that will be cheaper than having them in hospitals or residential homes. We have to think in a more sophisticated way about joint budgets for health and social care, and we need more clarity about the expectations on local authorities.

As I said, this is not just about saving money. It is about getting older people out of hospital sooner, preventing them from going into hospital in the first place and having them live at home happily for longer. That is not just cheaper but better in relation to outcomes. We have to look at the outcomes that the bill seeks to deliver rather than just structures, but of course we have to look at structures, too.

Mary Scanlon: I have a question relating to my constant theme of care at home. Does the member recognise that, when we are looking at the quality of care, it would be helpful to ensure that all home carers are given the training and support that they need and that they are required to register with the Scottish Social Services Council much earlier than 2019?

Bob Doris: The 2019 target was jointly agreed by the Parliament and it makes us world leaders in the registration of care-at-home employees. However, it is a vexed issue and the Government has already said that if registration could be accelerated in a safe and structured way, there is no reason why we could not do that.

I have only 30 seconds left, and there is so much more that I wanted to say. On structures, if it ever comes down to a vote between health boards and local authorities, we will have lost the case for positive and constructive health and social care integration. Whether or not they have voting rights, we have to make sure that the third and independent sectors, allied health professionals, GPs and the like are involved in drawing up the strategic plans. Assurances need to be given that they will have proper and suitable engagement with any strategic board.

The exciting part for me is localised strategic planning, in which local communities and older people are not just told what the priorities are for

their care in their local area, because they also get to decide those. Some information on how that would work would be welcome.

15:55

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): I was lucky enough to be on the Health and Sport Committee temporarily and so was able to read much of the written evidence as well as hearing all the oral evidence. I was particularly struck during the first session of oral evidence when we heard from Professor Alison Petch, who is probably the leading Scottish academic on community care. She said:

“The bill per se will not make any of what is proposed happen”

and

“legislation is not really what drives day-to-day delivery.”

She was not the only person who gave evidence who said that the issues were culture change, leadership, bringing teams together on the ground, and so on. She also said:

“the most important aspect of the bill is that it states the integration principles”.—[*Official Report, Health and Sport Committee*, 10 September 2013; c 4193, 4204, 4196.]

She and several other witnesses said that they would like to see that section of the bill strengthened, so I hope that we will look at it at stage 2.

Many members will have received an interesting paper from the Royal College of Nursing and others yesterday about this important aspect of the bill. I was struck by the RCN’s wish to see two principles, among many others, in the bill. One was about protecting and enhancing the safety and welfare of service users, which is pretty crucial, and the other was about enabling service users to participate in decisions about their need for services and the provision of those services to them. That is also important and it connects with the recent debate that we had on person-centred care. My conclusion from the evidence of Alison Petch and others is that we need the bill, or some amended version of it, and that it is a necessary but not sufficient condition for the delivery of more integrated care.

That said, we have to make sure that the bill will help, that it is clear and that it does not get in the way. Clarity is an issue because, at several points in the committee’s report, we say that we want more information. One particular aspect that I want to mention is the surprise that I felt when we received some very late evidence from the Government—it came in after all the evidence sessions, including the Government’s—about the extent of health board budgets that were to be

delegated to the integration authority. I will read it very quickly:

“we anticipate that approximately half of the total Health Board budgets ... will be included within the scope of the integrated strategic plan. This would represent approximately 75% of total expenditure on unplanned bed days for people aged 75+”.

That is a crucial piece of evidence that we ought to have been able to interrogate. I have been thinking about it since we received it. How would it work in practice? Those unplanned bed days in my area would mean the Edinburgh royal infirmary, the Western general hospital and St John's hospital at Howden in Neil Findlay's constituency. That sounds as if the integration authority will have money that it will presumably then have to pay to the acute sector in a kind of commissioning relationship. That seems to be going back towards the bureaucracy of the internal market that we have got away from. I might be overstating that, but that is what it sounds like. It seems to me that one of the dangers of the bill is that we will increase horizontal integration, but reduce and damage vertical integration. That needs to be explored at stage 2 and further on.

The other issue is that although we can reduce income to Edinburgh royal infirmary and the Western general hospital, that will not mean that their costs will be reduced. That is a practical problem as well. Some of these issues need to be thought through, particularly for some of the large health boards such as NHS Lothian and NHS Greater Glasgow and Clyde.

That uncertainty is connected to other uncertainty about the relationship of the integration body to the parent bodies. Peter Gabbitas of the City of Edinburgh Council and the health board—he already has a joint appointment—gave powerful evidence to the committee about that. At stage 2 we need to look in detail at the wording of the bill in that respect. For example, section 21 says that the chief officer

“is in all respects as if the person who delegated the function”,

which gives the impression that the chief officer is fairly autonomous. All that wording needs to be looked at and if the Government intends something else, it or we will have to amend the bill at stage 2.

The locality arrangements and clinical involvement are crucial. CHPs were meant to be local but often turned out to be otherwise, to my disappointment. They were meant to be the places where primary and secondary care clinicians engaged with each other but often that did not happen. The role of GPs is crucial to the new bodies, as are, of course, service users and the third sector. I would like to see a bit more in the bill

on all that and I would like it to be included in negotiations on the GP contract.

I have 10 seconds left. Let us look at good practice, wherever it is to be found. I apologise to the cabinet secretary, as this is the second debate in a row in which I am referring him to a good example in England. “Integrating health and social care in Torbay: Improving care for Mrs Smith” is an excellent publication by the King's Fund about how integration has worked successfully in Torbay in Devon and realised the objectives that we want: fewer emergency admissions and more care in the community.

16:01

Aileen McLeod (South Scotland) (SNP): I am delighted to be speaking in a debate on the general principles of a bill that will introduce a substantial and wide-ranging reform of the way in which we deliver adult health and social care. The cabinet secretary reminded us in his opening speech why the bill is so necessary. As a nation, we have larger numbers of people who are living longer than ever before. That is good news, but it means that we need to re-examine how we deliver and manage care in Scotland for our older people.

The integration of health and social care services is needed to improve outcomes for individuals, particularly adults with multiple long-term conditions and complex support needs, and to improve the experiences of both those who use such services and those who provide them. As we know, key to delivering that vision is the principle of person-centred healthcare, whereby services are integrated around the needs of the individual.

I want to highlight the representations that the committee received on the need to ensure that the housing sector's contribution to improved health and social care outcomes is recognised in the bill, and that the new integration authorities involve their strategic housing partners in joint commissioning to achieve person-centred quality care at home.

Ultimately, our aim should be that everyone, no matter the complexity of their requirements, has an equal chance of a good life. We know that homes that are responsive to a patient's needs—particularly if the patient has dementia, a learning difficulty or autism—are needed to achieve that aim, as they make a significant difference to how care and support are delivered and the outcomes that they have.

Another key issue that was raised with the committee was the need for the full involvement of the third sector. Issues were also raised at both the strategic partnership and local levels surrounding the involvement of a range of other key stakeholders, including our allied health

professionals, service users, carers and disabled people and their representative organisations, all of whom have a wealth of collective experience, expertise and professionalism. They are huge assets in helping to achieve a person-centred and needs-led approach to the delivery of locally based quality health and social care services.

Another key voice is that of our GPs. The evidence that the British Medical Association and the Royal College of General Practitioners submitted to the committee was helpful, as it allowed us to examine possible barriers to fully and successfully engaging GPs in the planning of local services. An excellent example of integration that is already working—and being driven by GPs—is Kirkcudbright community hospital and its adjoining GP practice, which has developed strong working relationships with local social services staff.

That is only one example. At the other end of the spectrum, the GPs at the deep end group's case in favour of having GP surgeries in our most deprived areas functioning as natural hubs for integrated care to tackle deep-seated health inequalities requires us to recognise that, in many of those communities, services may be the least integrated.

That great variation in local experience reinforces the case for the bill and highlights how important integration at the locality level will be, how important the widest involvement of key stakeholders—including GPs and our local professionals—and partners at that level will be, and how important it is to scale up the capacity of the third sector to ensure that those who work closest to individuals and communities can participate and engage fully in service design and service delivery. Fully involving our GPs, the third sector, local professionals, carers groups and disabled people at the locality level will make a positive difference to the delivery of integration. The localities will be where many of the key decisions concerning service users will be made.

In Dumfries and Galloway, the local authority and the NHS board are already clear that the way to implement integration is to focus on building up the service model at locality level first. Our region has a natural advantage, in that it has four well-established areas corresponding to the old district councils—a natural pre-existing delivery model. The NHS and the council have capitalised on that by commencing integration from the point closest to the service user through planning local integration in those four areas, rather than starting at the furthest away point with the top-level governance model. Of course, both those structures need to be right, but in considering the top-level arrangements we must not lose sight of the fundamental importance of integration in the

localities, where the services will actually be delivered and the real difference made.

I will close by saying that I fully support the general principles of the bill. I look forward to considering the amendments during stage 2, when I hope that we can work together to produce an act that will be regarded as a fundamental reform of the way in which we care for Scotland's people.

