The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

MEETING OF THE PARLIAMENT

Thursday 22 January 2015

Session 4

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Scottish Parliament

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[The Presiding Officer opened the meeting at 11:40]

General Question Time

NHS Fife (Meetings)

1. Claire Baker (Mid Scotland and Fife) (Lab): To ask the Scottish Government when it last met NHS Fife and what issues were discussed. (S4O-03931)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): Ministers and Government officials regularly meet representatives of NHS Fife to discuss matters of importance to local people.

Claire Baker: The cabinet secretary is well aware of the pressures that are facing NHS Fife, including bed blocking and breaches of waiting time guarantees. In 2013, the then health secretary said that he wanted to accelerate the pace of change towards seven-day services.

Labour has this week called for £100 million from budget consequentials to create a front-line fund to take forward that ambition, ease the pressure on front-line staff and provide better patient care. Will the cabinet secretary support it?

Shona Robison: I say to Claire Baker that we are already taking significant action. The £100 million for tackling delayed discharge—which I think is a better phrase than bed blocking—over three years will make a huge difference to the partnerships going forward from 1 April. Of course, Fife will get its share of that resource. That is in addition to NHS Fife's uplift through the NHS Scotland resource allocation committee allocation, which I am sure that the member will want to welcome. Fife's total budget uplift next year will be £19.5 million.

On seven-day services, I am not sure whether the member is aware that a task force that we established has been looking at seven-day services over the past year. I would suggest that it is better to wait for the recommendations and the information that come out of that expert group. These are people who know what they are talking about and who will inform us on how we develop seven-day services. I suggest that we should wait and see what they have to say.

Roderick Campbell (North East Fife) (SNP): The cabinet secretary may be aware that, in the year to December 2014, NHS Fife has made use of the integrated community assessment and support service in respect of nearly 2,000 people. Will she confirm whether she has encouraged further use of that scheme in Fife and elsewhere?

Shona Robison: Yes. I think that it is a good model and it provides an opportunity for the integrated partnerships going forward to look at some of the things that have already been successful, whether in Fife or elsewhere.

We should recognise that integration from 1 April provides the biggest reform that we have seen in our public services for a generation. However, it will only be as good as the plans that those partnerships bring forward. I would hope that the type of service that Roderick Campbell has described would feature not only in Fife's integrated partnership plan, but elsewhere in Scotland as well.

Energy Jobs Task Force

2. Graeme Pearson (South Scotland) (Lab): To ask the Scottish Government what progress it has made in setting up the energy jobs task force. (S4O-03932)

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): The First Minister announced the establishment of the energy jobs task force on Wednesday 14 January in Aberdeen, where she was meeting key stakeholders in the oil and gas industry. The task force will be chaired by Lena Wilson, who is the chief executive of Scottish Enterprise, and the first meeting will take place later this month.

Graeme Pearson: I am grateful for that reply.

In the third quarter of 2014, refined petroleum chemicals and pharmaceuticals fell by 2 per cent. Since then the price of oil has fallen significantly. Although I appreciate the efforts that have been described this morning, is the Government considering any other actions to help people in that vital industry?

John Swinney: The Government is taking a number of steps, which have been shared with Parliament on a number of occasions, to support developments in the oil and gas sector. Fergus Ewing is in Aberdeen today meeting companies, as he has done persistently during his term in office as energy minister, and he will continue that direct dialogue with individual companies. The Government has set out a range of interventions that have been taken to support innovation. Indeed, I was discussing the oil and gas innovation centre, which has been funded by the Scottish funding council at the Government's request, just the other evening at an event in Parliament. We are supporting the internationalisation of business activities into the bargain.

Crucially, of course, the issue that the industry requires to see addressed is the fiscal regime in the North Sea sector. That is an issue upon which the Scottish Government has made representations to the United Kingdom Government.

Mark McDonald (Aberdeen Donside) (SNP): As the cabinet secretary rightly outlined, the fiscal regime is critical in supporting the industry and ensuring that jobs can be protected. For example, exploration activity can be augmented by tax credits, on which I know that the Government has made a strong submission. At today's meeting of the Devolution (Further Powers) Committee, the Institute of Directors backed the idea that action should be taken here and now, rather than waiting until the budget.

Has the cabinet secretary received any communication from the Treasury since the Scottish Government made its submission in relation to support for the oil and gas sector?

John Swinney: I very much welcome the contribution that the Institute of Directors has made to the debate, which I thought was a particularly thoughtful and focused intervention on the issue about which the oil and gas sector is most concerned—securing an improvement in the fiscal regime.

The Scottish Government will continue to raise with the United Kingdom Government the issues of exploration tax credits, the level of the supplementary charge, which we believe is too high, and the encouragement of an investment allowance, and we will, of course, advise Parliament of any response that we get from the UK Government. I stress the point that the First Minister made in her comments—we need action in this area before the budget in March.

Road Haulage (Training and Skills)

3. Jim Eadie (Edinburgh Southern) (SNP): To ask the Scottish Government what steps it is taking to promote training and skills development in the road haulage industry. (S4O-03933)

The Cabinet Secretary for Fair Work, Skills and Training (Roseanna Cunningham): Skills Development Scotland offers a range of services for individuals and employers. SDS can offer employers a contribution to the cost of training through the freight logistics modern apprenticeship framework.

In addition, Transport Scotland works in partnership with freight industry stakeholders on how best to meet the industry's needs over a range of issues. It has facilitated discussion between the freight trade associations and Skills Development Scotland on training and skills development.

Jim Eadie: I thank the cabinet secretary for that answer, but is she aware that there is currently a shortage of drivers for heavy goods vehicles? There are companies that want to recruit young people but which do not have the funds and support to train them, and there are young people who would relish the opportunity to work in the sector. Therefore, what more can the Scottish Government do to ensure that its modern apprenticeship scheme is properly aligned with the needs of the logistics sector, and that schools and careers guidance are fully engaged in making young people aware of the opportunities that exist? Will she meet me and other interested MSPs to discuss a skills academy to bring together education and training providers and the industry to address the needs of the sector?

Roseanna Cunningham: I am aware that the industry is reporting a shortage of HGV drivers, which may be compounded by the fact that it has an ageing workforce. However, I am pleased to hear that there are companies in Scotland that want to recruit and train young people.

There is, of course, a minimum age for HGV drivers, but we are keen to do what we can to increase the modern apprenticeship opportunities for young people in this important sector. It is worth remembering that SDS can make contributions to the cost of training. I know that Transport Scotland officials have already met the Road Haulage Association to discuss the issue, and I would be happy to meet the member—and, indeed, any other members who are interested in the issue—to discuss how we can ensure that young people are aware of and can access the opportunities that the industry presents.

Chic Brodie (South Scotland) (SNP): I thank the cabinet secretary for that answer, but it appeared from a meeting that we had in this building just the other evening that the heavy goods transport industry is in a critical situation regarding recruitment. How will the Scottish Government ensure that SDS engages with the road haulage industry as a matter of urgency in order to encourage easier entry of new skilled drivers into the industry?

Roseanna Cunningham: In my earlier answer, I indicated that Transport Scotland officials are already engaged in that conversation. They will continue to discuss any issues of concern with the freight trade associations. In doing so, they will work in partnership with officials from my portfolio and from Skills Development Scotland to help to meet current and future skills needs. I know that a meeting between the RHA and SDS to explore the issue further is to take place in February.

Patient Care (NHS Grampian)

4. Stewart Stevenson (Banffshire and Buchan Coast) (SNP): To ask the Scottish Government how the additional £15.2 million announced for NHS Grampian in 2015-16 will benefit patient care. (S4O-03934)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): NHS Grampian has welcomed the additional £15.2 million from the Scottish Government. It is currently working up plans on how best to use the extra funding for the benefit of its patients.

Stewart Stevenson: Following the news this week of a highly successful scheme pioneered by the Henry Ford medical group in Detroit, where the suicide rate among patients has fallen by 75 per cent in four years, are there any plans to implement strategies that would specifically target suicide rates in Grampian?

Shona Robison: I am more than happy to look into that research in more detail. We should always look at emerging findings from elsewhere. In the meantime, NHS Grampian works in partnership with Moray Council, Aberdeen City Council, Aberdeenshire Council, Police Scotland and third sector partners on suicide prevention strategies and plans. Well-established initiatives are in place across Grampian in a range of community settings. Those follow the choose life strategy, which has been very successful; indeed, other countries have looked at adopting it. The essence of it is that the partners work collaboratively to reduce suicidal behaviour by reviewing data and understanding trends, providing support to those who are affected and working with local community planning partnerships to raise awareness of suicidal behaviour through awareness training.

Lewis Macdonald (North East Scotland) (Lab): In relation to the wider question and to Stewart Stevenson's supplementary, does the cabinet secretary recognise the importance of the mental health services that are delivered at Cornhill hospital in Aberdeen? In her conversations with NHS Grampian on the use of the additional funds, will she address the clear pressures that Cornhill faces in delivering services?

Shona Robison: At the annual review, the issue of mental health services of course came up and was well discussed. I expect NHS Grampian to consider across all its services how it can make the improvements that it needs to make and meet the targets and standards that we expect it to meet. That job has been made a lot easier by the acceleration of the NRAC—NHS Scotland resource allocation committee—funding, which will result in an uplift of more than £49 million to NHS Grampian next year. I hope that the member welcomes that.

Community Justice Centre (Dundee)

5. Jenny Marra (North East Scotland) (Lab): To ask the Scottish Government when a community justice centre as recommended by the commission on women offenders will open in Dundee, given that Dundee has the highest percentage of female problem drug use in Scotland. (S4O-03935)

The Cabinet Secretary for Justice (Michael Matheson): Following the publication of the report of the commission on women offenders in 2012, Scottish Government officials worked with community justice leaders in Dundee to help them to develop a local service for women who offend, as we have done right across the country. The team in Dundee decided not to establish a justice centre for women. Instead, it decided that developing the dedicated women offenders team, which had already been praised by the commission as an example of good practice, was the right thing to do to deliver the best service for women in Dundee. We supported that decision, and we have provided more than £237,000 in grant funding since 2013 to expand the women offenders team in the city. The team provides a broad range of services for women who are involved in the criminal justice system, in line with the commission's recommendations.

Jenny Marra: Will the cabinet secretary consider Labour's call to reconsider the proposal for a super prison in Inverclyde, given that the Angiolini commission recommended that services and rehabilitation should be provided much closer to communities?

Michael Matheson: As I outlined to the Justice Committee on 16 December last year, a proposal has been put to me by the Scottish Prison Service. I am considering that matter, and I will make an announcement in due course.

Business Rates Incentivisation Scheme

6. Richard Baker (North East Scotland) (Lab): To ask the Scottish Government what progress it is making on the introduction of its revised business rates incentivisation scheme. (S4O-03936)

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): I announced the introduction of the revised agreed business rates incentivisation scheme as part of my parliamentary statement on the 2015-16 local government finance settlement on 11 December.

Richard Baker: Under the new BRIS, Aberdeen has been set a far higher target for business rate

collection. The figure is about £50 million higher, even though, given the fall in oil prices, income from rates must be expected to decrease locally. How can the scheme be judged to have worked in any way for Aberdeen if it fails to allow more funds that are raised in the city to be invested in the local economy at the very time when that is needed most? Given events in the energy industry, will the cabinet secretary consider revising the target?

John Swinney: The process of arriving at the business rates incentivisation scheme was a joint piece of work between the Scottish Government and local authorities in Scotland. A joint group involving the Government and the Convention of Scottish Local Authorities formulated recommendations, which were accepted by ministers and leaders of local government in Scotland. We will continue to review the scheme as it takes its course. We have set targets for 2014-15 and 2015-16, and the Government will of course continue to review all these matters as we proceed in the period going forward.

Gavin Brown (Lothian) (Con): We are about to enter financial year 2015-16, but has the business rates incentivisation scheme for 2013-14 been sorted out yet?

John Swinney: I have said to Parliament that, as we were unable to reach agreement on the application of the scheme in 2013-14, it would not apply in that year. However, we have secured agreement for 2014-15 and 2015-16, and I would have thought that that would have been welcomed by Mr Brown.

Homelessness Statistics

7. Michael McMahon (Uddingston and Bellshill) (Lab): To ask the Scottish Government what its position is on the most recent homelessness statistics. (S4O-03937)

The Minister for Housing and Welfare (Margaret Burgess): The Scottish Government welcomes the reduction in homelessness shown in the most recent statistics for the second quarter of 2014-15. The 3 per cent reduction in applications follows the trend in recent years of falling numbers. The 36 per cent fall since 2008-09 has been due mainly to the on-going focus on prevention by local authorities and their partners, and the Scottish Government is continuing to support that, as well as taking steps to increase housing supply.

Michael McMahon: Although the reported fall in the number of homelessness applications is to be very much welcomed, does the minister recognise that the overall homelessness statistics contain worrying trends that require to be addressed? For instance, given that it is the case that the longer families have lived in temporary accommodation, the more likely they are to attribute their worsening health to their accommodation, can the minister tell the chamber what specifically she is doing to address that issue? Moreover, given that homeless children are two to three times more likely to be absent from school and three to four times more likely to have mental health problems, does she share my concern about the impact of the picture of lengthening stays on the almost 5,000 children who are now living longer in temporary accommodation?

Margaret Burgess: I am concerned about any homeless family in Scotland, which is why we are working hard with our partners to increase the supply of housing in Scotland and to reduce the length of time that households spend in temporary accommodation. I should point out that most households in such accommodation are waiting for settled accommodation. I think that the Shelter report said that the average wait was around 18 weeks, and we are taking steps to improve the quality of information that we hold on the length of time that people spend in temporary accommodation to better inform our approach in future. In fact, we have started a consultation with chief housing officers on the matter, and we expect responses by the end of January.

That said, it is worth noting that the vast majority of temporary accommodation for homeless households will be good-quality and well-managed social housing. That is not always the picture that is painted. Households are rarely placed in poor-quality temporary accommodation, and things have been strengthened in the Homeless Persons (Unsuitable Accommodation) (Scotland) Order 2014, which covers accommodation for children and pregnant women, to ensure that such accommodation is wind and watertight.

National Health Service (Increased Demand)

8. Annabel Goldie (West Scotland) (Con): To ask the Scottish Government how it is planning to meet any increase in demand for national health service services over the next five years. (S4O-03938)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): National health service boards are responsible for planning and delivering services to meet the needs of their local population now and in the future. Our 2020 vision sets out a clear strategic direction on how we expect health and social care services to be delivered in the years ahead, and the Scottish Government is working closely with the NHS to make that happen.

Annabel Goldie: One area where demand for NHS services is expanding dramatically is my home village of Bishopton, an area of urban expansion where 2,500 new houses are being

built. Approximately 300 of those houses are now up and occupied while the building work continues.

Bishopton has one small health centre that is creaking at the seams; there is anecdotal evidence that people are going directly to accident and emergency, which is the very thing that we all want to avoid; and, to date, not one sod has been cut to create a new health centre. Indeed, there seems to be no health board plan for one to be built. Will the cabinet secretary investigate, intervene and revert to me with proposals for resolving that intolerable situation?

Shona Robison: I am more than happy to write to Annabel Goldie on the specifics and on some of the plans for Bishopton.

On a general note, however, it is very important that we shift the balance of care from the acute to the primary care sector, and we need that to happen more quickly. That requires investment in local services, which is an issue that we will be discussing in this afternoon's debate on the 2020 vision and as we take forward the plans over the next few months.

First Minister's Question Time

12:00

Engagements

1. Kezia Dugdale (Lothian) (Lab): To ask the First Minister what engagements she has planned for the rest of the day. (S4F-02533)

The First Minister (Nicola Sturgeon): Engagements to take forward the Government's programme for Scotland.

Kezia Dugdale: A Facebook plea was recently made for volunteers to help under-pressure national health service staff at the accident and emergency department of the Royal Alexandra hospital in Paisley. Does the First Minister still think that there is not a crisis in Scotland's NHS?