16:06

Ken Macintosh (Eastwood) (Lab): I believe that all members in the chamber today will offer broad support for the general principles of the bill, and I certainly want to express my enthusiasm for its direction of travel towards greater integration between health and social care. However, like others, I must admit to feeling slightly worried about the bill's ability to deliver on that agenda and to feeling downright anxious about whether some aspects of the legislation will work at all.

I recognise and acknowledge the good intentions behind the Public Bodies (Joint Working) (Scotland) Bill. In fact, some of the language in the proposals looked rather familiar to me from previous parliamentary sessions. I remember speaking about what was then called the joint futures agenda not long after being elected in 1999. For those who may not remember that, the joint futures group was set up by the first Scottish Executive—more than 14 years ago now—with the specific aim of trying to improve joint working between social care and healthcare and to secure better outcomes for patients and service users.

The various recommendations of that group read like the bill's policy memorandum. They focused on joint working, the rebalancing of care between community care and acute care, how to improve the financial and management frameworks of the different agencies involved and how to establish best practice. They also examined some of the difficulties around charging. Here we are, more than 10 years on, still wrestling with precisely the same thorny issues.

The reason that I mention joint futures is not to sound jaundiced or cynical or to suggest that integrated working cannot be achieved, but quite the reverse. If this was important in 1999, it is even more important in 2013, with the rapid pace of demographic change, the ever-increasing pressures on our budgets and the need to move to a preventative care agenda. I mention the work that has gone on before simply to highlight what a difficult agenda this is to achieve.

As the Health and Sport Committee reveals in its report, the legislation itself is perhaps less important than achieving cultural change—getting health professionals, social workers, the voluntary

sector and the myriad of people who are involved in care to work in partnership, rather than just within their own professional disciplines, funding structures or special areas of interest.

There are practical difficulties with the bill, too. I was drawn almost immediately to the issue of governance. Having just read the Auditor General's report on police reform, I suspect that no member can be unaware of how legislative confusion over roles and responsibilities can hamper the creation of a new organisation. It is strikingly obvious that, if there is not clarity about the relationship between the new joint boards proposed in the bill and their parent bodies—the relevant NHS board and local authorities—that is a recipe for conflict.

As for budgets, all of us will be familiar from casework, if not from our own experience, that services tend to follow the money. One difficulty here is that there are so many competing budgetary agendas. There is an expectation that the bill will save money or at least deliver efficiencies to meet rising demand. Alongside meeting rising demand, there is a clear drive to focus on community and social care rather than on acute care, but there is a rather less specific commitment to reallocate those acute budgets. In theory, yes, reducing unplanned admissions will free up resources, but we also know that in practice the demand on our hospitals is such that those resources will immediately become reallocated—any beds that become free are immediately filled by other patients. That is before we even get into the fact that, in social work, the health service, local authorities, NHS boards, housing or the voluntary sector, there will be competing budgetary needs and not simply collaborative or consensual agreement on spending priorities. I am afraid that there is no shortage of people or organisations that think that they can spend someone else's budget better.

Most important of all, it is vital that the bill succeeds not because of organisational simplicity or budgetary accountability, but simply to make life better for patients. The committee's report contains a particularly informative section about the difficulty of integrating the free healthcare that is available in the NHS with social care that is subject to charges and various eligibility criteria. We know from the on-going legal cases on NHS continuing care what a minefield that can be and how much anxiety it produces. Those with chronic and long-term disabling conditions or progressive neurological conditions such as Parkinson's are particularly anxious about where we will head in the area. Before the bill has even cleared stage 1, we know that people the length and breadth of the country are struggling with 15-minute care visits. Our health and care services are under huge

pressure to maintain quality and standards and they sometimes buckle under it.

As the RCN and others have made clear, quality and safety of care are unfortunately not at the heart of the bill—or not yet. The briefing for the debate from Macmillan Cancer Support contained an excellent line, which states:

"We believe that this debate must focus on how services will work for the cancer patient, not on how it will work for the service provider."

That applies to patients in general and I entirely agree with it. The bill is well intentioned and I hope that it can deliver.

16:11

Gil Paterson (Clydebank and Milngavie) (SNP): I am pleased to speak in the debate as a member of the Health and Sport Committee. Scotland's people are living longer and healthier lives, and all the evidence that has been gathered has brought about the realisation that it is better for people of all ages to recover and be treated in their home where appropriate. It is therefore imperative that all the relevant agencies are involved in the good work of ensuring that the recovery process works to a high degree and maintaining a high standard of health and social care for the individual. Those agencies should be not so much connected but intertwined to effect the best results.

Although we can point to some good examples of integration working and working well, for the best part, I do not think that it is an exaggeration to say that the norm in past attempts has been failure. In the evidence that was presented to the committee, we did not find a single authoritative voice suggesting that integration between the sectors would be a bad thing. On the contrary, the opposite is the case—all the evidence said that joint working would be to the benefit of everybody, both provider and receiver. It is hard to disagree that, as we have a universal goal with a high score value at the end, legislation needs to be introduced to bring about that goal.

Most of those who have questions on the lack of success so far have put that down to leadership. I must confess to a little scepticism about that view. To me, from the outside looking in, the issue is more about budget protection in each sector than anything else. If I am wrong, and the commentators who think that the lack of good leadership is the main reason are right, legislation clearly will not solve that, as it does not provide or manufacture such leadership. Having said that, I am confident that legislation will be the stimulus that will make the difference. I am more than confident that those who work in the health and social care professions and in the third sector

have the required leadership—that is apparent day in, day out—and are more than capable of making the bill a success.

In many debates in the Parliament, it has been acknowledged that the wellbeing of the patient is paramount and that the patient and their family are the first and most crucial aspect. From when someone is admitted to hospital with an illness to when they are released to recover fully at home, the patient's needs are our top priority. We know that most people desire to stay in their home, albeit with vital care support and assistance when they have conditions or are infirm. It is also crucial that we provide an integrated service that gets it right first time for the individual and that recovery takes place with fewer relapses. Relapses are costly in terms of money and the impact on someone's already fragile health. They may also add to the cost of care.

Getting it right will allow the savings that are made to be deployed back into health and social care services to make the joint sectors even more beneficial, and so the progress will go on, moving forward at all times.

I must offer some caution to temper my optimism. With the UK Government's cuts agenda continuing to have an acute impact on Scotland's finances, we might be expected to do the same—or even more—with less money. I hope that I am wrong in that regard and that the hard work that is being carried out by all sides will be rewarded and recognised by any savings being reinvested back into the sector to ensure that our people are kept healthy.

Scotland has an ageing population, and the future challenges that we face will be huge and complex. I hope that the bill will go some way towards ensuring that we are ready to face those challenges and rise to meet them.

I am pleased to commend the bill to the Parliament and support its progression from stage 1.

16:16

Jim Hume (South Scotland) (LD): The bill has been a long time in the making. The integration of health and social care is overdue and it is an idea whose time has certainly come. It was a key component of the Scottish Liberal Democrat manifesto for the last election, and we have long called for the delivery of common sense by having health boards, local authorities and the third sector work more closely together to provide more joined-up care and better outcomes for patients.

The pressures and challenges that the NHS faces have undoubtedly made the proposals necessary. For example, the incidence of

emergency admissions has increased significantly in the past few years alone, with the largest increase among the over-75 age group.

Although I am supportive of the integration of health and social care and support the bill in principle, I share some of the reservations of many people in the public and third sectors—I will touch on those shortly—and expect further engagement from the Government to enhance the bill as it progresses.

One of my concerns, which was well articulated by Glasgow City Council and others in their evidence to the committee, is about disconnects in care provision. The failure in patient outcomes occurs not only because health and social care are not integrated, but because of the disconnect between acute and primary care. Although that is noted in the bill's policy memorandum, some people believe that the proposals will address only one of the disconnects and will leave the other unchecked. The submission from Glasgow City Council highlighted the point that

“integration works best when GPs and other stakeholders are engaged effectively.”

The cabinet secretary was right to say in his response to the committee's report that structural change will not in itself lead to greater partnership working, but that a cultural change is also required. I welcome his commitment that GP engagement will form part of the contract discussions, but he will have to provide more detail on the Government's plans, irrespective of continuing negotiations.

The Scottish Government must be realistic. Demands on GPs may be about to increase significantly at a time when the proportion of the NHS budget that is given to general practice has fallen. The cabinet secretary must still explain how he plans to put a square peg in a round hole, regardless of integration joint boards agreeing integrated budgets, because the capacity and resources might simply not be available, although the desire exists.

I note COSLA's understandable concerns regarding the degree of latitude that the bill appears to offer the cabinet secretary to widen its scope beyond adult social care and to bring any local government function within its parameters. I give him the benefit of the doubt and characterise that as an unintended erosion of local democracy and creep towards centralisation. To his credit, he appears to have realised that there is a real issue with the bill. I welcomed his commitment to the Health and Sport Committee that he would work with COSLA on amendments at stage 2 to rectify that.

That said, the air of centralised power cannot be overlooked. The electorate look to their health

boards to provide their health services, and they elect their local councillors to manage their social care services. They are the people whom the electorate will, rightly, hold accountable. However, the integration plan that is designed by the two bodies cannot simply be agreed between them; it must also be signed off by Scottish ministers. The cabinet secretary will be well aware that many people have described the plans as being too prescriptive and too detailed. I suppose that they have a point.

In addition to integration plans having to be signed off, the joint integration boards have been instructed by the Scottish Government to whom their joint accountable officer will report. The Government will also tell them what their responsibilities will be. Can we not at least trust the joint integration boards to determine what is most appropriate for them locally, because they are best placed to do that? It would be interesting to find out whether the cabinet secretary agrees that it is perhaps not entirely necessary that ministers personally determine the job criteria and the line managers of newly created positions. Perhaps Michael Matheson could reflect on that in his summing-up speech.

It is not a perfect bill—far from it. There are still issues to be ironed out regarding democratic accountability, the extent of the third sector's role and so on. However, the principle is sound, which is why the Liberal Democrats will support the bill at stage 1.

16:21

Richard Lyle (Central Scotland) (SNP): As a member of the Health and Sport Committee, I am pleased to speak in the debate because the committee has spent some time working on the bill and has considered a total of 81 submissions that were received after the call for evidence, and has considered oral evidence that was given by various sources during committee meetings. Further to that, the committee visited projects in Inverness and West Lothian to gain first-hand experience of joint working on the front line.

I was able to take part in the West Lothian visit, and I was impressed with how people there are taking the bill on board, and with what they are doing to implement changes that should improve the service for local users. I hope that others will follow West Lothian's example.

It is welcome news that the people of Scotland are living longer and healthier lives. Life expectancy in Scotland has increased and is expected to increase by two thirds in the next 20 years—I am sure that many of us are happy about that. Because of that, we need to change how care is delivered now rather than wait for that to

become a problem further down the line. I am therefore happy with the Government's proposals as set out in the bill

I am pleased to note that the Cabinet Secretary for Health and Wellbeing has welcomed the support of the committee for the principles of integrating health and social care with the aim of improving outcomes for service users, and I know that he is committed to doing that.

The committee notes that there is a need for legislation to provide change and to improve outcomes for people who use health and social care services because not enough progress has been made under the current system.

At the moment, Scotland is experiencing problems that integration could help to address. Those include unscheduled emergency admissions to acute care, delayed discharges from acute care to community settings, delays in accessing required support, and lack of communication between services. There are too many occasions in which the hospital and the local social work department are not on the same page; when I was a councillor in North Lanarkshire I had to intervene on a number of occasions to resolve situations in which a patient was ready to come out of hospital but could not go home because support had not yet been supplied. On those occasions, I had to contact the social work department and the hospital in order to ensure that the patient's needs were being met. If such problems could be solved, it would be good news for all patients, especially those who are in the last months of their lives, because delays in those patients' being discharged often results in their becoming too sick to move back to their homes and communities, where they would rather be.

Under the bill, health boards and local authorities will be required to create integrated plans for their areas. As has been said, two models will be available: the body corporate model, in which a health board and a local authority will delegate functions to a joint board that is headed by a chief officer; and the lead agency model, in which local authorities and health boards will delegate functions to each other under the oversight of a joint monitoring committee. Allowing each area to choose which of the two options best suits it will ensure that people in those areas' communities receive the best care, tailored to their needs. I suggest that all partners, plus GPs and local authorities, must work together to make local arrangements.

The point has been made that the Health and Sport Committee had representations from many organisations. However, as I have said, given the number of organisations, how many people will need to get round the table and will the table be big enough?

The bill will allow ministers to set out national health outcomes, and health boards and local authorities will be held accountable by the Scottish ministers and the public for delivering the targets. Councils and health boards should see that the bill is meant to solve and resolve the problems that are not being dealt with under present arrangements.

It has been said that the bill will not guarantee a successful outcome, but I fully support the bill's intentions and its aim of providing better outcomes for patients and service users while delivering better value, in order to meet the challenges of the ageing population. I will support the bill.

16:26

Hanzala Malik (Glasgow) (Lab): I welcome the opportunity to speak about the bill. We can all agree that the bill's aim is to create a system of high-quality care that is seamless and effective.

In my many years as a Labour Party councillor on Glasgow City Council, and now as a member of the Scottish Parliament, constituents have regularly come to me as they have slipped through the cracks in the system. Such cracks are caused by a lack of joined-up thinking and practice from social care providers and health boards up and down the country. That situation must end.

The bill does not go far enough to provide integrated health and social care. Many council departments up and down Scotland have merged and renamed themselves as health and social care, but apart from rebranding, little has been done to integrate the different cultures and decision-making structures.

A person who was cared for by a mental health team came to me for support when his case was closed by a doctor who said that his personality disorder was untreatable. That diagnosis completely ignored the possibilities that social workers in that person's team could offer him. That complete lack of joined-up thinking led to a vulnerable person feeling as if he had been abandoned by the system.

Bob Doris: Mr Malik is making excellent points about cultural challenges. In Glasgow, our health and care partnerships did not work. Section 12(1) of the bill will give ministers the power to intervene to compel integration. Does he agree with my hope that that power will never have to be used, because local authorities and health boards will finally get on with it and do integration properly?

Hanzala Malik: My friend makes a fine point, which I will go on to address. I described a complete lack of joined-up thinking, which leads to vulnerable people feeling abandoned.

The bill does not properly deal with the major differences in eligibility between the health system and the social care system. Healthcare provision is a universal service that is free at the point of delivery, whereas social care provision is subject to eligibility criteria and charging. We need to ensure that the bill sets out clear and transparent decision-making criteria for eligibility in which service users and their carers are involved, so that services are provided effectively.

On joined-up thinking and working, Glasgow City Council had a structure; it had a committee, with area or regional committees that dealt with doctors, healthcare workers and others to provide services, but it was done away with. I am not sure whether the bill will redress that.

Quite frankly, I say that our doctors need all the support they can get, because they are working under a lot of pressure. I have gathered over the past two years that our doctors seem to be doing more and more in terms of service provision. They are also doing a lot of work in communities, which is welcome.

Clarity about services is the most important element of the bill. If people continually fall through the cracks, we are missing the point. There are far too many agencies trying to grapple with providing services to individuals. If one of those agencies lets down the client, patient or individual, the whole structure fails. We must try to ensure that that does not happen.

I call on the cabinet secretary to lodge an amendment to the bill that will secure the fundamental right to services, so that we force all the partners to work together to ensure that service provision is appropriate.

16:31

Roderick Campbell (North East Fife) (SNP): I welcome the opportunity to speak in this important debate, and I welcome the committee's stage 1 report.

At roughly £4.5 billion per annum according to the 2010-11 figures, health and social care spending on people aged 65 and over constitutes nearly a third of the health and wellbeing portfolio budget. Investment in those areas is not only significant but absolutely essential. It is important to ensure that we fund and design an integrated service that will be sustainable.

The consensus surrounding the bill is positive. It should come as no surprise, given that the bill reflects the current international trend towards integration of health and social care.

I was delighted to learn that the group that is overseeing Fife's adult health and social care integration—it is called communicating health and

social care integration in Fife—which comprises staff from NHS Fife and Fife Council, was last week shortlisted to be in the final three, out of 130, in the health and social care integration category of *The Herald's* society awards 2013. That accolade was dedicated to the council and its NHS Fife colleagues, partners, service users and patients who have helped to support the group's work. It demonstrates that successful progress is already being made on the ground.

It is fair to say that we need to fund healthcare and social care as efficiently as possible owing to the current pressure on public finances, but we need also to work towards having a care sector that offers a career option and which has motivated staff who are working towards providing a first-rate service. We need to strive to improve the standard of care that some patients are receiving as we plan for the inevitable demographic changes of the future.

Scotland is not alone in moving towards a joined-up approach to delivering those areas of care. For the past 40 years there has been a movement in that direction all around the world. There are no direct parallels with Scotland, but we can and should always learn from international examples.

Nearer to home, England has introduced the Health and Social Care Act 2012. Although the principle is the same, I understand that integration is proving to be difficult to implement, according to some professionals who cite the fragmenting effect of introducing private enterprise into the NHS as an obstacle to success.

In Wales in 2007, a primary, secondary and social care strategy, called chronic conditions management demonstrators, was introduced for people with multiple chronic illnesses, which has resulted in considerable reductions in bed days resulting from emergencies. Indeed, there were falls of 27 per cent, 26 per cent and 16.5 per cent in successive years.

To see the advantages of a local approach, which the bill provides for, we need look no further than Sweden.

In the committee report is a recommendation in paragraphs 43 to 45 regarding the justification for the bill. Some witnesses who gave evidence to the committee suggested that steps could have been taken towards more joined-up care service delivery using existing legislation and guidelines. Some pointed out—rightly, in my view—that legislation alone will not bring about the changes that we want to see. I listened to what Malcolm Chisholm said on that point earlier and agree with it.