The First Minister: I make very clear to Kezia Dugdale, and to members across the chamber, the circumstances of the Facebook advert that she talks about. NHS Greater Glasgow and Clyde was seeking volunteers to offer a befriending service in the accident and emergency department of the Royal Alexandra hospital. Currently, similar befriending volunteers work elsewhere in the hospital. Those volunteers do not replace NHS staff or give any form of clinical care; instead, they might accompany patients who are on their own, and they can provide general information to patients and relatives. All health boards have volunteering policies, and volunteers have provided support to patients in the NHS for many, many years.

This is a good opportunity for all of us across the chamber to thank the many people who volunteer in our national health service. [*Applause*.]

Kezia Dugdale: Volunteers play a valuable role in our NHS, but there is no avoiding the fact that this is the first time that the befriending service has been extended to A and E and, by God, you need a friend if you have been waiting 17 hours in an A and E department.

I know from speaking to NHS patients and staff across Scotland that our health service is at breaking point. Those are the people who need treatment and the dedicated staff who provide it. NHS staff do a wonderful job, but they are struggling and they need support from their Government. Will the First Minister tell us whether the rise in the number of acute patient cases in Scotland's NHS has been matched by staff increases?

The First Minister: There has been a 6.5 per cent increase in the number of staff working in the national health service since this Government took

office. We are all well aware of the pressures on our national health service. A couple of weeks ago, Kezia Dugdale and I had an exchange on the challenges that face the national health service in England. I explained then the increase in perfectly genuine attendances at accident and emergency units in NHS Greater Glasgow and Clyde in particular, from very sick older people, many of them frail and elderly and with respiratory conditions.

We know the pressures that our health service is working under. That is why the Government has been increasing funding for our health service and increasing the number of people who work in our health service. Only this week, the Cabinet Secretary for Health, Wellbeing and Sport announced an additional £100 million to tackle the challenge of delayed discharge in our health service.

We will continue to do everything that we possibly can to support those working at the front line in our national health service. It is perhaps because we work so hard to do that that a poll this week found that twice the number of people in Scotland trust the SNP with the health service than trust Labour.

Kezia Dugdale: Time and time again, the First Minister comes to the chamber to tell us about increased NHS staff numbers. We heard it again today: 6.5 per cent. The reality, though, is that the number of acute NHS patients in Scotland has risen by more than 10 per cent. That is an extra 1.4 million patient cases since 2007, and yet the number of NHS staff to treat those patients lags far behind. The Scottish Government's £30 million this year to tackle the problem of bed blocking is welcome, but it is not enough, because tackling bed blocking is not the whole picture. The problem is not just at the back door; it is on the front line.

Scottish Labour would use the Barnett consequentials to set up a £100 million front-line fund to deliver more NHS patient services, in the evenings and weekends, where they are needed the most. Let us try that consensus thing again. Will the First Minister back Scottish Labour's plans for the NHS?

The First Minister: When Labour finally comes up with some coherent costed plans for the national health service, then, in the interests of consensus, I will be very happy to consider them in an open and constructive way.

The fact is that Labour's figures do not add up. I do not know whether Kezia Dugdale was listening to yesterday's debate on the Budget (Scotland) (No 4) Bill. I do not know whether Jackie Baillie is in the chamber today, but I can understand why she might have chosen not to be. She spent most of her speech calling for additional money for local government and then, when she was challenged to say where that money should come from, she said that that was too complicated a question for her to answer. In the next breath, we heard a call for more funding for the health service, again with figures that do not add up.

I will tell Kezia Dugdale what I will continue to do as First Minister. I will continue to provide real money and real increases to the national health service from the Government's real balanced budget. Since 2010, we have increased the health budget in real terms by 4.6 per cent. Next year, territorial health boards will get an above-inflation increase of 3.4 per cent. We will continue to deliver for the health service and work with it to address the challenges. Because we stand with our health service to make sure that it is equipped to deliver, 42 per cent of people trust the SNP to run the health service, which is more than double the number who trust Labour.

Kezia Dugdale: The First Minister has £113 million of unallocated Barnett consequentials. We are asking for £100 million of it. That is real money to tackle a real problem and it is about time that she took responsibility for it.

SNP members pat themselves on the back about the opinion polls but, during Christmas, a portakabin was given a lick of paint and used as an integral part of our NHS. The £30 million to deal with bed blocking is welcome, but it will not make the Scottish Government's NHS crisis go away. Scottish Labour is putting the NHS first; when will the First Minister do the same?

The First Minister: Kezia Dugdale said that we should provide money from unallocated consequentials to the health service. The only problem with hearing that from Kezia Dugdale is that she is also asking us to make money available for local government, for a resilience fund and a whole list of other things. [*Interruption*.]

If Kezia Dugdale is now saying that it is not Labour's position for us to use the consequentials to set up a resilience fund to help people in the north-east economy, that is a change in Labour's position and she should clarify it.

To return to the fundamentals, this is about patients and staff in our national health service. Kezia Dugdale might want to talk about portakabins, but people across the country, and certainly those in the NHS Greater Glasgow and Clyde area, will be interested to know that a new hospital, at a cost of £850 million, is close to being constructed in the city of Glasgow. The Cabinet Secretary for Finance, Constitution and Economy visited it yesterday. That is the investment that the Government is putting into our health service. We will continue to invest real money from real budgets in our health service and to support those

at the front line. Frankly, we will leave Labour to its fantasy economics.

Prime Minister (Meetings)

2. Ruth Davidson (Glasgow) (Con): I think that I might just know the answer to this question.

To ask the First Minister when she will next meet the Prime Minister. (S4F-02532)

The First Minister (Nicola Sturgeon): I will meet the Prime Minister in about an hour's time.

Ruth Davidson: Yesterday, John Swinney announced that he was tearing up his previous rates and bands for the new land and buildings transaction tax and replacing them with more generous rates. He is able to do that because the Conservative-led Government at Westminster has cut stamp duty, which is reflected in Scotland's block grant. Does the First Minister think that that tax cut, which will help homeowners across the United Kingdom and Scotland, would have happened if Ed Miliband had been Prime Minister?

The First Minister: That question gives me a massive opportunity to reflect on what I think is a curiosity in Scotland, although Labour will probably not want to hear it. Yesterday, a poll was published in Scotland that showed that Ed Miliband, a Labour leader, has managed to find himself with an even lower approval rating in Scotland than a deeply popular Tory Prime Minister. I do not know how he has managed to do that but nevertheless he has. For people who look at the Westminster establishment and do not fancy what they see coming from either side, the answer is to vote SNP and get strong voices standing up for Scotland.

On the question of LBTT, I am very proud that John Swinney yesterday put forward tax proposals that will take 50 per cent of people at the bottom end of the housing market out of taxation on house transactions altogether. That fantastic achievement will help first-time buyers, and I hope that Ruth Davidson will warmly welcome it.

Ruth Davidson: I will warmly welcome the appearance on the next Conservative leaflet to pop through doors the words, "David Cameron is a deeply popular Prime Minister—so says the First Minister of Scotland." I have to say, though, that it is strange that the First Minister will happily pass on a Conservative tax cut but wants to help Ed Miliband get into Downing Street so that she can stop such tax cuts taking place.

I want to ask about a point of detail on yesterday's stamp duty reforms. When John Swinney first announced his rates in October, he said:

> "I have decided that the taxes raised should be revenue neutral, raising no more or less than the taxes that they replace."—*[Official Report,* 9 October 2014; c 39.]

He repeated that principle several times yesterday in the chamber. Following the chancellor's tax cut, the Deputy First Minister had an additional £64 million to pass on in yesterday's budget, but his climb-down amounts to only £53 million. Those numbers were confirmed to us by the Scottish Parliament's own independent information service this morning. That extra £11 million will have to be paid by home buyers in Scotland. Why has the First Minister not passed on the full £64 million to Scottish taxpayers as promised? What is she planning to do with the other £11 million?

The First Minister: The answer to that is, of course, very simple. I am sure that John Swinney would be very happy to write in detail and provide it, but I will give Ruth Davidson the answer right now.

The tax changes that John Swinney announced yesterday are revenue neutral, and we had to wait for the detail of the block grant adjustment. However, there are two other factors that John Swinney has been very open about taking into account: the effect of forestalling and, as he has indicated, the contribution that will be made to the reserve. That is the definition of revenue neutrality that he has always given. I am sure that the finance secretary will be very happy to set out the detail of that in writing to Ruth Davidson.

I will make two other points. First, I am glad that Ruth Davidson has given me the opportunity to say very clearly again that the Scottish National Party would not in any circumstances—formally or informally—prop up a Tory Government. Scotland does not vote Tory, and I do not see that changing any time soon.

My second point applies to both Ruth Davidson and Kezia Dugdale. Is it not rather strange that, on the day that the United Kingdom Government publishes its draft legislative clauses to supposedly implement the Smith proposals, neither Labour nor the Tories have the gumption to stand up here and say that the vow has been delivered? They know that it has not.

Murdo Fraser (Mid Scotland and Fife) (Con): Is it true that contractors that are working on the new women's prison project in Greenock will be told tomorrow that the project will not now go ahead?

The First Minister: As Murdo Fraser is aware, Michael Matheson has said that he is considering the issue very carefully. It is absolutely correct that, as the new Cabinet Secretary for Justice, he should take the time to do that.

It will not come as any surprise to any member that Michael Matheson and, indeed, the

Government and I have carefully looked at the issue, because we want to ensure that the right decision is taken. I make it clear that my view is that all of us across the chamber should be determined to work to reduce not just the prison population generally, but the female prison population in particular. I am sure that, when Michael Matheson finally makes his announcement after his consideration, Murdo Fraser will be interested in that, and I hope that he will welcome whatever decision we finally arrive at.

Cabinet (Meetings)

3. Willie Rennie (Mid Scotland and Fife) (LD): To ask the First Minister what issues will be discussed at the next meeting of the Cabinet. (S4F-02536)

The First Minister (Nicola Sturgeon): Matters of importance to the people of Scotland.

Willie Rennie: We know that the First Minister wants independence at all costs and at every opportunity, but that is not what the people voted for last September or what her party agreed to with Smith. It is therefore a pity that she has gone on a hunt for reasons to be miserable this morning. The vow has been met and delivered on time. This is home rule. [*Interruption*.]

The Presiding Officer (Tricia Marwick): Order. Let us hear Mr Rennie.

Willie Rennie: Will the First Minister join the people who believe in partnership and say that this is a good day for the Scottish Parliament?

The First Minister: On the basis of recent opinion polls, there are certainly some people in this chamber who have good cause to be pretty miserable, but I will give Willie Rennie a clue—it is nobody on the Scottish National Party benches, that is for sure.

In all seriousness, let me engage in a very straight way with Willie Rennie on this issue. It is of course no secret that I did not think that the Smith proposals went far enough, but nevertheless I welcome the proposals as far as they go. It is really important that both the spirit and the letter of those proposals are translated into legislation. I welcome the draft clauses today as far as they go, but in some key respects, there has been a significant watering down of what the Smith commission proposed.

I cannot believe that Willie Rennie is going to stand up here and argue that in any circumstances it can be right for Westminster to retain a veto on whether this Parliament can abolish the bedroom tax. I do not believe that Willie Rennie will agree with the fact that, even though the Smith commission said that we should have a general power to create new benefits in any devolved area, that is not actually being delivered. Willie Rennie should stop swallowing the Tory line on this and instead get behind the Scottish Government and try to strengthen the proposals.

Willie Rennie: I say gently to the First Minister that in Smith she agreed to share universal credit with the United Kingdom Government. Now she wants to exclude the people she agreed to share with. Does she not realise how ridiculous she sounds? All we have to agree is a start date for the new Scottish system. That is not a veto—it is Governments working together. It is basic common sense.

When will the First Minister honour her part of the Smith agreement and extend devolution to local communities? Two months since Smith, there has been no action whatsoever. Last week, her most senior back bencher, Joan McAlpine, said that those who want to devolve power to local councils want to "bring down" this Parliament. Is that why the First Minister is dragging her feet?

The First Minister: I am very committed to devolving power away from this Parliament. That is why we have done the work that we have done with cities, and it is why we have done, and continue to do, the work that we have done with our island communities. I do not think that it is reasonable for Willie Rennie to say that we should be devolving away powers proposed by the Smith commission before the UK Government has even got round to giving this Parliament the powers in the first place.

Let me quote the draft clause in question to Willie Rennie. Before this Parliament could make regulations to abolish the bedroom tax, we would have to consult the UK Government about:

"the practicability of ... the regulations"

and the secretary of state would have to give

"his or her agreement as to when"

that change could be made. I am sorry if Willie Rennie cannot understand this, but when we require the agreement of another person to do something, that person tends to have a veto.

I am prepared to make common cause with Willie Rennie on this. Let us go together to the UK Government and ask for that draft clause to be changed. If it agrees to change it, we will have made real progress.

Type 2 Diabetes (Children and Adolescents)

4. Jim Eadie (Edinburgh Southern) (SNP): To ask the First Minister what steps the Scottish Government is taking to reduce the incidence of type 2 diabetes among children and adolescents. (S4F-02538)

The First Minister (Nicola Sturgeon): To reduce the incidence of type 2 diabetes in children and adolescents, it is essential that we address the underlying risk factors that are associated with the development of this condition. Our obesity strategy, which was published in 2010, sets out our long-term commitment to tackling overweight and obesity. In addition, in January 2011, we published our framework to improve maternal and infant nutrition. From a broader perspective, our diabetes improvement plan, which was published in November last year, contains actions designed to improve the early detection of people of all ages who are at risk of developing type 2 diabetes.

Jim Eadie: Given that one in seven children in Scotland are now classed as either obese or overweight, I welcome the priority that is being placed on measures to prevent more children from being diagnosed with type 2 diabetes. What more can be done to encourage school pupils to become healthy and more active by promoting cycle lessons, walking to and from school and putting greater emphasis in the curriculum on physical education and healthy eating? What more can be done to provide a determined and concerted focus in our most deprived areas?

The First Minister: The Government is committed to doing all that we can for children and young people, to prevent more children from being diagnosed with type 2 diabetes. Health and wellbeing is a core part of curriculum for excellence in Scottish schools, and across all learning stages it mandates that children and young people should enjoy daily opportunities to participate in physical activity and sport. The 2014 healthy living survey shows that 96 per cent of schools are delivering at least two hours of physical education in primary schools and at least two periods in secondary schools. That demonstrates remarkable progress since 2004-05, when less than 10 per cent of schools were meeting that target.

David Stewart (Highlands and Islands) (Lab): The First Minister will be well aware that having type 2 diabetes at a young age increases the chances of complications spiralling, including heart and kidney disease and even premature death. However, up to 80 per cent of cases of type 2 can be delayed or prevented through lifestyle changes. Does the First Minister share the vision of Diabetes Scotland of a future without diabetes, which can be achieved by funding research into new treatments and teaching children the importance of a healthy diet and regular exercise? Surely our aim should be a country free of Scotland's silent killer.

The First Minister: I strongly agree, and I take the opportunity to commend the work of Diabetes Scotland. We look forward to continuing to work with Diabetes Scotland so that we can improve prevention and early diagnosis, which will enable us to limit some of the damaging effects later in life that Dave Stewart has spoken about. I look forward to working across the chamber on the actions that I have spoken about, and indeed on other actions, so that we can look forward to a Scotland without diabetes.