I have spoken before about the transformational effect of legislation and said that the introduction

of legislation can lead to attitudinal changes across the country. Individuals and organisations not only become obliged to observe a set of guidelines; many do so proactively before they are required to do so in order to remain ahead of the curve. I therefore believe that the committee was right to describe the bill as

“the momentum needed to make the widely desired progress a reality”.

I note that, with regard to the provisions in the bill that relate to the two possible options for delivery of integrated services—the body corporate model and the lead agency model—the cabinet secretary has undertaken to provide more information on the roles and duties that will be involved in those arrangements. I welcome that, and the consensus among relevant organisations and the Government on the basic model behind the proposals, which is that local government and health boards should be jointly accountable. That is also very positive, but it is absolutely clear that we cannot have a system in which health boards and local government are locked in budgetary disputes with each other. Such disputes serve no one in the long term, and ultimately the biggest losers are the patients, who are liable to experience delays and confusing information about their care, as experience has shown.

The case for co-operation has been strongly made, and the bill's provisions that allow a high degree of freedom in choosing the model that is best suited to an area will, I hope, mean that more health boards and local authorities will be able to take forward adapted plans of their own to meet national standards with tailored means to a unified end.

To conclude, I commend the committee on its thorough report and look forward to monitoring the bill's progress as it passes through Parliament.

The Deputy Presiding Officer (Elaine Smith):

We now turn to the closing speeches. I remind all members who have participated in the debate that they should be in the chamber for the closing speeches.

16:36

Mary Scanlon (Highlands and Islands) (Con):

I, too, commend the Health and Sport Committee for its excellent work in scrutinising the bill and bringing forward its stage 1 report.

I am very pleased to be back to speak in this debate on health and the Public Bodies (Joint Working) (Scotland) Bill. I am even more pleased that I will speak in such a positive way. After hearing about all the problems, I can honestly talk about what is happening in Highland, which is an undoubted success, although I appreciate that there are still challenges.

In last week's debate on the Children and Young People (Scotland) Bill, Highland Council was commended throughout the chamber for its work on getting it right for every child. I agree that that model is working in Highland and commend Highland Council for its plan to recruit five more health visitors.

There was a time not so long ago when health visiting seemed to be withering on the vine. Some health visitors expressed the view that they did not want to become social workers. The lead agency model in Highland allows Highland Council to focus on the needs of and priorities for children and young people, and to adopt not only an integrated model of delivery but, more important, an integrated model of care and support that covers all aspects of a child's needs.

There is still a way to go—I would like to see more holistic support for troubled families—but I acknowledge that the care model that Highland Council has adopted is good and that tremendous progress has been made from what happened in the past, which in my opinion was a recipe for passing the buck.

The lead agency for adult care—NHS Highland—has also brought about significant improvements. Again, I accept that there are challenges ahead, but I acknowledge the many submissions on the bill that state that cultural change is difficult.

In the past, when local constituents came to my surgeries to ask whether I could help to get their elderly parent out of Raigmore hospital to be cared for at home or in a care home, I had to phone social workers. On many occasions, the social work ring-fenced budget had run out, and people had to wait until the end of the financial year, which could have been several months. As far as the council was concerned, the person was being cared for, albeit at a higher price to the public purse, in hospital. That led to high figures for delayed discharges—otherwise known as bedblocking—which of course impacted on hospital admissions.

Now I can email the chairman of NHS Highland—I did so twice last week—who can arrange for the appropriate care package to be delivered at home or in a care home, in a seamless manner. It is in NHS Highland's interests to free up beds and ensure that every patient receives appropriate care.

In the past, Highland Council paid up to 80 per cent more per person per week if someone was cared for in a council-run residential care home rather than a home in the independent or voluntary sector. Now that NHS Highland is in charge of the budget, questions need to be asked about why council care homes receive so much more

funding, given that all care homes must achieve the same quality standards, which are set out by the Care Inspectorate. I accept that there is a challenge in that regard.

Earlier this year, care-at-home services in Highland received a very poor inspection report—I was thinking about that when Neil Findlay was speaking. The report was not a disaster but presented an opportunity for NHS Highland to bring in more support and training for care workers, to enable them to provide the level and quality of care that we expect them to provide. The lead agency model brings carers into the whole healthcare system, where they can get the maximum support.

I spent many years as a member of the Parliament's health committees. In particular, I was a member of the Health and Community Care Committee when it scrutinised the bill that became the Community Care and Health (Scotland) Act 2002. I can confirm that, even then, all but one witness said that a single agency should deliver care of the elderly, although there was no consensus about who should do that. We talked about the NHS, social work and GPs, and there was talk of pooled budgets and aligned budgets. At the time, the cultural differences between the NHS and social work were even more significant than they are now. I think that the situation has improved considerably in recent years.

I appreciate that there is no single definition of integrated care. However, I have talked about Highland because good practice should not be ignored. I agree with the Multiple Sclerosis Society, which said in its written submission to the Health and Sport Committee that the bill should not focus

"too heavily on structural change ... at the expense of the primary focus on improving outcomes for people."

That is my point. The Highland model focuses on the person and not on where they are, what the budget is or constant arguments between NHS Highland and the Highland Council. Highland's focus is on the person, as is my focus and, I am sure, that of the Health and Sport Committee.

What has happened in Highland has not required legislation, but it is disappointing that progress has been so slow in other parts of Scotland. I welcome the bill; we will support it at stage 1.

16:42

Rhoda Grant (Highlands and Islands) (Lab): I think that there is unanimous support in the Parliament for the general principles of the bill. We need an integrated health and social care service that has no barriers and which appears seamless to service users and their carers. However, I am

not sure that the bill alone will achieve that—it needs to go further. Moreover, I am not convinced that it is possible to legislate for the type of leadership and cultural change that Duncan McNeil and Malcolm Chisholm talked about, which is crucial to making the step change on how we deliver care.

Mary Scanlon talked about Highland, which has adopted the lead agency model. No other area appears to be taking that model forward. It is clear that the model's success—or partial success, because Highland admits that it is a work in progress, which has a long way to go—and indeed the fact that integration has happened at all, has been the result of strong leadership at NHS and council levels. People have been committed to change, and there has been cultural change in the staffing structure. Most of all, there has been trust. The people involved have said that it will be difficult to replicate the lead agency approach elsewhere unless there is trust.

It is not possible to legislate for trust and cultural change. The bill addresses the mechanisms and bureaucracy, but we must be clear that that alone will not work. We will need to consider how we nurture the culture and leadership in organisations.

The Deputy Presiding Officer: I ask that Ms Grant moves her microphone a wee bit closer because I can hear the private conversation taking place in front of me somewhat better than I can hear her.

Rhoda Grant: I hope this is better, Presiding Officer.

The bill deals mainly with the bureaucracy, but even that does not seem to be done very well. The legislation will allow a board to be set up with an accountable officer, but staffing and resources appear to remain with the parent bodies. What budget will be required by the new body if it does not have responsibility for paying staff or if capital resources remain in the ownership of the parent authority? How can that new body direct their use? That is not at all clear.

The cabinet secretary said in his opening speech that integrated budgets are essential to success, but in committee he said that—as the Government has said in previous budgets—healthcare money would remain ring fenced and protected and that local government money would remain part of the local government settlement. It is therefore difficult to see how the budgets can be integrated if organisations must account separately for the money and show that it is spent in their own organisation and under their existing responsibilities. We must look at how that will work.

Malcolm Chisholm mentioned health board budgets. Half of their budgets will go into the new body. That might work in some instances, but what about acute centres of excellence? They may take patients from all over the country, but what part of their budget is ring fenced for that national service and what part will go to local service delivery? Those matters are not at all clear.

Neither is it clear what thought has gone into the impact of people working together with different terms and conditions on salaries, pay bands, pensions and policies, including disciplinary and grievance policies. How will those work when people work together? Who would take out a grievance? What policy will they use if they are working with somebody employed by a different agency? That issue needs to be considered, including by the governing bodies and the trade unions.

We need to make progress on those issues because, as Ken Macintosh mentioned, if the budgets, the powers and governance are not sorted out, we will end up in lengthy wrangling. I can see that happening if the cabinet secretary does not consider those important issues.

Let me be clear that service users and their carers need to be at the centre of the legislation. They are concerned about where they fit in, how they will be involved, whether co-production is at the heart of the bill, whether services are provided for them rather than their being allowed to design their own services, and how they will be represented.

The point was made that the voluntary sector interface also represents service providers and that quite often service users feel drowned out by the providers' voices. We need to make the distinction between service users and providers, and we must ensure that the individual is very much at the centre of what we provide in order to help them to live their lives and to enable them to live how we would wish to live.

For example, should an individual wish to move, their care package should be portable and move with them. They should also know what that care package would cost in other areas. That is important and as Ken Macintosh said—Macmillan Cancer Support research made the same point—the service user must be at the centre.