Reassurance to the Jewish Community

5. Ken Macintosh (Eastwood) (Lab): To ask the First Minister what steps the Scottish Government has taken to reassure the Jewish community following recent terrorist attacks and the reported rise in anti-Semitism. (S4F-02534)

The First Minister (Nicola Sturgeon): Following the atrocities in Paris, I spoke with the director of the Scottish Council of Jewish Communities on 16 January to offer the condolences and support of the Government to the Jewish community in Scotland. Tackling anti-Semitism is a key priority for the Scottish Government and we continue to work closely with organisations representing the Jewish community. Most recently, we have provided funding to the Scottish Council of Jewish Communities to explore how attitudes to being Jewish in Scotland have changed in the past year, and I hope that that work, as part of our programme of support, shows our clear commitment to countering intolerance. We will also continue to work through Interfaith Scotland, which works to promote dialogue, and through education to eliminate religious intolerance as well as improving the lives of all of our faith communities in Scotland.

On 27 January, I will attend the national Scottish holocaust memorial event 2015 in Ayr, to commemorate the 70th anniversary of the liberation of Auschwitz-Birkenau. I will also be signing the book of commitment in the Scottish Parliament pledging the support of the Scottish Government to keeping alive the memory of what can happen if we allow hatred, prejudice and intolerance to remain unchecked.

Ken Macintosh: I thank the First Minister for her comments and for the commitment that she is showing on behalf of the Scottish Government. Does she agree that our reaction should be one not of alarmism but of reassurance?

I would like to suggest one way of signalling the solidarity with the Jewish community that we wish to show. The First Minister issued a very welcome statement condemning the horrific attack on the kosher supermarket in Paris, just as she did condemning the *Charlie Hebdo* massacre. However, unlike the statement condemning the *Charlie Hebdo* attack, which has been put on the Scottish Government's website, her statement to the Jewish community has not yet been put on the

website. It is quite important that, as well as offering reassurance directly to the Jewish community, there is a public display of that message. I ask the First Minister to think on those comments.

The First Minister: I am certainly more than happy to take that on board and to rectify that, if indeed it is an omission. I assure Ken Macintosh that, if it is an omission, it is not a deliberate one and that it must obviously have been an oversight. I will ensure that that is rectified.

On the first part of his question, I absolutely agree. It was something that I also heard from the director of the Scottish Council of Jewish Communities. It is very much a case of uniting together in solidarity but resisting alarmism, and instead taking every opportunity that we can to reassure those in our Jewish community. We are lucky in the diversity of our country. The Jewish community in Scotland plays a massive role in this country and makes a massive contribution. We are proud of that, and we should all stand shoulder to shoulder with it at this time.

Stewart Maxwell (West Scotland) (SNP): I very much welcome the comments that the First Minister has just made and what is I hope a reassurance to the Jewish community in Scotland. However, in light of the comments by the Home Secretary about security at synagogues and schools down in England following the incidents in France, can the First Minister provide reassurance about the additional security measures that will be provided to the Jewish community, particularly at synagogues, social clubs, Calderwood Lodge primary school and the secondary school that is attended by Jewish pupils in East Renfrewshire?

The First Minister: Both the Cabinet Secretary for Justice and I have had a briefing from the police on some of those specific matters. I assure members that Police Scotland is aware of the need to ensure that the reassurance and support that are given to local Jewish communities also encompass our universities. We will be working with university chaplaincies and other organisations to ensure that that is the case.

Similarly, the safety of pupils attending school is of paramount importance to us, to local authorities and to the police, who recognise the concerns of some Jewish communities. I assure members that the police will be undertaking a range of measures to provide not just reassurance but tangible reassurance.

I have no doubt that that will be a welcome message to everybody who, like me, wants to send out a very clear message that we will not tolerate in any way, shape or form the intolerance and prejudice that, unfortunately, some people in our faith communities are subject to.

Jackson Carlaw (West Scotland) (Con): My question underpins all of that. Does the First Minister agree that, whatever disagreements individuals may have with the day-to-day policy of the state of Israel, that should not be conflated with the Jewish community here in Scotland, and that such disagreements must never be allowed to justify the abuse or intolerance that, unfortunately, they are sometimes used to justify.

The First Minister: Yes, I agree whole-heartedly. Just as the wider Muslim community is in no way, shape or form responsible for the kind of atrocities that were carried out in Paris, so, too, the wider Jewish community is not responsible for any of the actions of the Israeli Government. Whatever people's views are about Israel, that is not the responsibility of the Jewish community here in Scotland.

I want to see, and I believe that everybody in Scotland wants to see, all our wonderfully diverse communities coming together and demonstrating in how we behave and how we carry ourselves that, whatever differences there might be between us, we are one Scotland.

Trident Renewal (Impact on Public Services)

6. Bill Kidd (Glasgow Anniesland) (SNP): To ask the Scottish Government what impact the renewal of Trident would have on the delivery of public services in Scotland. (S4F-02544)

The First Minister (Nicola Sturgeon): The equivalent annual cost of Trident renewal is estimated by the Trident Commission to be £2.9 billion per annum at 2012 prices. How Scotland's 8.3 per cent population share of those costs, which equates to around £240 million per year over the lifetime of the proposed successor programme, could be better used would be a matter for the Government to determine at the time, but I make it clear that, rather than spending billions of pounds on weapons of mass destruction, this Government would want to use our proportion of that money to help Scotland to continue its journey to becoming a fairer and more prosperous country.

Bill Kidd: Is the First Minister as shocked as I am that, just a week after voting with the Tories to impose an additional £30 billion of austerity cuts, the great majority of Scottish Labour MPs backed the allocation of another £100 billion of public resources for new nuclear weapons?

The First Minister: The really sad thing is that I am no longer shocked when Scottish Labour decides to side with the Tories instead of siding with the people of Scotland. We saw that during the referendum campaign, and we saw it last week, when Labour voted with the Tories for an additional £30 billion of austerity cuts. Just this

week—aside from a handful of honourable members of the Scottish Labour Party—most MPs from the Scottish Labour Party either did not bother to turn up and vote against Trident or voted with the Tories for the renewal of Trident. That is yet more evidence, if it were needed, that the only party that can be trusted to stand up for Scotland is the Scottish National Party.

Murdo Fraser (Mid Scotland and Fife) (Con): Presiding Officer, I have a point of order in relation to the answer that the First Minister gave me in connection with the future of the proposed women's prison project in Greenock. Given your statement to Parliament on Tuesday about communications and announcements being made by the Scottish Government first to the press and not, as they properly should be, to the Parliament, how can you assist members who wish to see further information on that topic being announced to Parliament and not in some other fashion?

The Presiding Officer: There are a number of ways in which Government ministers can inform Parliament about their actions when they are a matter of significance. There are five different ways to do that. I am sure that Mr Fraser is well aware of those and I am sure that the Government is too.

Willie Rennie (Mid Scotland and Fife) (LD): On a point of order, Presiding Officer. In her response to me, the First Minister selectively quoted the draft clauses that were published by the United Kingdom Government today. She read the start but not the end of clause 20(4)(b). In full, it reads:

"the Secretary of State has given his or her agreement as to when any change made by the regulations is to start to have effect, such agreement not to be unreasonably withheld."

This is a very serious matter. I seek your advice, Presiding Officer, on how the First Minister can correct the record and correct her selective misquoting.

The Presiding Officer: First Minister, would you like to respond?

The First Minister: I will read the clause, as Willie Rennie has done:

"the Secretary of State has given his or her agreement as to when any change made by the regulations is to start to have effect, such agreement not to be unreasonably withheld."

In other words, before a change, such as the abolition of the bedroom tax, can be introduced by the Scottish Government, the secretary of state at Westminster has to give his or her agreement. That seems pretty clear to me. I am not sure which bit Willie Rennie does not understand.

Tackling Population Decline (Argyll and Bute)

12:32

The Deputy Presiding Officer (John Scott): The next item of business is a members' business debate on motion S4M-11361, in the name of Jamie McGrigor, on tackling projected population decline in Argyll and Bute. The debate will be concluded without any question being put.

Motion debated,

That the Parliament notes that, on 29 October 2014, Argyll and Bute's Community Planning Partnership held an economic summit in Dunoon entitled "Addressing our Population Challenge" to consider the population changes and associated challenges facing Argyll and Bute; is aware of the data published in May 2014 by the National Records of Scotland that predicted that Argyll and Bute's population will fall by 13.5% by 2037, the second largest projected decline of any local authority in Scotland, with the working age population predicted to fall by almost 22%; shares local concerns about the impact on the local economy and public services of such a steep decline in population, and notes the view that policy makers at all levels should treat as a priority tackling and reversing the projected population decline and looking at new ways of supporting the area and boosting its economic growth, while promoting Argyll and Bute as a diverse, attractive and first-class location for residents, visitors and businesses alike.

12:33

Jamie McGrigor (Highlands and Islands) (Con): I thank colleagues for supporting me on the frightening challenge facing Argyll and Bute. There is so much to say in only seven minutes. It is necessary to grasp the thistle—to quote the title of Mr Russell's literary tome—and to do something now to change the alarming picture.

I thank Dick Walsh in Argyll and Bute Council, and others, for their briefings. Argyll's people matter and so do their children—that is what worries me. I have had six children in Argyll and Bute. It is one thing to have them, but it is quite another to keep them there. Argyll was and is a fantastic place to live, but the lack of modernisation of its infrastructure is causing significant problems for those who want to make their living there.

Last May's National Records of Scotland's projections are that the population of Argyll and Bute will fall by 13.5 per cent over the next 25 years, against a 9 per cent rise in the overall Scottish population. An even greater concern is that the number of people of working age is projected to fall by 22 per cent by 2037. That comes on top of a 3.5 per cent decline between 2001 and 2011, with some islands, such as Bute, seeing a population decline of more than 10 per cent in that time.

When we look at the facades of the buildings in Rothesay, Dunoon or Helensburgh, we see the traces of an era of prosperity and enterprise. Those facades are fading fast, though, despite the great efforts of very gifted people such as John McAslan, who has converted the Dunoon burgh hall back to its former glory.

I have seen the population decline in Loch Aweside, where I live, and a sharp fall in the number of people employed in the primary industries of forestry and farming. Until the 1980s, forestry villages such as Eredine and Dalavich were mainly inhabited by forestry employees. All those jobs are now gone, so land that was nationalised and taken over by Government to provide local employment no longer fulfils that purpose.

On the farming front, I remember the hard physical work that occupied many young people on the farms all over Argyll, which went hand in glove with the social life that made Argyll living so agreeable. That era has passed and skills are being lost. Fisheries used to employ many in the coastal communities; again, those are in decline. Small villages were proud communities that competed in a friendly manner to have the best schools, shops, post offices and the like. That was the key to happy living. There are still strong, sustainable communities; Ardfern is one such example. However, all of us here recognise the pressures that a declining and ageing population will place on public services and the local economy. We risk losing the critical mass needed to retain services such as rural primary schools, the loss of which will discourage people from moving to the area—a vicious cycle that is difficult to escape.

The challenge for us is to reverse the population decline and to sow the seeds of something different. It is essential to increase economic growth and to attract new business. Government must provide the infrastructure, in particular transport links and digital communication technology. People like to be modern and not to be considered as hillbillies.

Since Roman times, areas have been judged by their roads. The future of the A83 trunk road—the key artery into Argyll, which links Cairndow to Campbeltown—must be at the top of the transport list. Many words have been spoken and diversionary routes put in place, but ask any business in Argyll and Bute and they will say that the Scottish Government needs to provide a permanent solution to deal with landslides. A canopy or covered emergency route option is the answer. People are frightened to travel that road. Argyll needs a reliable and safe road system, please.

That is fundamental, as are reliable and safe ferry services to Argyll's islands and for those who commute from Dunoon to Glasgow. The isle of Colonsay suffers from an unfair situation, with freight charges 25 per cent more for shorter journeys than they are for other islands. It is an unlevel playing field.

Too many Argyll communities suffer from slow, unaffordable or non-existent broadband. Improvements must be inclusive. On the islands of Islay and Jura, Bowmore and Port Ellen are to get fibre optics but, although the roads are all being dug up at Port Askaig and Keil, people there will not benefit, and neither will Bruichladdich, Port Charlotte or Portnahaven, which are all being bypassed. That is not good enough for islands that provide a huge boost to the Treasury through whisky revenues. Holidaymakers now ask whether lettable properties have broadband, never mind 3G or 4G. Nowadays, no broadband can mean no visitors.

Ministers must consider additional funding for Highlands and Islands Enterprise to support new business start-ups and to attract new companies to Argyll and Bute. Planning relaxations are necessary where housing is in short supply and business developments are hampered. What is the point of conserving particular features of rural community buildings if the end result is that no one ends up living or working there?

How about local government-sponsored co-operative initiatives for businesses to overcome the expensive overheads involved in individual efforts? The council or HIE could act as a co-ordinator for that and there could be new initiatives between the council and the private sector on land use. What about tax incentives to grow business? Remember what schedule D did for forestry planting.

Finally, the issue of connectivity was emphasised by Dick Walsh and the council. E M Forster, author of five masterpieces, had the motto "Only connect." Connection of transport, digital links and the physical and mental connection of people and ideas are vital.

Argyll has so many positives. Our wonderful scenery means that tourism is a key part of the economy. We have Oban's world-class shellfish restaurants, our stunning islands, historic sites such as Inveraray castle and Mount Stuart and endlessly fascinating historic ruins. All that can be expanded with better promotion and a focus on genealogical and archaeological tourism. We have world-class country sports such as angling. The reintroduction of sporting rates will not help that sector and should be reconsidered.

The food and drink sector, not least of which is Islay's whisky industry, is strong, but members

should look at the telephone and electricity grids on Islay and Jura if they want to see something that needs to be improved.

Incentives for farmers to grow something other than just silage would be good and would also be good for biodiversity, especially of bird wildlife in Argyll and Bute, which is still an ornithologist's dream.

The Scottish Association for Marine Science at Dunstaffnage has modernised, and the new European marine science park is a great addition. Argyll has great potential.

I am running out of time so I will conclude. I am looking for a commitment from the Scottish Government that in its policies it will treat tackling Argyll and Bute's projected depopulation as a priority, because Argyll—Earra-Ghàidheal, or the coast of the Gaels—is a land of mystery and history, a vital and integral area of Scotland where the blood and the beauty lie strong. There is a Gypsy Traveller saying that they would not swap one square foot of Argyll for the whole of Perthshire and the Kingdom of Fife. There will be members in the chamber who might disagree, but nonetheless, Argyll is the enduring heartland.

12:41

Michael Russell (Argyll and Bute) (SNP): I congratulate Jamie McGrigor on securing the debate and the poetry of his conclusion. Although I would not necessarily sign on to promote Argyll and Bute by criticising other areas, it is a most wonderful and remarkable place and I am very proud to be its member of the Scottish Parliament.

It is a measure of the seriousness of the problem that most of us have put party politics aside to debate and discuss it. It is therefore rather strange that there are no Liberal Democrats in the chamber considering that they have the member of Parliament for Argyll and Bute and are increasingly driving the council's policies, mostly in the wrong direction.

The population summit that the council held was something of a damp squib. The meeting was cancelled, rearranged, cancelled and rearranged. When it took place, it came up with very little, apart from a recommendation that there should be something called a "sustainable task force". It has not even met yet, although there have been two council papers.

Argyll and Bute Council is at the heart of the problem and it should be much more active than it is in promoting change and growth. However, there are roles for others, and Jamie McGrigor is right to talk about that. Last week, I was at a meeting of the A83 task force, held in Arrochar, at which there was a commitment by the Scottish Government to the principle of continuous access. In other words, there needs to be a permanent solution to the problem on the A83; the Scottish Government knows that and is working on it.

The Scottish Government has also invested heavily in Argyll and Bute's infrastructure. There has been substantial expenditure on the A83, and the broadband project that is going forward in the Highlands and Islands is the largest in Europe. Last summer, 25 submarine cables were laid, the majority of which ended or started, or both, in Argyll and Bute. There is a massive programme of investment, but it needs to be matched by the actions of the local authority and some private enterprise.

The mobile phone companies are very remiss in their lack of investment in Argyll and Bute; it has the worst mobile phone service in Scotland. Indeed, the companies seem to be incapable of dealing with the regular outages. Oban was without a Vodafone signal for nine days at the start of this year. Vodafone has also failed to provide a regular signal in Lochgilphead, Islay and other places. EE and O2 are not much better.

Today, I want to present three ideas that I put to Dick Walsh, the council leader, for his population summit. I wrote to him about them and received a five-page rebuttal, so I will start again and see if the council will listen to some of the things that need to be done.

The very start is to listen to what the community is saying. On Saturday, I attended the march and rally in support of the Castle Toward buyout. The community in Castle Toward has received £750,000 from the Scottish land fund. It is very keen to purchase the castle and to make sure that 100 jobs are created; yet for some reason, best known to itself, the council is resistant to that change. Even at this late stage, on the day when it has a motion before it asking it to continue the issue for another month, I would appeal to it to do that and to enter into serious negotiation.

Three constructive things could be done. First, there needs to be a focus on the problem with an entrepreneurial and adventurous approach—that has got to be a priority. There needs to be urgency and intelligence in devising solutions.

Secondly, the council must work with others on that. It needs a small, flexible group of people that will look at lots of different ideas; there is no silver bullet for this. It should put together a group like that, not some massive, process-driven task force that will simply take minutes. What is needed is a small group of people working together—elected representatives and others—who can bring forward ideas. One idea—Presiding Officer, I am conscious of the time—that is already on the table is to talk to those who come and take holiday

cottages. Some of them may wish to stay. Providing very simple information to them will help.

Thirdly, driving the policy has to be at the heart of everything that the council does. It is no use closing the schools or making planning much more difficult. What we need to do is to have every policy focused on population growth.

Finally, we need innovation and ideas. In 1868, there was a first proposal for a railway that would connect Ireland to Scotland. It was to go from Torr Head to the Mull of Kintyre. That would be a big project and I am not asking the minister to commit to it—today. However, I am glad to see David Mackenzie here in the gallery; he has been working hard with me and others on ideas for a fixed link to Coll. That would be affordable to invest in, and it would generate new business and new population within part of Argyll that would then grow outwards.

We need big thinking. Last year HIE proposed a new road from Dunoon to Lochgilphead. Let us look at capital investment and at work but, above all, the council has to get active. Presently it is passive and process driven, and that is not good enough.

12:47

David Stewart (Highlands and Islands) (Lab): First, I congratulate Jamie McGrigor on securing this afternoon's debate. The member spoke passionately about population decline on the Isle of Bute, and his speech was very thoughtful and colourful.

In its recent skills investment plan for the Highlands and Islands, Skills Development Scotland argues that the biggest challenge for the region is the attraction and retention of working-age people. Where there has been strong population growth, it has been driven by in-migration, typically of older people.

The beauty of Argyll and Bute has made it a very desirable area to retire in, although it has also attracted many Highlanders from all over the world returning to their place of birth. Argyll and Bute has an older age profile and there is a deficit of skilled people of working age, particularly in the 15-to-39 age group.

What can we do to address the population decline? I endorse the comments of the previous two speakers about the way forward.

I believe that education is a powerful tool in the armoury. The University of the Highlands and Islands has received support from successive Scottish Governments and from all parties in the chamber—I put on record the support that Mike Russell gave UHI when he was education secretary. There are now around 9,300 students taking higher education qualifications across the region, including in Argyll and Bute.

As the university matures, develops and broadens its range of academic courses, I believe that it will decelerate out-migration and encourage more people—and indeed students of all ages—to study, train and work in Argyll and Bute. Of course we have to develop the niche. The great work being done by the Scottish Association for Marine Science is a good example of how to develop a niche to reflect the needs of the local area.

The key is to align academic experience, learning and training provision with the current and future needs of employers. An example is the provision of modern apprenticeships in the energy, engineering and food and drink sectors.

We have to be realistic about the fact that regions in Scotland are, in effect, in competition with each other as far as industry and inward migration are concerned. If the aim is to target those of working age, we need to address the question of how competitive Highlands and Islands as a region, and Argyll and Bute specifically, are in ensuring, as some members have already touched on, adequate affordable housing, integration of transport, broadband speed, and—the point that Mike Russell made—the quality of the mobile phone infrastructure.

Employers will play a key role, of course. It is really important that they are not just passive observers but are key partners with Skills Development Scotland and others in preparing a skills plan that is based on not just current needs, but future needs.

Structural funds will play a very important part in providing infrastructure and helping with social skills in training.

Finally, we all know—but it is worth stating—that depopulation and economic activity are inversely related. In 2012, for example—figures for which were the latest that I could find—Argyll and Bute's employment rate was below the Highlands and Islands average and its unemployment and economic inactivity rates were above the Highlands and Islands averages. So that is the task.

To take the population change figures from 2001 to 2011, Argyll and Bute lost 3.4 per cent of its population, which is the largest area population decline in the region. It also had the lowest employment rate for young people and the largest economic inactivity rate among young people—it was higher than the Scottish average.

Those are the facts from the past, but we have to be positive for the future.

Argyll and Bute has beautiful landscape and breathtaking scenery, of course, but they do not by

themselves put food on the table or clothes on the backs of children. The key goals in addressing the population decline are to stimulate and grow the economy and to target the attraction and retention of young people.

The UHI is an impressive and dynamic institution. In conjunction with Skills Development Scotland and employers, it will give local people and incoming students the tools to serve the local community. The area is open for business, and I am convinced that, as the UHI grows and develops and we remedy the infrastructure headaches, the population decline and economic inactivity will be reversed.

I again thank Jamie McGrigor for his initiative in bringing the debate.

12:51

Mike MacKenzie (Highlands and Islands) (SNP): I congratulate Jamie McGrigor on securing the debate. I agree with a lot of what he said, although maybe not with absolutely everything.

Population loss is the most significant and profound issue that Argyll and Bute faces. Argyll and Bute is one of few parts of Scotland that face population decline and the only part of the Highlands and Islands that faces it. We know that the population loss is mainly being experienced by the more rural and peripheral communities. After years of progressive decline, many of those communities are reaching a tipping point at which they will plunge into complete unsustainability.

Good evidence for that became apparent in 2010, when the council proposed closing 26 primary schools, or one third of its school estate. That was a reaction to falling school rolls. However, the effect of closing those schools would have been to hammer the final nails into the coffins of communities that were beginning to die. Thankfully, parents and politicians fought a determined and vigorous campaign and succeeded in halting the proposals. I pay tribute to my colleague Michael Russell for providing leadership and energy in that campaign, which was ultimately successful.

The council should have realised at the outset that the schools issue was a symptom of a deeper malaise, but it was not until the publication of the 2011 census that it began to be aware of the population loss. That was hammered home as its budget settlement began to decline along with the falling population, because, as we know, the grant-aided expenditure formula is population based.

The council's response so far has been to organise the population summit that Michael Russell touched on. That was finally held a few weeks ago. That in itself was an admission that it did not know how to remedy the problem. Even now, I am unconvinced that it is willing to acknowledge that it is at least in part responsible for the problem. I am unaware of any credible policy response to tackle the problem to date. It is a problem that I have described in many years of witnessing that sad decline as the dead hand of Argyll and Bute Council.

The council is of course quick to deny that and to defend its position. It points to a number of other challenges beyond its control, such as the credit crunch, the ensuing recession and poor connectivity, but it fails to recognise that those challenges affect all other parts of the Highlands and Islands—in some cases, they are affected more profoundly than Argyll and Bute. Removing all those other reasons leads to the only possible conclusion: that it is the policies and practices of the local authority that are responsible for the sad demise of Argyll and Bute.

The patient continues to deny that it has any disease, and it refuses to take any medicine. The culture in the upper echelons of Argyll and Bute Council is that of an organisation that exercises power by saying no—saying no to the aspirations of individuals, saying no to the aspirations of businesses and social enterprises, and saying no to the aspirations of communities. If people are unable to fulfil their reasonable aspirations, they go elsewhere. It is as simple as that.

12:56

The Minister for Local Government and Community Empowerment (Marco Biagi): I recognise Jamie McGrigor for bringing the motion to the chamber. The population summit that has been described stems from the work of a community planning partnership and, with my community empowerment hat on, I will take a moment to recognise a community planning partnership that is uniquely placed to provide a forum where all the public bodies that have an input on the matter can work together.

The Deputy First Minister—the Cabinet Secretary for Finance, Employment and Sustainable Growth at the time—was pleased to contribute to that summit by speaking and taking questions on how the Government can support the work that is being done.

Population decline does not come under the remit of any one authority or agency; it can be dealt with only through partnership. At a time when improvements to the work of CPPs have been coming forward from Audit Scotland, and when we are updating their role and function through the Community Empowerment (Scotland) Bill, this is an example of the sort of cross-cutting issue that it is right to tackle in the forum of the CPP.

Looking at the demographics, we can clearly see the population challenges that are being faced, with an older, dispersed and gradually declining population. The picture is more mixed than might at first be obvious. That is not to take away from the direction of what is happening and the challenge that exists; it is to see in that the seeds of how, as a country and through local agencies, we can attract people.

In the 10 years to 2013, more people moved into Argyll and Bute than moved out. The population decline was brought about by deaths outnumbering births. In the past two years, Argyll and Bute had a net loss of people through out-migration in the 16-to-29 age group, which David Stewart pointed out, although there was a net gain in all the other working-age age groups from 30 to 65.

Making any place a sustainable and vibrant community depends on a whole set of factors coming together. That is as valid for a village or a county as it is for a country. I recognise the thrust of where members are coming from. The issue of opportunities for work involves the Government putting in place the right economic support and the right infrastructure and, more broadly, opportunities for a fulfilling life. That means schools, health facilities and the places where communities can come together. It also involves a physical environment that is conducive to all of that. In that regard, with the Arrochar Alps, Iona and Cowal, Argyll and Bute does not need much help from the Government to be an inspiring and beautiful place to choose to live.

On the other two matters, there is a lot that we can do and are doing. The programme for government sets out a range of measures that are very relevant to Argyll and Bute and will help to tackle inequality, ensuring that the region flourishes.

Transport links have been discussed extensively. Funding of £14.2 million is going towards improving the A82 between Pulpit Rock and Crianlarich; we have already improved the A83 at the Rest and Be Thankful, with £9 million; there are further works at Glen Kinglas and elsewhere; and the task force that has already been mentioned is addressing the problem of continuous access, which everyone recognises and would wish to be brought in. We are also rolling out road equivalent tariff to Bute to further boost connectivity.

Connectivity these days is not just about moving vehicles; it is also about internet connections.

Michael Russell: It is vital to mention every part of Argyll and Bute that is affected. I am sure that the minister will want to recognise that RET in its final roll-out will also go to the island of Mull, which needs it very badly.

Marco Biagi: Yes indeed. We have a full roll-out in effect from October. The nature of Argyll and Bute means that sometimes I find that there are so many names on the list that I could spend the whole of my time going through it. I do not mean to leave anywhere out. Argyll and Bute includes a diverse set of communities, all of which will benefit.

I have for example a list of 17 places that are benefiting from community broadband, which I will not occupy my time by reading out. That support is there for those that are not being reached by the mainstream project, which has been referred to already as the largest such project in Europe. There will be 800km of new fibre on land and 400km of subsea cables. The project is vast.

It is important that the programme of extending broadband infrastructure will cover 85 per cent of premises, whereas wholly commercial development, without Government intervention, would have reached only 28 per cent. That is being brought about because of our Government intervention.

Jamie McGrigor: Although I agree that that big project is very welcome, does the minister agree that the areas that are left out are left at a considerable disadvantage, especially in the tourism market, and that those areas that are connected have an enormous advantage? Things are very difficult for some businesses.

Marco Biagi: I certainly agree that it is very important for any business to be able to connect. As I referred to before, community broadband Scotland is targeting the work for community broadband solutions. That will affect communities and localities and bring that benefit to those that will not benefit from the mainstream roll-out. That is our way of ensuring that broadband of the proper quality that is demanded by these communities can reach every possible corner of Scotland, including in Argyll and Bute.

That is not the only thing that is vital for the economy. There is regeneration going on, through the regeneration capital fund to improve Dunoon pier and tax increment financing for Oban north pier. The people and communities fund is supporting people across the region. The empowering communities fund, which will shortly be detailed by the Government, will undoubtedly offer more opportunities. The small business bonus scheme in Argyll and Bute is helping a tremendous proportion. More than half of all business properties are now paying zero or reduced business rates—one of the higher figures in the country. The Community Empowerment (Scotland) Bill, which I am trying to put through

Parliament, will allow the local council to adopt local business rates schemes to further build on that. That will help local authorities tackle areas that need additional business rates support.

Highlands and Islands Enterprise has in the first three quarters of 2014-15 created or retained 97 full-time equivalent jobs. There has been a £5 million increase in business turnover. We have the European marine science park and the Scottish Power renewables investment in the Sound of Islay.

There are all kinds of business projects going on, but perhaps what we need is an overarching strategy, with everybody continuing to come together. Recognising the challenges and the need for effective partnership, Argyll and Bute Council is setting up an economic forum, which is due to meet next month. There is a tourism summit on 17 March. I will be visiting Argyll and Bute very soon to discuss how we can further boost the economy and keep working together to ensure that the whole region flourishes. I will be sure to raise there all the important issues that have been aired in today's debate.

13:04

Meeting suspended.

14:30

On resuming—

National Health Service 2020 Vision

The Presiding Officer (Tricia Marwick): Good afternoon. The next item of business is a debate on motion S4M-12120, in the name of Shona Robison, on the 2020 vision, the strategic forward direction of the national health service. Members who wish to speak in the debate should press their request-to-speak buttons now. We have a bit of time in hand, so we will be generous with the length of speeches if members take interventions.

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): Almost three months into my job as Cabinet Secretary for Health, Wellbeing and Sport, I start my speech by saying how proud I am of Scotland's NHS. In the past few months, the NHS, alongside its partners in the other emergency services, has faced a number of very difficult high-profile emergencies. The George Square tragedy just before Christmas and the on-going challenges with Ebola have demonstrated the tireless compassion and professionalism of our front-line staff and we should be proud of each and every one of them.

The NHS has a good record and I am grateful to be able to highlight once again through this debate the on-going achievements of the NHS and to express my deep appreciation of the tireless efforts of NHS staff in delivering high-quality patient care. That work is universally recognised, not least by the Scottish people, with 89 per cent of in-patients rating their care and treatment positively in 2014, the highest figure since we started surveying patients.

Today the NHS treats a record number of people. Over 1 million people received in-patient treatment during the past year, and there were more than 4.5 million out-patient attendances. Waiting time targets are tougher and the NHS is performing better against those targets than it did previously. Further improvements also continue to be secured in patient safety, with huge reductions in levels of healthcare-associated infection. Since 2007, cases of Clostridium difficile among those aged 65 and over have fallen by 81 per cent, while cases of MRSA are down by 88 per cent.

There has been progress, but there is much more to be done.

Stewart Stevenson (Banffshire and Buchan Coast) (SNP): The cabinet secretary rightly plays up how we are better controlling infection in hospital, but does she recognise the challenge that medicine faces due to the fact that it is more than 20 years since any new type of antibiotic was

discovered? One of the great challenges in future will be how we deal with antibiotic resistance. Scotland is not uniquely challenged in that respect, but it will be a problem for us as for others.

Shona Robison: Mr Stevenson is absolutely right. That is a challenge, and a lot of work has been done on prescribing practices, because we know that some of the prescribing practices for existing antibiotics have exacerbated cases of C difficile. There has been a lot of research and there is now better awareness of how antibiotics influence the patient safety programme, which has been very successful indeed.