Putting the service user at the centre also means that we must look at quality and safety. The RCN, among many other organisations, asked for that issue to be covered in the bill. We need minimum standards of care—people need to access the same level of care, regardless of where they live, and they need to know what to expect.

It is not possible to have quality without reasonable conditions for staff. Neil Findlay mentioned working conditions. Many people who deliver front-line care do not even get the minimum wage, training or time to do their job. They are frustrated and distressed by the stress that the job causes if they cannot do it properly. We therefore need to ensure that quality is covered in the bill.

Furthermore, some of the principles on integration need to be moved up the bill and emphasised, so that everyone is clear about the culture change that is needed as well as the different structures that are to be put in place.

There are many more issues that we need to consider. For instance, we need joint inspection that is independent, rigorous and available to workers, staff and service users. Whistleblowers also need to be protected in those conditions.

I have come to the end of my time, but I very much hope that the Government will listen and will strengthen the bill. It could be a good bill if those concerns are listened to and taken into consideration.

16:50

The Minister for Public Health (Michael Matheson): This has been a good debate on the stage 1 report, with a number of important speeches.

What has struck me most in the debate is that the change that the bill will introduce through the integration of health and social care will be one of the largest changes to take place in the health and social care system in almost a generation. It is unusual that a piece of legislation that will result in such a significant change has such cross-party support. That is a reflection of the fact that, as the committee's report recognises, there is a broad consensus around the issue and the need for it to be addressed.

In his opening speech, the cabinet secretary set out some of the key drivers behind the need to take integration forward, such as the demographic challenge that we face. In themselves, however, those are not the only reasons for integration.

Ken Macintosh highlighted the history of the debate. He talked about the joint futures agenda back in 1999 and the fact that the document for taking forward joint futures echoed many of the opportunities that the bill creates for partnership working, joint budgets and joint commissioning of services. However, the policy predates joint futures. The whole integration agenda started in the 1980s and continued into the 1990s. The debate has been around for some time and has presented some real challenges.

I have no doubt that, when Malcolm Chisholm was a health minister, he tried to pursue the agenda and was successful in some areas and unsuccessful in others. That demonstrates the challenge in ensuring that integration takes place on a systematic and consistent basis across the country, which is why the bill is extremely important.

The bill will not resolve all the difficult issues that we face in our health and social care system at present, but it will ensure that we focus on some of the challenges much more effectively so that, in health and social work, our local authorities and health boards will work much more closely in partnership.

Neil Findlay referred to the route that West Lothian Council pursued in 2003. That is an interesting illustration, as the joint futures agenda goes back to 1999. There was a four-year period before West Lothian Council was able to take forward the agenda, but it is now the most advanced area in the country in this matter, which we should recognise. When colleagues in other parts of the country ask me what integration is going to look like, I tell them to look at what is happening in West Lothian and the way in which the council has been able to lead the agenda.

Neil Findlay: Will the minister give way?

Michael Matheson: I will just finish this point.

The experience of the 1990s, joint futures and what has happened in West Lothian teaches us that, if we do not provide the legislative framework to drive integration forward, it will not happen on a consistent basis. The bill builds on the good practice in areas where joint working is taking place, ensuring that it happens consistently and right across the country.

Neil Findlay: I welcome the minister's acknowledgement of the excellent work that is being done by that Labour council. I am sure that it will be a shining example for other councils to follow.

Michael Matheson: Sure, and I know that my SNP colleagues did exactly the same in driving forward that agenda when they were in charge of West Lothian Council. I could, of course, identify other councils that are not doing as well, but I will not get into that, because I think that it is a question of ensuring that we create the right legislative framework to drive forward the agenda in a much more effective way.

Bob Doris pointed out that the integration of health and social care has been an aspiration for several decades, and the bill will make that happen in a way that has never previously been done. In doing so, it will enable us to integrate the

services that people receive much more effectively.

What Mary Scanlon said about the experience in Highland was a good illustration of the benefits that come from the greater integration of services. Taking forward that agenda has put an end to the lack of planning and the cost shunting that can go on between different agencies. The experience of the approach that has been taken in Highland bodes well for the benefits that can be achieved through integration.

Some members raised concerns about the potential for services that have been provided by health moving into social care and being charged for. When we consider such issues, we should be careful to remember that the moving of more services into the community is not a new development. The late 1980s and the 1990s saw the closure of long-stay hospital beds for people with a mental illness and for those with learning disabilities. Most of those patients moved into the community and received social care packages to support them there. Many of them continue to live in the community with the help of such support. Therefore, the process that we are talking about is not new—it has taken place previously.

It is also worth bearing in mind that the bill is not about taking a service that is provided in hospital, such as physiotherapy, and giving responsibility for it to a social care partnership, which must then decide whether to charge for it. Instead, the bill is about ensuring that there is joint commissioning of health and social care services, that those services are jointly planned and integrated, and that people work together collectively to look at the best way of doing that.

We need to consider how we can best configure social care services at a local level to meet the demand on the healthcare system, and how we can better configure them to reduce the demand that exists in some areas. Rather than taking something that health does and putting it into the social care setting, we must ensure that services are configured and planned much more effectively.

A number of members, including Duncan McNeil and Hanzala Malik, highlighted the importance of general practitioners in taking forward the integration agenda. Primary care is key to the success of greater provision of healthcare in a community setting and to ensuring that social care provision is properly aligned with that.

The work that we are doing with the British Medical Association on issues such as the GP contract gives us an opportunity to do some of those things in a way that has never been done. Although those negotiations are confidential, I am strongly of the view that we are all singing from the same hymn sheet—GPs, social work, the

Government, the independent sector and the third sector all want to see more effective integration. We need to find a way that allows us to deliver that for patients on a daily basis. We are taking forward our work with the BMA to assist us in achieving that.

Neil Findlay highlighted concerns about the quality of the inspection process for those people who receive care at home. I recognise some of the challenges of conducting inspection in a home setting. That is why the cabinet secretary has already commissioned the Care Inspectorate to do work on how we can improve the inspection process and ensure that it is much more rigorous when it comes to the quality of care that is provided at home.

I point out that inspections are not a bad thing. Inspection is a good part of the system that can help to drive up standards and lead to improvement. As Mary Scanlon said, care-at-home services in Highland did not receive a fantastic report, but that report has created a platform for improving those services. That is what we need to do much more systematically right across the country. The work that the cabinet secretary has asked the Care Inspectorate to undertake is exactly about doing that and ensuring that we have a more robust and clear inspection regime for care at home.

I believe that the bill has not only cross-party support in the Parliament but public support, because people want to see services working in co-ordination and planning their delivery much more effectively in their communities. The bill will help us to make significant changes in how we can deliver in our communities right across Scotland.

I call on members to support the cabinet secretary's motion at decision time.

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-08389, in the name of Alex Neil, on the Public Bodies (Joint Working) (Scotland) Bill, be agreed to.

Motion agreed to,

That the Parliament agrees to the general principles of the Public Bodies (Joint Working) (Scotland) Bill.

Medical Research Funding

The Deputy Presiding Officer (John Scott):

The final item of business is a members' business debate on motion S4M-07869, in the name of Murdo Fraser, on the future of medical research funding in Scotland remains strong. The debate will be concluded without any question being put.

Motion debated,

That the Parliament understands that, for the last 100 years, the Medical Research Council (MRC) has funded research that has led to improvements in human health, boosted the economy, established jobs and sustained a competitive environment for world-class medical research in Scotland; welcomes its centenary and celebrates what it sees as the excellent research carried out by scientists in the universities and hospitals that the MRC supports; notes that, in 2012-13, the MRC awarded £74.7 million to scientists, £9.8 million of which was spent on research studentships; understands that it is currently providing £2.7 million in grants to the University of St Andrews and £45,609 to the University of Stirling, and notes that six of Scotland's universities, including the University of St Andrews, are sharing £20 million of MRC funding to help establish a UK health informatics research centre, the Farr Institute, which is due to be operational by April 2014, will have centres in Dundee, London, Manchester and Swansea and will aim to bring together expertise in health and social and computer science from 19 universities across the UK.

17:02

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

thank all the members who signed my motion in order to allow it to be debated this evening and I welcome to the gallery visitors who have an interest in medical research and science.

For 100 years, the Medical Research Council has played a vital role in the development of medical research. The MRC was established in 1913, with its main role being the distribution of medical research funds under the terms of the National Insurance Act 1911. Since then, its role has expanded greatly and last year it oversaw the distribution of nearly £770 million of funding, of which nearly £75 million was spent here in Scotland.

The Medical Research Council is a United Kingdom Government institution that operates alongside seven other research councils helping to distribute funding throughout universities in the UK. Funding from the MRC also supports development of future research leaders: in 2012-13, £9.8 million of funding won in Scotland was spent on research studentships.

MRC research has led to improvements in human health, boosted the economy, established jobs and sustained a competitive environment for world-class medical research in Scotland. The council supports 12 major partnerships with universities, the chief scientist office, UK charities

and other research councils. In Scotland, institutions supported by the MRC include the universities of Edinburgh, Glasgow and Dundee, and the Farr institute, which will have representatives from the universities of Dundee, Edinburgh, Aberdeen, Glasgow, St Andrews and Strathclyde, as well as from NHS Scotland.

The number of scientific discoveries uncovered thanks to MRC funding are too numerous to mention, but there are a few that deserve proper recognition. Alexander Fleming, one of our greatest Scots, discovered penicillin while receiving funding from the Medical Research Council; of course, he went on to win a Nobel prize in medicine for that achievement. Other noted feats while working with MRC funding include Sir Edward Mallenby's discovery of the dietary cause for rickets and the 1962 uncovering of the structure of DNA.

Hundreds of vital life-changing scientific discoveries have been unearthed by scientists and researchers using MRC funding. The importance of that institution must not be underestimated and is highlighted by the fact that 29 scientists working on MRC projects have won Nobel prizes, including eight since 2001.

In the past year, MRC scientists have made some remarkable discoveries. At the University of Dundee, an MRC research study discovered that an inexpensive drug that is used for treating gout holds promise for preventing heart disease and stroke. Researchers at the MRC centre for regenerative medicine at the University of Edinburgh discovered that leprosy bacteria have the ability to hide inside cells of the nervous system and reprogramme them to take on the properties of stem cells. That finding increases our understanding of how leprosy spreads, and it could also help scientists to improve the safety and use of lab-produced stem cells, paving the way for new treatments to repair and replace damaged tissue. Hugely important discoveries are being made in the field of human health thanks to MRC funding.

The life sciences sector makes a substantial contribution to the Scottish economy. As of 2012, 15 per cent of UK life science institutions were based in Scotland, resulting in an economic contribution of £1.5 billion gross value added annually and a turnover of £3.1 billion. The MRC also collaborates with the private sector to commercialise research findings, secure income from patent royalties and create spin-out companies and well-paid jobs.

Looking at the wider research council picture, I note that Scotland punches well above its weight. UK research council funding is allocated on the basis of excellence through a competitive peer review process regardless of where in the UK it

takes place. As part of the UK, Scotland's well-developed and high-performing research base means that Scottish research institutions have traditionally performed strongly. Last year, Scotland secured £307 million or 10.7 per cent of the UK total of all research council funding—above what our population share would entitle us to. That demonstrates how well our Scottish universities are doing and the excellence of the research that they are producing.

When I lodged the motion for debate, I had no idea that it would end up being debated today. Today's white paper launch is, of course, a significant milestone in the Scottish independence referendum debate and it would be remiss of me in a debate entitled "The Future of Medical Research in Scotland Remains Strong" not to consider the issue of research funding in an independent Scotland.

National Governments fund national research. Although UK research councils support international projects, they generally provide funding only to researchers in UK institutions. In the event of independence, the Government of an independent Scottish state would become responsible for deciding how much to spend on research activity and how to distribute research funding.

The Minister for Learning, Science and Scotland's Languages (Dr Alasdair Allan): I do not want to misquote the member, but he said that states primarily fund research within their own borders. How does he square that with the UK's recent arrangement for a large amount of co-operation with Switzerland over social science research?

Murdo Fraser: The minister is entirely right to say that collaborative programmes are taking place, but the total sums involved are much smaller than the sums that are spent nationally. For example, in the situation in Scandinavia, which is oft quoted by the minister and his colleagues as an example of the pooling of research funds, the total sum involved is £13 million annually, compared with the £300 million that is spent in Scotland alone. The difference in scale is substantial.

I read with interest the section in the white paper on research councils, which states:

"With independence, we would intend to negotiate with the Westminster Government a fair funding formula for Scotland's contribution based on population share but taking reasonable account of the fact that the amount of research funding received by Scottish institutions may reflect higher or lower levels of funding."

I have read and re-read that sentence, and I am still none the wiser as to what it means. Perhaps the minister could explain in his speech exactly

what it means and answer the crucial point, which is the one that people in the sector want to know the answer to—in the event of Scottish independence, will current levels of research funding in medical research and other areas be maintained, go up or go down? That is the crucial point, and the answer needs to be made clear.

During its first century, the MRC has been at the forefront of international medical research and has contributed to some of the most significant discoveries in human history. I hope that Scotland, whatever our constitutional future, will continue to benefit from MRC funding and enjoy being part of the MRC's next century of life-changing research.

17:09

Roderick Campbell (North East Fife) (SNP): I welcome the opportunity to speak in this debate and I congratulate Murdo Fraser on securing it. I also congratulate the Medical Research Council on its centenary, and I acknowledge the important work that it has done over the years, and the valuable contribution that it will continue to make to science and understanding in the future.

Murdo Fraser has given a good description of the history and operation of the MRC and he noted its importance in the discovery of penicillin. I was also particularly interested in his comments on the progress in the treatment and prevention of heart attacks and strokes through the use of a common gout medicine.

The motion refers to, among other things, the University of St Andrews. As members will all know, the University of St Andrews in my constituency is the oldest university in Scotland, and is currently celebrating its 600th anniversary. It has achieved a world-class reputation through the highest standards of teaching, student satisfaction and world-class research. Indeed, researchers at the University of St Andrews have led world research in science and humanities for many years. As we speak, researchers at the school of biology at the University of St Andrews are working with colleagues in India to develop the first vaccine against foot-and-mouth disease, an epidemic of which led to the mass slaughter of livestock only a few years ago, and which has cost Scotland's farming community hundreds of millions of pounds in the past decade. The hand, foot-and-mouth viral infection is particularly dangerous to young children, so progress towards a vaccine should be warmly welcomed.

The medical school at the University of St Andrews is highly respected and has produced countless celebrated alumni over the years, notwithstanding the fact that the university does not have the facility to be an end-to-end teaching hospital. Edward Jenner, who pioneered the

smallpox vaccine, and Margaret Fairlie, who was the first woman to hold a professorial position in Scotland in the early 20th century, are alumni.

The University of St Andrews has, of course, received MRC funding. Eight awards have been made since 2010, largely for research into combating infection, alongside genetics and the immune system. As Murdo Fraser's motion highlights, the University of St Andrews is receiving a £2.7 million package of on-going support from the MRC, and will share £20 million of funding from the MRC towards the establishment of the Farr institute, the health informatics research institute that will see the collaboration of 19 universities across these islands, including six in Scotland. The Scottish effort will be co-ordinated from Dundee, just over the Tay bridge from my constituency, and a short journey from the University of St Andrews. I welcome the establishment of the Farr institute and the sharing of expertise in the fields of health, social science, technology and medicine, and I look forward to the establishment of the facilities and the organisational structure that will emerge.

As the Farr institute demonstrates, successful research depends on the co-operation of different institutions. I do not, however, believe that research should be considered in purely national terms. Research can be carried out nationally and internationally. National boundaries are no barrier to co-operation in the 21st century when instantaneous communication and the sharing of data connect people in almost every corner of the globe. Funding tends to move towards institutions that have a record of success, as the University of St Andrews demonstrates.

Funding comes from a variety of sources. For example, the MRC receives a lot of funding from the charity Medical Research Foundation, and other funding that is enjoyed by Scottish institutions comes from business, charity, the European Union and Government. In that connection, it is worth noting the 38 per cent increase in investment by the Scottish Government in research and knowledge exchange activities since it came to office in 2007. Murdo Fraser should therefore rest assured that research is safe in the hands of the Scottish Government.

Once again, I thank Murdo Fraser for securing the debate and congratulate the MRC on its centenary.

17:13

Hanzala Malik (Glasgow) (Lab): I thank Murdo Fraser for bringing this important subject to today's members' business debate.

I welcome the time and effort that has been put into contributing funding for medical research in

Scotland because I believe that it advances our medical knowledge and technology, thereby contributing to the maintenance and importance of human health and wellbeing.

The MRC has funded research that has led to faster and more effective ways of medical research so that it can flourish at all stages—from working to understand fundamental science without having specific health questions in mind, to tackling some of the most pressing health issues that face society today.

The MRC has created and established jobs and sustained a competitive environment for world-class medical research in Scotland, which has boosted our economy and put Scotland on the medical world map. In particular I would like to mention the MRC's strategic investment of £28 million investment in the centre for virus research in the University of Glasgow—my home town. The centre is to train scientists to tackle the health problems posed by viruses now and in the future. It has a strong collaborative network with scientists in Edinburgh, St Andrews and the rest of the UK and has produced very valuable findings. We are proud of the MRC's achievements and wish it well in the future. I hope that it will continue its investments in Scotland.

I need to respond to a couple of comments that have been made about the future. If there is an independent Scotland, where will the research money come from, if not the UK? If there is not independence, the minister does not need to worry about that, but I would be interested to hear his answer in any case, if he has the opportunity to give it.

17:16

Graeme Dey (Angus South) (SNP): I congratulate the MRC on its centenary, which marks a hundred years that the MRC can reflect on with considerable pride. It is a shared history: one of close collaboration between the nations of these islands, which has a future that will continue post independence.