The on-going challenges over winter demonstrate the need for our NHS to be flexible and responsive in providing care, and that tells us why integration is key to meeting the needs of individuals, their carers and other family members. The issue of seven-day services that is mentioned in the Labour amendment is one that we are absolutely on top of. We have been working for the past year on seven-day sustainable services. The task force on seven-day services has done excellent work and its emerging conclusions about how we shape the workforce in the NHS and get the capacity in the right place to deliver sustainability for the future will be vital. I am sure that members across the chamber will agree that it would be more sensible to await the task force's conclusions so that we can make informed decisions about how to best achieve seven-day sustainable services.

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): When will the task force report, and when was it expected to report?

Shona Robison: As I understand it, the interim report is due shortly, after which we will get the full report. I am happy to give a commitment to bring that back to Parliament once the final conclusions have been reached, because it is important that we are informed by the experts on these matters.

Jenny Marra (North East Scotland) (Lab): Will the cabinet secretary take an intervention?

Shona Robison: In a minute.

Winter planning continues to play an integral role in the Scottish Government's national unscheduled care programme. The Scottish Government and NHS boards have invested a total of £50 million this winter to help offset winter pressures and ensure that services are effectively maintained and delivered. However, this winter's challenges have brought home the need to focus on the 2020 vision's emphasis on prevention and self-management, and to do that we need to look differently at how we deliver care.

Jenny Marra *rose—*

Shona Robison: NHS boards review their winter performance every year. We know that the main pressures over the 2013-14 winter period were from bed days lost to delayed discharge and patients awaiting care in the community. That is why we are increasing our efforts in that area. As I have said before, that is absolutely a top priority for me.

The NHS cannot meet those challenges alone.

Jenny Marra *rose—*

The Presiding Officer: Ms Marra, will you please sit down?

Jenny Marra: I was hoping that the cabinet secretary would give way.

Shona Robison: I will in a minute, if you just bide your time.

Health and social care integration is the most significant change for health and care since 1948. It is intended to be transformational and to go beyond simple organisational redesign. Disjointed systems of health and social care are exacerbating the problems of inappropriate admission to hospital and delayed discharge from hospital when a package of care and support in the community could deliver better outcomes for people and would be their choice. People tell us that they want to be at home with families and not in hospital. The consequences of admission to hospital are not just personal; they are felt across the whole system, as it ties up people and resources in care that is not best suited to the individual and often results in poorer outcomes.

There is no doubt that delayed discharges impact on the wider hospital system. Beds can be unavailable to others who need them and people can wait in accident and emergency or have their operations cancelled. Delayed discharges cost the NHS many millions of pounds but, most important, a delay in someone's discharge is a very poor outcome for that individual. In short, it is the worst outcome at the highest cost.

I will take Jenny Marra now.

Jenny Marra: I just want to follow up on Malcolm Chisholm's point. I understood that the task force was going to report bimonthly. Can the cabinet secretary clarify that?

Shona Robison: The task force will report when it has reached its conclusions. As I said to Malcolm Chisholm, the interim report is due soon, and I am happy to bring the task force's final conclusions to Parliament. It is important that we politicians listen to the experts, particularly on issues such as seven-day services, and that we do not assume that we know better than them. I hope that all parties in the chamber will accept that.

To go back to delayed discharge, evidence tells us of a functional decline that can start after 72 hours of someone being ready for discharge, and that the decline can get rapidly worse over time. Therefore, the six-week target that we inherited was always too long and the four weeks that we have now is still too long. In the majority of cases, two weeks will be too long. That is why we have reached agreement with the Convention of Scottish Local Authorities that we will work to discharge the vast majority of patients within 72 hours of their being clinically ready for discharge. To help to achieve that, this week I announced a further £100 million over three years to be invested in integrated partnerships through the NHS, to help to reduce the number of people waiting to be discharged from hospital.

The funding will be used to support health boards and local authorities to deliver good-quality care and support for people at home or in a homely setting.

Jenny Marra: Will the cabinet secretary give way?

Shona Robison: In a minute.

I have agreed with COSLA that we will expect the new money to deliver key integration outcomes that take us closer to the 2020 vision and are best represented by indicators relating to emergency admissions for adults, readmissions to hospital, the quality of social care services and delayed discharge.

I expect all strategic commissioning plans to be explicit in setting local objectives in respect of those key indicators and that local plans will take the partnerships towards achievement of the objectives within a reasonable period of time. The Scottish Government will engage directly with partnerships, reflecting the shared commitment with COSLA to improve performance against nationally agreed outcomes, and we will provide support and of course challenge to those partnerships. That signifies a new relationship between the Scottish Government and local partnerships, with a shared commitment to delivering on shared objectives and working with trust and reciprocity.

Jenny Marra: I heard the minister's remarks on television about discharging patients within 72 hours, and we know that the clinical advice is that that is safer. Is the Government's target 72 hours, or is it two weeks? Can she clarify what her target is?

Shona Robison: The two-week target comes in from April. However, two weeks is too long for most patients and therefore the integrated partnerships will have an ambition to work towards the 72-hour discharge standard, because we know that, clinically, that is what is required for most patients. We want the partnerships to make progress towards that as speedily as they can.

Our current work with integrated partnerships shows a strong commitment to the shared agenda and I plan to provide another early opportunity over the next few weeks for Parliament to be updated in more detail on the progress that is being made by partnerships in advance of them hitting the ground running on 1 April.

With the NHS budget next year increasing by £380 million to reach more than £12 billion for the first time, perhaps we should focus more on what we spend the money on, rather than having bidding wars about delivering 1,000 more nurses or spending £100 million more than the Scottish National Party. That approach is not the best way to plan for what our NHS needs.

We have an NHS that works hard to meet the challenges of today. It puts patients and their families first and delivers amazing outcomes for most patients. However, we cannot rest on our laurels. To do so would be to betray the values of the NHS and we know that we have much to do to make our health and care services meet our goal for the provision of safe, person-centred and effective care. We need an approach to health in Scotland that fits the 21st century.

We have the 2020 vision. That vision, with its emphasis on new models of care, healthcare delivered closer to home, and prevention, remains the right one. However, it is clear to me that, as a nation, we are not making sufficient progress quickly enough towards that vision. We need to be clearer on how we are going to deliver that vision and the step changes that are required to get us there. We also need to raise our eyes beyond that horizon and see what success would look like over a 10 to 15-year timeframe.

We need to move more quickly to a system that has a greater focus on prevention and which supports people with long-term conditions better, given that there will be 779,000 people over 75 by 2037, which is a rise of 83 per cent. They will need to be supported in their homes and communities to live productive fulfilling lives. We need a system that has more of a focus on tackling the legacy of health inequalities. We must do all of this in a very challenging financial environment, which will require a cross-Government approach.

To achieve those goals, we need to do things differently. We need an NHS that improves and evolves to meet those needs and which is bolder on the need to have more care delivered locally, with more services organised around primary care practices where patients have those continuing relationships. That will mean enhancing primary and community care, including more resources and teams of health professionals working

together in communities. It will mean ensuring that health services work effectively with third sector and community organisations to engage with people who are least likely to access healthcare and consequently are most at risk of poor health outcomes.

Health professionals will need to be able to support patients facing wider social issues that are having an impact on their health and wellbeing. Specialist doctors and nurses will be needed to support people in their own homes, care home or hospice, as well as in hospitals. We must be clearer about what care should be delivered locally, regionally and nationally. I am hugely ambitious, through the use of technology and by deploying the talents of our NHS staff appropriately, about how much more care we can deliver locally, in homes and in communities.

Without a doubt, the service that we will provide in the next 10 to 15 years will have to be different from the service that we have provided in the past 10 years. We need to work with communities to improve their health and wellbeing by harnessing their existing assets and enabling them to develop those into meaningful changes.

Good relationships are vital to achieving the best possible outcomes. We want people to be at the heart of every decision, and we want an NHS that cares and is compassionate. We have the stronger voice project, which was announced by Alex Neil last summer, but I want to go further than that. Today, I announce my intention to develop a longer-term 10 to 15-year plan for the NHS that builds on but takes us beyond the 2020 vision.

In doing so, I want to work with stakeholders, including patients and families, professionals and clinicians of all stripes, the Parliament's Health and Sport Committee and indeed even Opposition parties. I want to reach as much consensus as possible around what we want our health and social care systems to look like over those longer timeframes and the steps that we need to take to get there. As that will include planning what capacity is required where and what the workforce will need to look like to deliver these new services in a different way, the role of the professional bodies and the royal colleges will be key to informing that work.

That engagement will be on-going, but I would like, if possible, to reach broad agreement on this plan by the autumn. I do not think that we will agree on every detail, but I hope that we will be able to agree the key planks of what success will look like if we get everything that we are doing now and will do in the future right. On that note, I hope to hear some ideas about that in the chamber this afternoon.

I move,

That the Parliament is committed to ensuring that Scotland's NHS remains in public hands and free at the point of need; recognises that Scotland's caring services face challenges common across the developed world, including those derived from an ageing population, changing demands of service provision and increased costs associated with new medicines and technologies; supports the achievements that quality improvement programmes have made, such as the Scottish Patient Safety Programme and the Early Years Collaborative, and the importance of sustaining and spreading these achievements; agrees that the 2020 vision's strategy for integrated health and social care is key to ensuring sustainable caring services long into the future; commends the contribution of NHS and social care staff in caring for Scotland and in seeking to achieve the aims of the 2020 vision; believes that the contribution of staff, stakeholders and users of the country's caring services will be vital to the development and implementation of delivery plans for the short and long term that meet the aims of the 2020 vision, and welcomes the recent additional investments in Scotland's NHS, including a further £100 million over three years to address delays in discharge and support people to remain at home or in a homely setting for as long as possible.

14:46

Jenny Marra (North East Scotland) (Lab): I welcome the cabinet secretary's remarks about the 2020 vision, which, as she knows, Labour has supported from its inception. I also give a cautious welcome to her remarks about the 10 to 15-year plan. Members on these benches will need to see a lot more detail about the plan's scope and whether it is an extension of the 2020 deadline or something different. As she concentrated on the proposal only briefly at the end of her speech, I hope that she will come back to the chamber in the next couple of weeks with more detail on it.

During yesterday's debate on the budget bill, Labour asked the Scottish Government to invest £100 million of its consequentials in a front-line fund for the NHS. I am grateful that this afternoon's debate gives me the opportunity to talk about the proposal a bit more and to outline how it fits into the 2020 vision for the NHS as a whole.

I hope that the cabinet secretary will forgive me and Malcolm Chisholm for pressing her on the timing of the task force, but I think that it was justifiable, given that our budget ask of £100 million for a front-line fund is actually based on the recommendations of our civil servants and her own Government. It has published several position papers and plans that say that evening diagnostics and weekend surgery would be a great boon to our health service and would free up capacity. We are completely on the same page as the Scottish Government on this matter. Given that the health service is such a priority at the moment, we are simply asking it to spend the £29 million in health consequentials, which she has yet to allocate from the November consequentials, and indeed the general consequentials, on this.

I know that the cabinet secretary will forgive me and Malcolm Chisholm for pressing her on the timing. After all, in a Scottish Government press release from October 2013, Alex Neil announced that the task force was to meet early in the new year, which would have been last January—a whole year ago—to drive this forward. As we have not yet seen the report from the task force, she will understand why we are pressing her on a date in that respect.

Scottish Labour has always supported and will continue to support the 2020 vision, because it sets out a person-centred and well-integrated vision that I would like to see for health and social care in Scotland. Unfortunately, however, it seems that especially in the last few weeks and months, that vision is further and further away from the reality that patients in Scotland face. I do not think that the Scottish Government is taking enough tangible, on-the-ground action to deliver it. Perhaps it is the prerequisite of not being fully challenged until 2020 on its targets that is allowing the Government to take its time, and I am slightly concerned that the plan that the cabinet secretary has just announced simply extends the target. There is not enough action or progress happening in our NHS at the moment.

Shona Robison: I find it hard to accept that that is the case, given that one of the biggest changes that is to be made, as I laid out in some detail, is the integration of health and social care, which will take place from 1 April onwards. That will be the catalyst for huge change in delivery of the 2020 vision.

Jenny Marra: I agree that the integration of health and social care will be the biggest catalyst, and the money that the cabinet secretary announced is welcome. However, as I am sure she will agree, the 2020 vision is a lot broader than that.

The current A and E crisis, the persistent and continuing health inequalities that we see across Scotland every day and the tragedy of patients dying on delayed discharge lists are immediate front-line problems that need to be fixed before we can make any real headway on the 2020 vision. The Health and Social Care Alliance Scotland and the Royal College of Nursing have said that, and Labour has raised the issue in the chamber time and again. When people's lives, health and wellbeing are at stake, it is unacceptable to have to wait a few more months for the necessary improvement.

A front-line fund would allow hospitals that face extra pressure to move to a fully functioning seven-day-a-week operation. It would free up beds, with the result that patients would get better care more quickly while pressure on staff would decrease and patient flow through the hospital would increase, which the cabinet secretary knows as well as I do is a critical factor in tackling delayed discharge.

A key issue in the 2020 vision—that of health inequalities—persists. I acknowledge that the cabinet secretary touched on the matter, but how will the task force that the Scottish Government set up work more on the ground to eradicate health inequalities? The crux of health and social care integration involves opening our arms and inviting our communities into our health service. The RCN has said that, given the aims of the 2020 vision, it is deeply worrying that Audit Scotland's review, "Reshaping care for older people", found that

"There is little evidence of progress in moving money to community-based services and NHS boards and councils need clear plans setting out how this will happen in practice."

We must also look to the tireless and committed workforce that will help us to achieve such integration. Nurses, for example, are instrumental in connecting health and social care in primary and secondary care. When we look at the figures from the RCN's staff survey, which show that 81 per cent of nurses have an increased workload compared with a year ago and 58 per cent feel that they are under too much pressure at work, we can see how unfair additional pressure on our hard-working workforce would be.

The NHS's own staff survey, which the cabinet secretary announced before Christmas, reported that only 25 per cent—a quarter—of our nurses and midwives agreed that there were enough of them to allow them to do their jobs. Vacancy rates for nursing and midwifery—which stood at 3.6 per cent in September—remain a problem across the country. That is a problem that could persist, given the Scottish Government's cuts in nursing student numbers over recent years. As we announced a few weeks ago, if it is elected in May 2015, Labour will introduce a mansion tax that will fund an additional 1,000 nurses in Scotland.

At First Minister's question time, we heard the First Minister address the issue of an understaffed NHS, but I was left wondering whether she and the cabinet secretary are working from different baselines or different information. At FMQs, the First Minister stated that staffing had gone up by 6.5 per cent, while the cabinet secretary said last week that it had gone up by 7.6 per cent. I hope that she or one of her ministers might be able to clarify that.

As I emphasised yesterday and will continue to emphasise, if we are to improve the state of our NHS, more resources are needed and they must be used as effectively as possible. NHS Greater Glasgow and Clyde faces costs of £167 million in backlog maintenance just to keep its buildings fit

for purpose. We know—it was raised in the chamber earlier—that, this winter, that board has had to resort to using a portakabin for A and E patients.

Shona Robison: Is Jenny Marra aware that the so-called portakabin, which is a clinical area, was first opened 10 years ago? If that so-called portakabin was good enough to be opened under Labour, why has its use to provide additional clinical capacity when required suddenly become a problem? It will, of course, shut once the new south Glasgow hospital is open.

Members: Hear, hear.

Jenny Marra: It is worrying that SNP back benchers applaud the severe situation. Last week I went through, board by board, the capital investment that our NHS needs just to keep our infrastructure up to date. Not just Glasgow is affected, as the cabinet secretary well knows, as I read out the figures last week; all over the country boards need capital investment to keep up to date and to keep our NHS fit for purpose.

According to the Royal College of General Practitioners, in NHS Highland, the large amount of spend on locum cover for rural areas shows the false economy of repeatedly underfunding general practice. The NHS in Scotland spent a record £82 million on locum doctors last year, an increase of £18 million on the previous year. The cabinet secretary really needs to look at a sustainable recruitment strategy in the NHS. That kind of misspending must stop if she is to achieve the 2020 vision for Scotland.

Investing in nurses through a mansion tax would help to develop this long-term vision. Investing in the front-line fund that we have proposed, which is based on the Government's proposals, would free up beds, allowing hospitals to deliver better care. The most recent document reporting on the task force for seven-day services on the Scottish Government website was published in March 2014. I return to the timing of this. The document says that the timing of the task force and the frequency and duration of meetings are to be agreed. It seems today that the publication of the report is still also to be agreed.

The reality is that accident, illness and emergency do not respect a 9-to-5 working week. The cabinet secretary's civil servants have told her that in all these papers. At the moment, with this year's hiatus, our hospitals are expected to get by with a skeleton staff at the weekend, even since the Government recognised that that is a problem. We should be aiming higher for our NHS in the 21st century.

A front-line fund that the cabinet secretary has the money for—she still has £29 million in unallocated health consequentials—makes sense for patients and staff. The money is there to be used. We are proposing use of the £29 million unallocated consequentials from health, along with £71 million of general consequentials, to give to the fund.

I know that the cabinet secretary and her colleagues in Government have been accused of perhaps storing up cash ahead of the election, but I know that she will agree that this money should be spent when and where it can on the NHS.

The budget will be finalised in early February. It makes sense for the Scottish Government to heed Scottish Labour's call and to implement its own plans for the seven-day service, which it has been working on.

I endorse and support the 2020 vision, but I would like it to become a reality. For that to happen, the Scottish Government must take more swift and strategic action, and it must take it now.

I move amendment S4M-12120.1, to insert at end:

"; notes that the NHS staff survey reported that 75% of Scotland's nurses think that there are not enough of them to do the work; welcomes Scottish Labour's commitment to fund 1,000 extra NHS nurses from a UK-wide mansion tax, and believes that patients would benefit from a 'frontline fund' to allow hospitals to free up capacity during evenings and weekends for a modern health service".

14:58

Jackson Carlaw (West Scotland) (Con): I begin by acknowledging the comments that others have made. It is now accepted that all parties in this Parliament are committed to an NHS in Scotland that is in public hands and free at the point of need. Although the Government's motion is not worded exactly as I might have chosen, we will be supporting it tonight.

Stewart Stevenson: I apologise for intervening so early, but this is quite important—the member might agree with me. It is very revealing that the United Kingdom Independence Party has said that as a matter of principle it is prepared to privatise the national health service in England and Wales and replace it with an insurance system. Will the member put flesh on his commitment to the NHS by saying that it should continue to be free at the point of need and controlled by the state?

The Presiding Officer: I am not sure that you can speak on behalf of UKIP, Mr Carlaw.

Jackson Carlaw: Of course I will not. I obviously cannot respond to every barking mad tendency in the United Kingdom, but I can confirm and underwrite the commitment that the Conservatives have given.

The less said about the Labour amendment the better. Quite why Jenny Marra should put to the

sword again a proposal underwritten by funding mechanisms so discredited here only a week ago and so widely ridiculed elsewhere, not least by significant and senior figures in her own party, is a mystery.

Most recently, Lord Mandelson, the architect of Labour's only UK election victories in the past 40 years, dismissed it out of hand. It is extraordinary and telling that Ed Miliband's contribution to our debate is that London should step in. He is talking about the same London party that the Scottish Parliament, through its votes and approach, has deemed, over 13 years under Mr Blair and Mr Brown, to have embarked on health reforms that have so damaged the NHS in England. Labour's solution is for Ed Miliband to act in some colonial potentate capacity, imposing reparations on the people of London to fund nurses in Scotland. After 16 years of devolved responsibility for health, no one other than Scottish Labour believes that responsibility for nursing in Scotland remains with the people of London.

At best, having correctly, if belatedly, identified the urgent need for 1,000 additional nurses in Scotland, Scottish Labour makes it conditional, not on the election of a Labour Administration in Scotland, to where the responsibility is devolved, but on the election of a Labour Government at Westminster, the prospect of which—I will be generous here—is, at least, doubtful. Let us be done with Mr Miliband's nonsense, just as Britain will be done with him on 7 May.

Before the exigencies of the referendum campaign, the cabinet secretary's predecessor embarked, albeit tentatively, on a collaborative journey with the other parties to seek understanding and agreement on the future for Scotland's NHS that takes in its stride the 2020 vision and looks beyond. Scottish Conservatives have made it clear that we will support a courageous vision, with all the difficulties that that might entail, if the Government is prepared to be bold and direct in its purpose. The cabinet secretary has convened a meeting with health spokesmen next week, and I hope that she will demonstrate the same resolve and purpose. Whatever the merits of the 2020 vision—that is the thrust of the cabinet secretary's speech today—it is clear from the testimony of so many that, although it is underpinned by general agreement, it is nonetheless being hampered by an NHS that is, for want of a better description, bursting at the seams. I do not mean that as a criticism, but the capacity issues are huge.

We, like Labour, accept the need for additional nurses, but I repeat that our preferred and deliverable funding method in Scotland is the reintroduction of prescription charges on an agreed model so that those who can afford to pay do pay. In so doing, they pay not just for their prescriptions but for the NHS to have 1,000 additional nurses. That is not conditional on anything other than the will of the Scottish Parliament.

Although we accept the thrust of the Government's motion and the various achievements it identifies, I make the point that agreement between us on a publicly funded NHS that is free at the point of need is not a destination; it is a starting point. There is an urgent need for creative discussion, some of which might be uncomfortable but is no less urgent for that, on where Scotland's NHS must head and how the more distant vision is achieved and made sustainable.

I will not rehearse the challenges again today, but it is surely time for us to speak of ideas. Scottish Conservatives will not shy away from contributing to the debate. We may not have settled on our views and we genuinely wish to work with others to achieve a plan that we can all support. However, strands of thinking are now emerging.

We cannot sustain the current NHS board structure. The new Southern General hospital is the model for the future but it suggests a structure that has, perhaps, four health boards. Such centres of health will still need a significant hospital structure and support, particularly given Scotland's diverse landscape and all the challenges, such as that posed by dementia, that follow. That would in turn lead to a leaner pharmaceutical prescribing structure across Scotland, with more universal access to drugs for all Scots.

Scottish Conservatives have talked about the responsibility of Scots to an NHS that is guaranteed by health insurance. The conundrum remains that there is ultimately no appetite to deny those who are reckless with their own health access to health care. So what can we do to enhance individual responsibility? Perhaps when individuals reach their majority, a more deliberate insurance contract should be entered into. Perhaps just as households receive an annual council tax statement, they should receive an annual and personalised NHS statement that details their use of services, current key healthcare information and health statistics and advice, making it clear how they access the NHS and what they must consider as part of a responsible approach to their own healthcare.

At the heart of a sustainable future must be a rethink of primary care. It cannot be allowed to become marginalised, with the public routinely seeking out accident and emergency care ahead of their GP. It needs investment. Perhaps urban should follow rural and accept that small,

underresourced GP practices will fall away and be replaced with larger practices that are capable of sustaining a 24-hour model locally, as the cabinet secretary suggested moments ago. We need to make general practice attractive to a new generation—and soon, as the ageing demographic of our current cohort of GPs is deeply worrying.

A model that is based on larger, well-resourced practices should be supported by an attached national and universal health visiting service. I welcome the announcement last year on more health visitor funding, but if our preventative agenda is to succeed, we need that universal service to reach beyond the earliest years and perhaps to offer support up to the age of seven to ensure that the changes that we all want are entrenched in individuals' spirit as they become self-aware. We believe that such an approach will help to tackle persistent health inequalities at source.

Primary care offers the majority of healthcare but does not receive anything like the resource that that suggests, and some argue that it is commanding an ever-reducing share of the healthcare resource.

We have been too quiet in our deliberations on addictions, particularly to alcohol, since we passed minimum unit pricing nearly two years ago. That has yet to be implemented. However, the consequences of alcohol abuse remain a central and morale-sapping demand on accident and emergency services. Again, there is reluctance to introduce a system of fines for repeated alcohol admissions, but no alternative strategy has emerged. The Scottish Conservatives believe that an alternative approach is required—not an approach that is based on fines, but certainly one that seeks to reduce the reliance on A and E services and offers a more direct rehabilitation and recovery strategy.

The cabinet secretary has made quite a bit of the fact that Scotland's healthcare budget is now some £12 billion. That is a staggering sum that is beyond the physical comprehension of many. That is why some find it all too easy to say that the solution is more money still. When we appreciate just how much of what the Government spends goes towards healthcare, it may seem hard but it is surely an inevitable conclusion that calls just for ever more spending are a fool's gold healthcare strategy.

The challenges are understood. We may get lucky: breakthroughs in science and technology may come to our rescue. Think what a fundamental breakthrough in the treatment of dementia or type 2 diabetes would represent for all our fears, plans and calculations. In truth, such breakthroughs may yet be our best hope. However, we can hope for the best but we must plan otherwise, as they say.

We need to evolve a new platform for the structure and delivery of both primary and secondary care. Our preventative agenda must be dynamic, universal and sustained, and our approach to addictions has to become specialised and must not overwhelm the other mainstream services.

We support the motion—that is the easy, consensual bit. Last week, I urged the cabinet secretary to initiate the very discussion that she has announced this afternoon and to shape a plan that can achieve what we want. It is over to the cabinet secretary. We will work with her as she does that.

The Presiding Officer: We now move to the open debate. I remind members that we have a bit of time in hand, so if they wish to take interventions, they should feel free to do so. We will try to be as generous as we can.

15:07

Bob Doris (Glasgow) (SNP): This debate is an opportunity for the Parliament to share in the 2020 vision for Scotland's national health service. That vision is not owned by politicians in the Parliament; it is owned by wider society, which rightly expects much from our NHS, and, of course, by health and social care professionals on the ground who have to deliver all the aspirations and outcomes that the Parliament wishes to see.

Previously, Labour has called for a wholesale review of the NHS. The SNP has consistently opposed that view for several reasons. I do not think that that has been referred to today, particularly by the Labour Party. The arguments are well rehearsed, and I will not repeat them, but I wonder whether, in reality, our positions are not that far apart and whether the hidden secret might be that a growing consensus is emerging on healthcare in Scotland.

The Scottish Government's 2020 vision strategy is evidence of a system that is being kept under constant review. That is why it is being refreshed. The challenge, of course, is to ensure that we properly implement the aspirations of the 2020 vision across the NHS and, indeed, social care, in a co-ordinated and strategic way.

We all know that the NHS is complex. It is impossible to unpick accident and emergency waiting times from acute bed numbers, delayed discharges, or, indeed, social care provision in the community. All those matters and many more, including not least the size and skills base of our health and social care workforce, are inextricably

linked. That makes the system at its heart complex, but we can make significant progress.

In that context, I want to look at acute bed numbers for a moment to illustrate my point. Before the SNP Government came to power in 2007, the then Labour Minister for Health and Community Care, Andy Kerr, said that there were "good reasons" for the reduction in acute beds. In 2011, Richard Simpson said on behalf of Labour that he "welcomed" the SNP dropping targets on acute beds. I could pull out quotes from Labour members that contradict that. However, I am not trying to make a party-political point; I am trying to illustrate a different point, which I will come on to.

As politicians, we rightly often focus on numbers and targets. The key debate on acute bed provision is not necessarily about whether we have, for instance, 15,000, 16,000 or 17,000 acute beds.

Rhoda Grant (Highlands and Islands) (Lab): Does Bob Doris not understand that the reduction in acute beds was to have been matched by an increase of care in the community? Indeed, that is something that underpins the 2020 vision. The failure to build care in the community has meant that we cannot cut acute beds.

Bob Doris: That is the point that I intended to develop further and that is why we are having the debate. We have consensus on some of those points and Rhoda Grant should give me time to develop them. As I was demonstrating, the numbers are meaningless unless they are placed in the context that Rhoda Grant gave in her intervention. We need to track whether patients who have been admitted to acute beds could, through preventative measures, have avoided being there in the first place. Perhaps some could have been treated in the community rather than finding themselves in acute beds.

Many patients are being discharged more speedily than previously. That surprises some people, but it is undeniable and there has been significant process. However, for many frail, elderly people, that is simply not the case. That is why I am pleased that the Scottish Government has announced an additional £100 million over three years in partnership with COSLA and the NHS to improve social care support to tackle delayed discharge.

I make reference to the RCN briefing for today's debate. It has made a reasonable request for the money to be tracked to ensure that it makes a difference to the patients that it is aimed at, and that the NHS does not just soak it up like a sponge. Mr Carlaw referred to that in his opening remarks.

Another significant area of investment in recent years has been the huge investment in accident and emergency, with the number of A and E consultants in Scotland rising from fewer than 76 full-time equivalents in 2006 to more than 131 full-time equivalents in 2014. Of course, patient flow through A and E is vital, and I am pleased that the challenges that still exist are being addressed with the Scottish Government's £50 million unscheduled care action plan. However, to make the best use of those funds, we need to better understand the drivers of patients presenting at A and E and the reasons for admission in the first place, and we must ensure that patients who are clinically able to leave hospital do not remain there due to social care pressures, as was previously mentioned. Indeed, I would be keen to know how work is developing along with stakeholders such as the College of Emergency Medicine and others to track that and see how we are getting on.

We are not putting in short-term solutions. The 2020 vision is all about long-term and sustainable solutions. Having the right number of appropriately qualified care staff in people's homes and in residential care establishments is also crucial. If we add to that matters such as access to allied health professionals when needed or ensuring that proactive health opportunities are available around health centres, although they do not always have to be GP led, a complicated matrix of services and staff support quickly emerges.

That is why a key part of the 2020 vision is the workforce planning strategy, and integrated health and social care boards will need to do a significant job in mapping out workforce numbers across a whole range of health and social care disciplines and how they interact with one another. Doing it in isolation has not been fit for purpose in the past, but integration gives us an opportunity. In that context, existing workforce and workload planning tools may also have to be refreshed. All those things must be considered.

Finally, I want to mention seven-day services. I say to Ms Marra that everyone is up for that, but such things take a while to develop. If we want to increase surgical capacity, we must ensure that we have doctors, nurses, anaesthetists and everything else in place to ramp up that level of support, not just for one year or two but in the long term, and I believe that that is what the task force on seven-day services is seeking to do. It is not about a short-term solution. As with the 2020 vision, it is about putting long-term solutions in place for the benefit of the NHS and our social care services.

15:14

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): I will be gentle with Bob Doris by saying that there is consensus about the vision but there is concern and disagreement about its

implementation. We have had agreement about the vision for more than 10 years. We have agreed about a partnership-based and patient-centred approach; about developing continuous, integrated care in the community; about having a focus on prevention, anticipation and self-management; about using patient experience to improve quality; about addressing health inequalities; and about enhancing the safety of the patient. There has been agreement about that for a long time, and there has been some great implementation.

I am a great fan of the patient safety programme, and I am always ready to praise the work of the Scottish Government in relation to that. In fact, I think that the Government should sometimes publicise it a little more. Another aspect that is mentioned in the motion is the early years collaborative, and I am a great fan of that, too, although it will take more time for results from that collaborative to realise themselves.

Collaboratives being a good thing, I remind the cabinet secretary of what I suggested last week: why not reinstate the emergency care collaborative? Professor Derek Bell, who is the number 1 expert on emergency care in the United Kingdom and who headed up the emergency care collaboratives in England and Scotland, said that the situation had deteriorated in the five years since that collaborative was disbanded.

The problems lie in faltering implementation in relation to developing services in the community. Jenny Marra has already quoted the Audit Scotland finding that there has been no progress or little evidence of progress in moving money to community-based services, so I will not repeat it.

Bob Doris: Will the member give way?

Malcolm Chisholm: In just a minute.

The 2020 vision document itself says that there is

"a focus on ensuring that people get back into their home or community environment"

as soon as possible. Once again, the problem of delayed discharges going in the wrong direction is highlighted. The actual implementation is against the vision.