The funding of research is an important issue; it is important enough to have three pages dedicated to it in "Scotland's Future", the document that was published today, so to that extent I congratulate Murdo Fraser on securing the debate. That said, it was wrong for him to make the assertion that he made—predictable though it was. Members should not just take my word for it. As Universities Scotland's convener Professor Pete Downes stated, the research and innovation collaborative ecosystem "transcends all borders", and it is in everyone's interests that

"vigorous cross border collaboration is supported to continue whatever the result of the referendum."

Tim O'Shea, principal of the University of Edinburgh, said that

"there is no reason why any form of constitutional change should preclude participation in higher order research councils."

Professor Ian Diamond, principal of the University of Aberdeen, has stated that he

"can't see it's in the interests of anyone in the rest of the UK to want to exclude Scotland, nor is it in the interest of Scotland to be excluded from collaboration."

As far as I am aware, none of those views has been expressed by people who are known to be partisan on the issue of independence. Rather, they come from academics who have taken a pragmatic and practical look at the situation.

Listening to Murdo Fraser, I had a vision of Private Frazer of "Dad's Army" proclaiming "We're a' doomed!" I will resist the temptation to deploy Captain Mainwaring's withering put-down of Private Pike by way of response to Murdo Fraser's contribution.

The situation with medical research is rather like the situation with energy. We have a UK-wide grid network through which Scotland ensures that the lights remain on in the rest of these islands. Under devolution, Scotland exports electricity 365 days a year to England and Northern Ireland. That will continue post independence—we will not see them plunged into darkness. As good neighbours, we will collaborate because it makes sense to do so. In the same way, integrated and collaborative medical research will continue to be done, just as it is at present, between the UK and other countries, because that is the best thing—the right thing—to do.

Is Murdo Fraser really predicting that those who have devoted their lives to finding cures for debilitating or life-threatening conditions would be party to undermining the quest for those cures just because Scotland votes for independence? That is—to be frank—daft. There will be a refreshed relationship but, generally speaking, in practical terms little would change.

At the moment, public funding for university research across the UK is delivered through block grants from the funding councils of each country, which are paid for through devolved budgets, along with competitively awarded grants from the UK's shared research councils, which are funded through taxation. Post independence, the Government will seek to continue the common research area approach, albeit that we would, instead of paying our share through UK tax take, negotiate a share based on population percentage that takes account of the level of research funding coming to Scotland. I certainly had no problem understanding that section of "Scotland's Future".

To be fair, there is a degree of uncertainty for research. The Government is supportive of the European Commission's ambition for "A Reinforced European Research Area Partnership for Excellence and Growth", which would see researchers, research institutions and businesses engage better across borders.

Were we to remain in the UK, we might conceivably, by virtue of the Tories' plans for an in/out referendum on EU membership, find ourselves on the outside looking in as that sensible approach is developed. That is perhaps something for people in the research community to think about as they ponder how to cast their vote in next year's referendum.

I conclude by pointing out that today's debate takes place on the day that the cancer mortality in Scotland statistics for 2012 were released. They show that, over the past 10 years, cancer mortality has fallen by around 11 per cent. A number of things have contributed to that decrease, not least of which is the research into cancer that is being conducted around the world, throughout Europe and across the UK. Right at the heart of that has been the work that is done at Ninewells hospital by Professor Alastair Thompson of the University of Dundee's clinical research centre.

When I and my Dundee-based colleagues Joe FitzPatrick and Shona Robison visit that centre next month to see for ourselves the progress that is being made in tackling the scourge of cancer, we will do so with an eye to the future, rather than to the present or the past, and with the understanding that the work that is being done in Dundee will continue—and, indeed, flourish—following a yes vote next year.

17:20

Liz Smith (Mid Scotland and Fife) (Con): It is very clear indeed that these days, in a world in which global competition among universities is intensifying by the day, individual institutions are increasingly judged—not just by their students and staff, but by the outside world—on the quality of their research facilities and on how well advanced they are in promoting collaborative thinking and in being able to develop knowledge exchange. That is a slightly different issue from funding.

We are rightly celebrating the centenary of the Medical Research Council, which has made such extraordinary provision throughout the UK, including in Scotland's universities and teaching hospitals. Over its life, the Medical Research Council has supported no fewer than 29 Nobel prize winners and has ensured that many of our Scottish institutions have been at the cutting edge of scientific and technological developments.

The Haldane principle, which has underpinned the funding arrangements since 1918, has ensured that while remaining a publicly funded body the council can operate at arm's length from the Government, so that scientific decisions can be made on an independent basis and according to criteria that will reap the biggest returns from medical research that is directed at improving health outcomes. That principle has formed the basis for the council's current strategic direction, which comprises four aspects: identifying the research that delivers the best return; ensuring that more people can access the benefits of research; helping the UK to compete globally; and providing the best support to individual scientists.

What happens in medical research not only has major implications for the ability of our universities, hospitals and related centres to attract top-class students and staff. It also has direct effects on the local economy—and on the national economy—and the creation of jobs. Universities in all their guises contribute £6.3 billion to the economy and somewhere in the region of 142,000 jobs. A very high percentage of that relates to medicine and related sciences—probably somewhere in the region of £96 million.

The fact that Scotland has been able to punch so well above her weight in receiving funding from the research councils tells its own story. Over the past few years, on average Scotland has received around 13 per cent of research funding, despite the fact that it has around 8.5 per cent of the UK's population. For medical research funding, the figure has been closer to 17 per cent. That represents a significant sum of money, but it is also a sign of the distinguished reputation that Scotland enjoys, especially for medical research.

For 100 years, Scotland has been richly rewarded for pioneering research that has been done in the name of outstanding medical scientists, including Professor Sir David Lane, and for being in the forefront of institutional developments, such as the £10 million new facility at Glasgow's Southern general hospital, where we are leading the fight against diabetes, rheumatology and cardiovascular disease. That strength comes from the large and highly integrated UK research base, which has afforded sizeable economies of scale and the opportunity for collaboration across international boundaries.

Following today's publication of the Scottish Government's white paper, the people of Scotland will need to study the facts on both sides of the debate on a host of issues, of which university research funding is just one. Will an independent Scotland or the UK better safeguard the future of Scotland's university research investment and provide the greatest success for bodies such as the MRC?

Last week, Professor Wolf, the director of medical research at the University of Dundee, threw doubt on an independent Scotland, but other academics say that perhaps things would be better in an independent Scotland. The public have to make a judgment on that—that is what the debate is all about. I urge the Government to think carefully about the implications for the actual source of funding. The issue is not just about collaboration and scientific investigation; it is also about funding. We have to listen carefully to what academics are saying about where the money will come from.

It is important that we celebrate 100 years of the Medical Research Council, which has done a fantastic job. It has a distinguished 100-year history, and it will continue to be one of the strongest building blocks for the future.

17:25

Aileen McLeod (South Scotland) (SNP): I, too, congratulate Murdo Fraser on securing the debate. I also congratulate the Medical Research Council on funding 100 years of life-changing discoveries.

Everyone is aware of the important work that is being undertaken across the spectrum of medical research in Scotland's universities and specialist research centres. It ranges from world-class cutting-edge scientific research, such as that conducted by the centre for regenerative medicine at the University of Edinburgh, to research that examines broader issues, such as the study of social and environmental influences on health that is taking place in the social and public health sciences unit, which is based in the University of Glasgow.

Those are but two examples of a range of outstanding medical research. Much of the work is funded by the public sector, and a significant proportion of that funding comes from the MRC. That funding, along with direct funding from the Scottish Government and from charitable organisations—not least, the Wellcome Trust—is attracted to Scotland because of the world-class researchers who have chosen to live and work here and to utilise the world-class facilities that we have in, and can attract to, our universities and research centres. As Murdo Fraser's motion notes, the funding figures in the area of medical research are impressive. As in many other areas of intellectual and applied research, in the domain of medical research Scotland's universities certainly punch above their weight.

As Murdo Fraser said, on the day on which the Scottish Government's comprehensive prospectus for Scotland under independence has been published, it would be remiss of us not to respond

to those who question the future of world-class medical research in our universities and research centres in an independent Scotland.

Opponents of independence ask us to believe that the world-class research and our world-class researchers will simply cease to attract research awards from the current UK-wide research councils, including the MRC, the day after independence. We are asked to believe that those research councils, whose commitment is to fund the medical research that is most likely to deliver critical results and save lives, will for some reason decide to turn their backs on some of the world's best researchers and research institutions regardless of the costs that that would impose on those whose lives could be transformed by the work. Moreover, by doing so, the councils would be opting to write off many years of investment in contributing to the excellence that those research centres now demonstrate. That is simply not a credible argument and just does not stack up.

Liz Smith: Will the member take an intervention?

Aileen McLeod: Sorry, but I would like to continue.