Bob Doris: I thank Malcolm Chisholm for giving way, and for being gentle with me, too—I appreciate that.

I appreciate the point that Malcolm Chisholm is making about a shift from acute spend—hospital spend—to spend in the community. Does he think that one of the reasons for the current position might be that so many of the plethora of NHS targets, including the 12-week waiting time treatment guarantee, which is sitting at 98 per cent, are hospital based? Perhaps we need to consider targeting more community-based outcomes to help to drive some of that shift?

The Presiding Officer: Mr Chisholm, I will give you additional time to make up for that speech.

Malcolm Chisholm: We certainly need to develop the community infrastructure, but the reality is that we must develop hospital services, too. I know that all too well in Lothian. Last week, in the context of the general increase in delayed discharges, I flagged up the 15 per cent of beds in NHS Lothian that are occupied by delayed-discharge patients. I expressed concern—and I should express it again—about the fact that Lothian, with its £70 million funding gap, received only £4 million out of the £65 million last week. I am still not entirely clear about the reasons for that.

There are clearly concerns about the need to build up community infrastructure. We also have the problems in emergency care, and I have already referred to Derek Bell's suggestion, but we need to build up capacity both in hospitals and in the community. That is why the Government would be unwise to dismiss so readily the two positive, specific suggestions involving extra resources that have been made by Labour over the past couple of weeks.

On the issue of seven-day working, I have read the "Seven Day Services Position Paper"—there may well be more than one paper, but I have certainly read one of them in the past few days. The flaw in the Government's position is that it thinks that seven-day working can be implemented without extra resources. Labour is coming to the rescue of the Scottish Government. We are saying that it can have the proposals and that we are prepared to push it to put the available money into them.

Shona Robison: Having previously been health minister, Malcolm Chisholm can presumably tell us how he has worked out, on the basis of that position paper, how much it will cost to implement seven-day services? How has he come to the conclusion that it would cost £100 million?

Malcolm Chisholm: There is £100 million available. I should say, before I answer that question fully, that I was told that the report was to be available by December, and I am not quite sure why that has slipped.

I cannot quote five pages of the document, but the sentence in the position paper that I found most interesting of all was this one:

"There may be some actions that could be taken immediately that would result in a rapid improvement in patient care."

Towards the end, the document discusses senior decision making and ward rounds seven days a

week, as well as emergency medicine. I will read out what it says about elective surgery:

"There is an argument that spreading elective surgery over more days to avoid the Monday, Tuesday, Wednesday congestion would help both scheduled and unscheduled care."

Those are

"actions that could be taken immediately".

To some extent, that answers the objection that the cabinet secretary raised, so she should work with Labour in this area.

Finally, Labour talks about nurses. I am very pleased that we are doing that. As the RCN has pointed out on more than one occasion, nursing numbers have risen recently since the low of June 2012—although it is not clear why they declined so much in the preceding period when there was quite a bit of money still around in the health service.

However, the rise in the number of nurses is not enough to keep up with demand as our population ages and people live longer with multiple and often complex conditions. We simply do not have enough nurses. We have a vacancy rate of 3.6 per cent and there have been cuts to student numbers in recent years. We have to build up the nursing workforce. Nurses are the heart of the NHS and fulfil so many very important roles, and not only the hospital roles that people tend to think of. Primary care services can be enhanced by the skills of nurse practitioners, and there are specialist nurses—we know about specialist nurses for motor neurone disease from earlier this month, but there are specialist nurses for many other conditions—nurses in mental health and nurses involved in the nursing at the edge initiative, which we had a debate about a few weeks ago.

I think that the Government should welcome Labour's proposal for 1,000 extra nurses. Even Jackson Carlaw should welcome this proposal. I know that he enjoys attacking the mansion tax but, if he thinks about it, what Labour is proposing is no different from what his or any other Government does. When there is an increase in health expenditure in England, we get our percentage share of it. He may not like the mansion tax, but whether the increase in services comes from it or from VAT or income tax instead, we get the share—that is what Labour is proposing. I think that the Government should welcome the proposal of 1,000 extra nurses, and I think that everybody in the country will.

15:21

Joan McAlpine (South Scotland) (SNP): Thank you, Presiding Officer. I welcome the chance to contribute to the debate. As the cabinet secretary outlined, the foundation of the Scottish Government's 2020 vision is that by that date, just five years hence, everyone who is able to will live longer and—more important—healthier lives at home or in a homely setting.

The challenges that we face—an ageing population, higher expectations, rising medical costs as new treatments come online, and long-term health conditions that can be successfully managed—have arisen in large part because our NHS is a fantastic asset of which we should be proud. The fact that we are all living longer is no bad thing. Members across the chamber have spoken before about the contribution that older people make to their communities in terms of social capital.

We know that there are, despite that, challenges ahead. It is right that the then Cabinet Secretary for Health and Wellbeing, Alex Neil, last October announced a refresh of the ambitious 2020 vision policy to meet the changing needs of the Scottish people. I note that the briefing today from the Health and Social Care Alliance Scotland welcomed that as an important development that offers an opportunity to further engage with people who use the support services and to include the third sector in designing the future priorities for health and social care.

I want to focus on the third sector, today. We know that integration is not simply about streamlining or simplifying the system for its own sake, or even for the sake of those who deliver care. It is not necessarily about saving money, either. What it can do is improve outcomes for the person who is at the centre of care, so the vision is about how to make those outcomes as possible as they can be for those people.

We are not alone in that aspiration. For some time now, person-centred integration has been the goal of many countries across the world, especially those that value good-quality public services. It is a global challenge. In 2011, the Scottish Parliament information centre reported on international comparisons of health and social care provision and found that over the past 40 years across Europe, and further afield, there has been a trend towards encouraging health and social care agencies to work together to improve care. The report uses case studies from the United Kingdom, Sweden, Italy, Canada and New Zealand that highlight barriers to and enablers of success. It is interesting that the report found that some of the greatest barriers to successful integration are to be found where competition and market-oriented systems prevail. That is why it is welcome that everyone in this Parliament has signed up to a public system.

Most important is that the report found that the most valuable enabler of successful health and

social care integration, in policy terms, is effective engagement of the third sector, which will come as no surprise to many of us in the chamber. The third sector has consistently demonstrated an ability to pioneer preventative approaches that can ease the burden on traditional NHS services and help people to stay independent and healthy for longer.

I was very pleased to hear at this week's meeting of the cross-party group on volunteers and the voluntary sector a presentation from John MacDonald of the Community Transport Association on community transport's increasingly important role in getting people to health appointments, in helping them home from hospital and in keeping them socially active and well. We will all have examples of that in our constituencies. I have the privilege of seeing how it works in South Scotland with the Annandale Transport Initiative and a similar voluntary sector project called Food Train, which delivers shopping and offers befriending, library and even repair services to older people all over Scotland.

It is a mark of this Government's commitment that the 2015-16 budget will give an additional £173 million for integration, including an integrated care fund of £100 million, to improve outcomes and build on the progress that was made by the reshaping care for older people change fund, which provided £300 million from 2011-12 to 2014-15. That change fund was a powerful lever in supporting the third sector, the NHS, local authorities and the housing and independent sectors to work more effectively together and to share ownership of local change plans and delivery.

Today's debate presents us with an opportunity to show further our appreciation of the third sector's role as people who use support services in designing future health and social care priorities, and it will be interesting to see how the third sector will be involved in the new boards. That will be important if we are to achieve the transformational care that we are all looking for.

15:26

Johann Lamont (Glasgow Pollok) (Lab): I welcome the opportunity to participate in the debate. I think that we all recognise the massive challenge that we are facing, and I note in particular that although the RCN liked the idea of the 2020 vision and of planning ahead, it cautioned that short-term responses to crises have very often meant that we do not reach the milestones that we want to reach.

In unkinder times, I was known to have said that someone who wanted their health problems to be addressed would be better off fetching up at the newspaper desk than at the accident and emergency unit, because we saw ministers responding to and dealing with crises and getting headlines as a result. We recognise, however, that we face a bigger challenge.

I also note that the briefing from general practitioners refers to the impact of cuts in primary care and the amount of GP time. We know that very often the GP listens carefully to what the patient says and understands the proper reason why they have come, which might be different from what they presented with. I am sure that we all, across the chamber, want to do all that we can to protect those services.

Inclusion Scotland's briefing also makes the case that there are things besides the health budget that reflect, respond to and react to our aims, and which present challenges with regard to the 2020 vision.

Someone once said that vision without action is a daydream. Although we in the chamber can be pleased about the vision, the challenge for us all is to be rigorous in our spending and planning and to ensure that all those who absolutely understand the reality of the pressures on social care, primary care and acute care are fully involved in developments. Only this week, I was told in my constituency that the wait for non-urgent physiotherapy has gone from three weeks to 15 weeks. That is a rational response to pressures on budgets, but if people who are waiting for their non-urgent physiotherapy become so unwell that they have to present at A and E, the consequences will become significant.

If it is a general truth that people feel distant from politics, it is certainly true that frustration arises when our health debates are not rooted in, and focused on, the lived experience of staff, patients and families. Inevitably, we will clash on spending priorities, but that argument cannot simply be a by-product of our desire as politicians to have a fight with each other. It must be rooted in the different options for coming to a shared view on how we will tackle the problems, so I hope that we can, with good will, come up with a shared vision while having some really hard discussions about the spending priorities that we need to put in place across the board in local government and elsewhere, if we are to make that vision happen.

On this occasion, which is the first time that I have spoken in a formal debate in the chamber since standing down as leader of the Labour Party, I trust that members will permit me to focus on a local issue that has been created by our national priorities for health. I want to highlight the impact of the construction of the new south Glasgow hospital on the communities surrounding it. The hospital, which the First Minister highlighted again today, is a massive project, and I

acknowledge its importance. I am grateful for the response from the cabinet secretary to the initial correspondence that I have had with her on the matter.

I say at the outset that I welcome that exciting development, which is important for delivery of high-quality care and will trigger in the broader community opportunities for health-related jobs in research, drugs and medical provision. Labour began the project and the SNP has continued it. Across parties, at local and national levels, the project has been deemed to be necessary. Scottish Government funding has been crucial to the development's being secured, and cross-party political support has made it easier.

Glasgow City Council, working to planning guidelines that were developed in Parliament, and in line with planning thinking across the country—in my time and the cabinet secretary's time—has put a cap on the number of car parking places that will be available. We all agree that, for the environment, car use needs to reduce and that, in relation to that development, car use also needs to be reduced, but the reality is that local people are living with the massive impact of our agreement although they had no say whatever in the decision. In our local communities, car parking that is displaced from the hospital is at this moment having huge consequences. New car parking schemes have to be put in place, but the cost is to be borne by local people. There is no dispute that we need to manage traffic in the area, but there is a contentious argument about who should bear the cost. I have met local people, the health board and council officials. Everyone agrees that there is a problem and I know that the cabinet secretary recognises that, too. However, the solutions that have been developed are based on local people paying to fund the parking scheme.

The project is not just for south Glasgow; it is for all of Scotland, and it will involve 7,000 more staff coming into the area. Understandably, on-site car parking at the hospital must be protected for patients and carers. The project is an infrastructure flagship as well as a health one. As I think the First Minister said at lunch time, it will cost about £800 million. Everyone agrees on how important it is. Therefore, my plea to the cabinet secretary is this: will she, along with the Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy acknowledge that although we decided centrally on the project and its funding, it has a direct impact on local people?

Will the cabinet secretary meet me so that we can think creatively about how we find the little bit of money that is required to fund the scheme, which is required only because of the development of the hospital? If we can look at the issue creatively, we can support local people. In an ideal world, the measures that have been put in place by the health board, the planning agreements by the council and the council's traffic management would protect my constituents. The list of solutions that are provided in the cabinet secretary's letter to me should make a difference, but the reality is that that is not happening.

The last thing that my constituents want to hear is every one of us identifying everyone else's responsibilities. I accept my responsibility for past decisions that I made and my current responsibility as a local member. I want us across the parties to recognise that we made the decision. I hope that the cabinet secretary will, in her summing up, confirm that she is willing to meet me and that she will direct her officials to explore how funding might be accessed. I believe that the funding is directly linked to the infrastructure project. Relative to the project, it is a tiny amount of money. I know that the health board cannot sustain funding of a parking scheme indefinitely and nor can the council but, if we attach the funding to the cost of the infrastructure project, perhaps we can find a solution.

If we want to think big, as the 2020 vision does, we need to apply our thinking to unintended consequences, which are perhaps small in global terms but are significant for the communities that suffer the consequences of our decisions. I underline that I am making no party-political point. I genuinely think that a really important decision has been made, but local communities are suffering as a consequence. I hope that we can work together to find a solution that will address the problems timeously because, as we know, and as we are glad to know, the hospital will be up and working in the very near future.

15:35

Jim Eadie (Edinburgh Southern) (SNP): I am delighted to follow that speech by Johann Lamont and I welcome her constructive tone.

The first line of the Government's motion refers to

"ensuring that Scotland's NHS remains in public hands and free at the point of need".

There is broad agreement on the importance of that point, not just in the chamber, but across the whole of Scottish society. I hope that whatever other disagreements we may have this afternoon, we can maintain that all-party consensus on the need for a publicly owned and funded NHS.

The Scottish Government has returned our NHS to its founding principle of providing free healthcare at the point of delivery by abolishing prescription charges—of course that is the point at which the consensus breaks down. That is an achievement of the Government, and I am proud

of it. We have also returned the NHS to its founding principle of providing free healthcare at the point of delivery by vastly increasing—by over a million—the number of people who are registered with an NHS dentist.

The Scottish Government has invested in our NHS by increasing the NHS Scotland resource budget in real terms by 4.6 per cent and by pledging to protect the budget in every year of this Parliament and the next. That pledge was reiterated by the First Minister only last week in response to a question that I asked.

This Government has expanded the health service by ensuring that there are more staff working in it than ever before. One illustration of that is the 173 per cent increase in accident and emergency consultants, from 75 in September 2006 to 207 in September 2014.

The Government has also protected our NHS from the privatisation agenda, which characterises the NHS south of the border and is now enshrined in legislation in the Health and Social Care Act 2012. What a contrast our approach makes to that of the Conservative-Liberal Democrat coalition and the damage that they are inflicting south of the border.

In England, the NHS has moved further away from its founding ethos, and the head of the British Medical Association, Dr Mark Porter, has said of the NHS in England:

"It's no longer a comprehensive service. We can see the effect on people to whom we have to say: I'm sorry, this treatment is no longer available."

No wonder that when Andrew Lansley left his post as Secretary of State for Health in England, NHS networks tweeted:

"Lansley's legacy: only Herod's maternity policy got a worse press".

The King's Fund has described the situation facing the NHS in England as "critical". That is not the case in Scotland, whatever pressures there may be. There is a consensus here, enshrined in the Scottish Government motion, that the NHS will remain in public hands.

I want to put a number of points on record, as we look towards 2020. The cabinet secretary highlighted integration of health and social care. We need to see the policy intentions on integration of health and social care being translated into concrete action. We have had countless reports, including from a royal commission that was chaired by Professor Sir Stewart Sutherland, and from the Parliament's Health and Sport Committee, we have robust legislation and we have clear NHS guidance. Now we need to get on and make it happen.

We know that challenges remain; I want to highlight one such challenge. The Scottish Government is committed to getting it right for every child, but there are in Lothian children with a range of health conditions that require high-level intervention and support who are currently being failed. Their cases can be deemed to be too complex to qualify for a social care package through the local authority and yet be considered not exceptional enough in terms of their medical conditions to qualify for support through the Lothian exceptional needs service. Those budgets need to be pooled across health and social care boundaries, so that we do indeed get it right for every child. I seek an assurance from the cabinet secretary that she will look at the issue and, if necessary, bang heads together, because the delays that have characterised some individual cases are unacceptable.