Research in all areas, and most certainly medical research, is about excellence and collaboration. The best world-class research projects cross boundaries, whether those boundaries are disciplinary, linguistic, institutional or national. With independence, the Scottish Government will seek to maintain a common research area with the rest of the UK, including shared research councils, access to facilities and peer review to the benefit of Scotland and the rest of the UK. Crucially, that will benefit those whose futures depend on the research that is undertaken in our universities as well as those further afield in the UK, in our EU partner countries and across continents, as research increasingly becomes truly internationalised.

My view is that the most significant threat to the excellence of our university research, in medicine as in many other areas, is not independence but the increasingly restrictive immigration policy of the Tory-led Westminster Government, which is already seriously undermining the ability of our universities and leading research institutes to attract world-class talent to Scotland to pursue research. That—not independence—is the real threat to Scotland's research capacity.

Once again, I congratulate Murdo Fraser on bringing forward the issue for debate. I also congratulate the MRC on the vital role that it has played in the past 100 years, and I look forward to the next 100 years of its work.

17:29

Bob Doris (Glasgow) (SNP): As others have done, I thank Murdo Fraser for bringing the motion to the chamber. I also congratulate the MRC on 100 years of a job well done—I am sure that it will have another 100 years to excel in what it does.

It is worth while talking about the environment in Scotland under which the MRC operates. Five of Scotland's higher education institutions are in the top 200 institutions in the world. That is the equivalent of how Japan performs with two and a half times Scotland's population. Seven of Scotland's universities are in the top 50 worldwide. That places Scotland 50 per cent above the average for research citations every year globally. Indeed, we are ranked first relative to our gross domestic product. That is a remarkable performance.

I hear that the MRC gives Scotland approximately 14 per cent of available moneys vis-à-vis 8.5 per cent of the population. That is clearly based on the size and excellence of the research base that exists in Scotland. It is not a pat on the head for Scotland; it is a toughly fought-for, toughly competed-for and well-won research shilling. I was at the science in Parliament event at Our Dynamic Earth recently and spoke informally to some MRC people. They made it clear to me that they award funding based on excellence and potential for results, and nothing else.

Collaborative working represents the real opportunities irrespective of Scotland's constitutional situation. I will say a little more about the UK's extending collaborative work and the Swiss National Science Foundation's partnership deal with the UK, which will mean that, on one application form, Swiss institutions can get up to 30 per cent of all research funding.

I have a quote from Paul Boyle, the gentleman in charge of the Economic and Social Research Council in the UK, in relation to that deal:

"Opening up national project funding to international co-investigators is a simple and effective way of encouraging such collaboration and I am therefore pleased to sign this joint statement, which I hope ... will be the first of several with other sister agencies internationally."

In other words, that is the direction of travel for the UK, and I have no doubt that it will be the direction of travel in partnership with Scotland once we are independent.

On international collaborative working, we also have the European horizons 2020 project, which makes €70 billion available for research and development. A prerequisite of getting that funding is three member states of the European Union signing up to apply for it. Given the close relationship, partnerships and collaborative work that already exist between Scottish higher

education institutions and others elsewhere in the UK, with independence we would only have to find one final partner to get a larger slice of that €70 billion R and D budget. That means that independence could make it easier for research funding.

Hanzala Malik: One of the points that Bob Doris is missing is that we might not be in the European Union and, therefore, not qualify for such a partnership. That is an issue.

Bob Doris: I am sorry that Mr Malik would rather play politics than discuss the fine work of the MRC. I point out that the only danger to Scotland's membership of the European Union is staying in a UK that might leave it. No one has suggested that an independent Scotland would leave the EU, unless Mr Malik is the lone voice suggesting that.

I will tell members about a huge opportunity for the MRC in future: the loosening of the restrictive visa policy in the UK. That is one way of creating opportunity, but there is no sign of it happening just now. I am sure that an independent Scotland would take a much more proactive view.

Mr Malik and I were in Kurdistan during the summer. While I was there, I met the Kurdish minister for health. He told me that he and his civil servants were unable to get visas to come to the UK and, as a result, Kurdistan has signed a partnership deal with Germany as a European Union partner on medical advancement and the training of doctors. I am sure that the MRC could have sealed the deal in relation to that project, but restrictive practices at a UK level prevented that from happening.

This is not a debate about independence, but I point out to Murdo Fraser and others that the MRC will revel in the additional possibilities and the potential that independence will bring. I look forward to that happening in the near future.

17:35

The Minister for Learning, Science and Scotland's Languages (Dr Alasdair Allan): I congratulate Murdo Fraser on securing the debate, which has provided us with a timely opportunity to celebrate Scotland's long-standing contribution to the world of medical research.

The commitment of all who carry out that research in Scotland has, of course, immeasurably improved the health of people in Scotland and internationally. Mr Fraser mentioned distinguished recipients of research funding, including Sir Alexander Fleming. The MRC supported him as it has, over the years, supported many others at some point during their careers. I am sure that we would all wish to join in not only celebrating the

MRC's centenary but recognising its continuing significant investment in Scotland.

In addition to the many remarkable examples of research that have been cited in the course of this evening, I would like to mention a few more that I feel merit recognition. In doing so, I recognise that Mr Campbell mentioned the Farr institute and highlighted that research transcends all boundaries, whether those boundaries are those of Scotland or the UK, as was noted by Bob Doris and others.

It is invidious to pick out only a few examples of successful research in Scotland, but the Scottish Government's chief scientist office enjoys an enduring and productive partnership with the MRC. The two organisations have for many years co-funded two research units—one in the area of hearing and the other in social and public health sciences—and, in 2008, jointly established the Scottish collaboration for public health research and policy. Of course, the current MRC chief executive officer, Professor Sir John Savill, was also the Scottish Government's health directorate's chief scientist in recent years.

Beyond those close collaborations, we also recognise the success of the nine additional MRC-funded centres and institutes across Scotland, including the protein phosphorylation unit in Dundee, the centre for virus research in Glasgow and the centre for regenerative medicine in Edinburgh, mentioned already, which hosts an impressive seven MRC-funded centres.

The MRC also takes the lead on a number of funding initiatives involving many key partners in health research funding, covering areas such as prevention research, lifelong health and wellbeing, infection research and, more recently, health informatics.

Its ability to pull together funding organisations into effective partnerships is to be commended, and, of course, it is important to remember the contribution of the NHS and charitable funders.

My colleague the Minister for Public Health recently announced the successful applicants for partnership funding with Alzheimer's Research UK and Prostate Cancer UK, and made a call for applications in collaboration with muscular dystrophy charities.

Leading on from the success of those, the chief scientist office is now working with a number of other funders, including the Stroke Association, to develop similar partnerships that allow Scottish researchers to access more significant funds than each funder alone would be able to provide.

The debate has reflected the broad consensus on much that is in the motion. That said, the felicitous timing of the debate has meant that,

inevitably, we have occasionally strayed into more contentious waters. I hope that it is not too uncharitable of me to wonder whether that was at least partly in Mr Fraser's mind from the outset of the debate, even if he did not know when he lodged his motion on what date the debate would take place. However, even when we come to discuss the broader issues of research funding in the context of something as contentious as independence, there is more common ground than some speakers cared to acknowledge.

It is worth stressing that the funding that the MRC has invested in Scotland historically and at present is a clear recognition of the quality of our research in the sector. The fact that Scotland secures more than her population-based share of funding is a source of pride because, as Mr Fraser said, that funding is awarded on the basis of the excellence of the institutions and individuals concerned, regardless of where they are located. The grants are not acts of charity; they are recognitions of excellence.

Mr Malik asked where the money will come from to fund research councils in the future, given that it currently comes via the UK Government. I can answer that directly only by saying that the moneys will come from the same place as they ultimately come from now, which is in good share from Scottish taxpayers. With Scotland's whole budget—as opposed to the share that is currently devolved—in Scotland's hands, there will be nothing to stop Scotland paying into shared research councils.

Liz Smith: The minister is absolutely right—the debate is not about whether there would or would not be research funding but about how much there would be. In the context of independence, we must debate whether we get a bigger share by being part of the UK and whether an independent Scotland would have difficulty in securing such an amount. That is confusing in the white paper.

Dr Allan: The relevant section of the white paper is pretty unambiguous. It says that, with independence, the Government will ensure that levels of investment in university research are maintained at current levels at least. I cannot say what funding levels future UK Governments would allocate, but I can say that, if such decisions were made in this place rather than another place, they would be in our hands rather than somebody else's hands.

It is important to add that none of that precludes the existence of shared research councils. The white paper, which was launched today at Glasgow science centre, outlines our vision of an independent Scotland that works closely with our neighbours.

Given our competitive strengths and the many cross-border research collaborations and partnerships that exist, there are clear benefits—not just for us but for the wider medical research community—of maintaining a common research area with the rest of the UK.

I thank Mr Fraser again for this helpful debate. I add my congratulations to the MRC on 100 years of funding valuable research that has dramatically improved the lives of individuals not just in Scotland or the UK but across the world.

Meeting closed at 17:43.

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