The public wants to know that an NHS that is fit for purpose is utilising the clinical skills of the healthcare professionals who work within it, be they in the acute hospital sector or in primary care settings. The public also wishes those healthcare professionals to be able to access and use the most up-to-date healthcare technology and facilities.

I highlight the example of cochlear implants for profoundly deaf children, on which the Government has a good record. The Scottish Government announced last December that over £300 million will be invested in the national roll-out of a programme that will mean that people with cochlear implants will benefit every five years from changes in sound processor technology. That is an example of our implementing what Johann Lamont referred to when she talked about the NHS being rooted in the lived experience of patients and families.

I pay tribute to my constituents Catherine and Andrew Lothian, whose two-and-a-half-year-old daughter Alice—of course, at that age the half makes all the difference—has a cochlear implant. The family brought the issue to my advice surgery. As a result of their representations, the Government listened and made investment to ensure that cochlear implants are replaced every five years. That will make a real difference to Alice's life. We know that cochlear implants for profoundly deaf children, together with specialist teaching and speech and language support, can allow those children to integrate into mainstream schooling. Of course, the measure will also have a beneficial effect in reducing the experience of social isolation for adults with hearing loss.

I will quote something that Catherine and Andrew Lothian said.

The Presiding Officer: I really need you to start winding up.

Jim Eadie: In that case, I will not quote the family, other than to say that they have said that the implant will make a big difference to their daughter's life. I thank the cabinet secretary and her predecessor Alex Neil, as well as the national patient organisations representing deaf children, for their work in this area.

The Scottish Government has a clear vision for the future of our national health service and a good record in delivering better and faster treatment for the people of Scotland. Let us unite as a Parliament to ensure that the NHS remains in public hands, and to ensure that it continues to meet the needs and aspirations of the people of Scotland in the years ahead.

The Presiding Officer: Thank you, Mr Eadie. Before I call Mr Hume, I point out that although we have caught up a bit on time, the remaining speeches will have to be a wee bit tight. I call Jim Hume, to be followed by Dennis Robertson.

15:42

Jim Hume (South Scotland) (LD): I am grateful to the members who spoke before me for making time so tight. Of course I welcome the debate, which is an opportunity to focus on our long-term goals for the NHS. We all value the NHS and the people who make it. It is founded on the principles that it should meet the needs of everyone, that it should be free at the point of delivery and that it should be based on clinical need, not the ability to pay. It remains a source of pride and each and every one of us has a stake in it.

The vision that we are discussing today is that by 2020 everyone is able to live longer, healthier lives at home or in a homely setting. Key to that is the integration of health and social care. I welcome the additional investment of £100 million in our NHS over the next three years. I also welcome the cabinet secretary's mention of the 10 to 15-year plan. I hope that we will have a long-term workforce strategy within it, which will take into account nurse places but also places for psychologists and psychiatrists and so on.

We should perhaps have addressed these issues earlier. Perhaps the eye was taken off the ball during the independence campaign—or perhaps not. Anyway, that is history.

The 10 to 15-year plan and the £100 million could and should have been delivered earlier to avoid the kind of stories that we have heard over the past few months. Accident and emergency waiting times are up; the number of delayed discharges is up. A lack of staff and equipment has been reported by concerned nurses. Cancer waiting times have been missed and of course individuals with mental health needs are sometimes waiting months for treatment while others are simply not referred to the therapies that they need because of the level of demand.

Although I welcome the additional funding and the 10 to 15-year plan, I am disappointed that it has come late in the day. The crisis that we are facing now will receive funding in 2017-18, which is somewhat ironic given that the 2020 vision puts a focus on prevention, anticipation and supported self-management.

The 2020 vision is of course a very good one, which we will all support. This year will be crucial for it, with the integration of health and social care. I hope that all the ministers will listen to the concerns that have been raised and ensure that the transition is as smooth as it can be.

We know that we must move to a more cohesive system and that that will help delayed discharges in particular. However, as the RCN warned earlier this week, that is only one element of the pressure on beds. If we are all to live healthier, happier lives, treatment must be readily available when a patient needs it. For the one in four of us who will suffer from mental health problems, the one in 10 children aged five to 16 who have a mental health problem, the 13 per cent of 15 to 16-year-olds who have self-harmed, and the 10 per cent of new mothers who experience post-natal depression, treatment simply is not always there.

Health improvement, efficiency and governance, access and treatment—HEAT—targets for psychological treatments are being missed across the board. The Scottish Government said in a recent debate that there is parity between physical and mental illness in Scotland, but I do not accept that. When the UK Government looked into how to achieve parity, the Royal College of Psychiatrists stated in a study that the overarching principle is equality. Parity for mental healthcare, when it is achieved, means equal access to the most effective and safest treatment, the allocation of time, effort and resources commensurate with need, and equal status in healthcare education and practice.

We know from freedom of information figures that I obtained that, in some NHS areas, spend on mental health has fallen since 2010. We know that only 81 per cent of people were seen within the 18-week waiting time for psychological therapies, while 94 per cent of patients starting cancer treatment were seen within the 62-day HEAT target. Incidentally, both targets were missed. Worryingly, we know that two fifths of GPs have not referred any patient to psychological therapies recently because of waiting times, and the RCN has said:

"mental health is often the poor relation to physical health when it comes to priority and funding within the NHS."

I do not believe that that is equality or parity.

South of the border, Liberal Democrats in government enshrined parity in law for the first time. I asked the Minister for Sport, Health Improvement and Mental Health to follow suit here, but he did not even mention mental health in a recent answer to me on his priorities. We need it stated clearly and unequivocally that there is parity. It may just be the addition of one word, but for the one in four people who suffer, have suffered or will suffer in the future from mental health problems, that one word means that they will have an absolute right to equal treatment. It cannot be said that there is parity when GPs are not referring people to talking therapies because of the pressures on services. We never hear of people not being referred for surgery because of pressures on other NHS services.

I end with a final thought from the Royal College of Psychiatrists:

"If we stay true to the principle of treating each person with dignity and respect in our health care system, then we should make no distinction between illnesses of the brain and illnesses of other body systems."

I look forward to working with all parties to help to deliver the NHS for the future, to 2020 and beyond. In the spirit of consensus, I shall support the Government motion today.

15:48

Dennis Robertson (Aberdeenshire West) (SNP): I declare an interest as a patient and as someone who uses the acute and primary services in our healthcare system. I also declare an interest as someone who uses the social care services of the voluntary or third sector. It is important to acknowledge that, both from my own perspective but also on behalf of the rest of the members of this Parliament, because we are all users of those services.

We have just heard from Jim Hume a fairly damning indictment of the health service's current provision of mental health services. I have seen vast improvements in the delivery of mental health services, but not always through the national health service. I have seen that improvement through the third sector and through different appropriate services, working with organisations such as the Scottish Association for Mental Health. I acknowledge that there is more to be done, but I believe that we are on the right path towards improved services.

Equality happens when we have changes, not just in an approach to a service and how we deliver it but in our life choices too.

Jim Hume: The member says that we are on the right path, but does he not agree that the path is quite a long one if, for example, two fifths of patients with mental health problems are not getting referred by GPs because the services, whether they be talking therapies or services outwith or within the NHS, are simply not there to treat them?

Dennis Robertson: There is a presumption about why GPs do not make referrals, but again that is something that GPs themselves have to identify. If they are not referring because of a lack of resources, they need to consider their duty of care to their patients.

Many good things are happening in the health service, and I certainly think that the 2020 vision is the way forward. When I heard that there was going to be a debate on it, I started to think of all the things that I have been involved in over many years as I look towards the integration of health and social care. I sincerely hope that the cabinet secretary remembers a visit that she made to Elgin as minister for health to open the resource centre for Scotland's very first fully integrated sensory service for blind, partially sighted, deaf and hard-of-hearing people in the town. I was very proud to be the centre's client services manager at the time.

Malcolm Chisholm had a point when he suggested that the Government quite often does not blow its own trumpet about the things that are going on. Many schemes and strategies are improving the lives of many in our communities, but that does not necessarily mean that they are having to go to a hospital or general practice. In my constituency, there are many organisations that are involved in self-help, and general practices are referring people to, say, healthy walking groups. In these community-based groups, people come together in their own communities to try to keep themselves fit and active not just physically but in mind. I know that there are such groups all over Scotland, and we must welcome that, but the fact is that they require not funding or resources but a commitment by people to look at their specific needs and how they might address them without having to attend their GP or acute care services.

On Monday, for example, I will have a meeting about eye care with ophthalmologists and Optometry Scotland. For many years, they have been developing a Government-funded service to take patients from the acute sector and put them back into the community. I must give Labour credit here, because it commenced the service. The service, which was continued by the Scottish Government in 2007 and continues to be funded by it, means that patients with certain conditions can go to community optometry practices, which

takes patients away from the acute service. However, such practices can also identify whether a patient requires to be fed into the acute service.

For many patients, and this is where I acknowledge that we are all getting older—

The Deputy Presiding Officer (John Scott): Could you draw to a close, please?

Dennis Robertson: During the ageing process, our vision, our hearing and our other physical abilities begin to deteriorate, and it is important that we go to the appropriate service to ensure that we keep as well as possible.

15:54

Christian Allard (North East Scotland) (SNP): I concur with my good friend Dennis Robertson about the need to change our attitudes to and aspirations for primary and acute services. Perhaps we need to consider both our health and our health services differently. We might have the attitude of consumers rather than the attitude of patients, and that needs to change. I mention that because I think that it is important. The changes in service provision are important, but they must be enhanced by a change in attitude.

Last week, we debated a motion on Scotland's future, but I was surprised that, instead, Labour members chose to talk about the present. I am happy that this week, in a Scottish Government debate on the 2020 vision, the strategic forward direction of the NHS, the three political parties in the Parliament other than mine have been happy to support and endorse that vision.

The Government has a vision for our nation's public services. It involves protecting funding for the NHS, stopping privatisation and recruiting more nurses, but it is about much more than that, which is why the Government has public support. In relation to Labour's amendment, I repeat the statement that I made last week: the number of front-line NHS staff has increased to record levels under the SNP. In Grampian, there were 100 more nurses in post in 2013, and there were another 100 new posts in 2014. Funding for NHS Grampian is now within 1 per cent of parity with other NHS boards around Scotland. It will receive a £49.1 million increase in its budget for next year and the new board is looking to recruit another 40 nurses this year—those are another 40 new posts that will be funded by the increase from the Scottish Government.

I know that the First Minister enjoyed her visit to Ninewells hospital in Dundee when she announced money for additional nurses. Accident and emergency services, which form part of the 2020 vision that we are talking about today, are a great success at Ninewells hospital. As someone who represents Dundee, the cabinet secretary will know that more than most. The changes that have been implemented there, whereby staff now assess whether to admit people rather than admitting them and then assessing them, have paid off.

Dennis Robertson: I thank my friend and colleague for taking a brief intervention. He talks about Government spend. Does he welcome the additional spend that has been provided to NHS Grampian for the new women's hospital, the cancer unit and, in the primary care sector, the new medical centres in four areas in Grampian, one of which is in Blackburn in my constituency?

Christian Allard: Yes. My friend Dennis Robertson was a bit too fast, because I was going to come on to that. I make the point that the name of the new hospital has not been decided yet. At the most recent board meeting that I attended, I was not very pleased with the name of the new hospital, so from now on I will just call it the new hospital. Dennis Robertson was definitely right in what he said about the new hospital and the cancer centre.

A multidisciplinary assessment of patients at the hospital front door helps to keep patients in the most appropriate and desirable environment and to reduce the total length of stay in hospital.

The cabinet secretary visited Aberdeen royal infirmary's accident and emergency department last week when she announced the extra funding for NHS Grampian, and I know that it is trying to follow the example of Ninewells hospital. I realise that that is difficult, because hospitals are not all designed in the same way. Some restructuring is necessary. Patient flows are not the same from one hospital to the next. The process takes time, but I concur with what the cabinet secretary said at the meeting that I attended in Aberdeen. The new board is quite forward looking, and it wants to improve by copying the example of Ninewells.

The emergency department at Aberdeen royal infirmary has changed beyond recognition. Unfortunately, I had the opportunity to visit it last year. I was dealt with with great care and great speed because the hospital has a new front-door service to allow it to deal better with unscheduled care. The challenge for the new board is to make further improvements, to enhance the front-door service and to further shape and support the patient care pathway for unscheduled presentations. I attended many NHS board meetings last year; what is important is that the vision that was adopted by NHS Grampian's old board continues to be adopted by the new board.

As my colleague Dennis Robertson said, it is a question of infrastructure as well. We have had £409 million announced to help provide state-of-

the-art hospitals and health centres throughout Scotland. Of course, we have the new hospital and cancer centre, with total funding of £110 million, which is very welcome. I know that the board is particularly looking forward to a new Aberdeen maternity unit for families in Grampian.

Progress is being made on care in the community as well as on hospitals. I am delighted that the Government is investing in healthcare facilities across Grampian, with £19 million for primary care projects in Newmachar, Balmedie, Blackburn and of course in the first new town for a generation, Elsick, which is on the outskirts of Aberdeen. I am sure that we will have the pleasure of hearing about that in future.

I am delighted that the Scottish Government has announced £102,000 to provide a pilot Care Opinion website for adult social care, which will complement perfectly the Patient Opinion system that we already have for hospitals and which I have promoted in previous debates.

The Deputy Presiding Officer: You must close, please, in fairness to others.

Christian Allard: That is the way to provide a national health service for future generations, with a person-centred approach. That is why the people of Scotland support our NHS and why the SNP Government has public support.

16:01

Anne McTaggart (Glasgow) (Lab): I am pleased to take part in this important debate on what is surely one of our most cherished institutions: our national health service. I know that members from across the Parliament feel passionately about it. We all want an NHS that meets the needs of people across Scotland. After all, it was the Labour Party that created the NHS in 1948, as a service based on people, not profits. For me, it remains our party's proudest achievement and it will continue to be our priority in years to come.

I agree with many of the principles that are contained in the Government's 2020 vision, such as the values of collaboration and co-operation with patients and the voluntary sector; continued investment in the public sector rather than the private sector; increased flexibility and the provision of local services; and openness and accountability to the public. There is plenty in there that we can all agree on.

That is why it pains me to read some of the horror stories that have been coming out about our NHS in the past few weeks, some of which have been mentioned. Patients have a legal right to be seen within four weeks, but the law has been broken a staggering 12,000 times since it came into force. Thousands of patients are waiting too long at A and E and are having operations cancelled. Those stories are almost unbelievable but, sadly, that is the mess that our NHS is in at the moment.

Shona Robison: The NHS is not in a mess, but it has some challenges. Will Anne McTaggart acknowledge that, although all those 12,000 patients should absolutely have been treated within 12 weeks, most were treated within 16 weeks, which has to be better than the 12,000 who waited more than a year when her party was in power in 2005-06?

Anne McTaggart: It is your law. You put it in place and you have broken the law 12,000 times. That is 12,000 people and families who have been affected.

Behind each of those stories is a vulnerable patient and their family who are suffering, which is why we need to take urgent action. We know that the NHS in Scotland is facing significant pressures while having to make major changes to services to meet future needs. Audit Scotland's October 2014 report on the NHS highlighted the fact that boards are finding it increasingly difficult to cope with the pressures. Demands on our NHS are increasing as a result of demographic change, particularly the growing population of elderly and very elderly people, as well as the growing number of people with long-term health conditions and people's rising expectations of healthcare.

Behind the scenes, our NHS staff have dedicated their careers to saving lives and caring for our vulnerable. The truth is that they are overstretched and underresourced. That is why I reiterate my colleagues' calls to include an NHS front-line fund in the coming budget.

Dennis Robertson: Does the member acknowledge—in recognition of some of the challenges that are faced by the Government—that that is why we are proceeding with the integration of health and social care: to ensure that the most appropriate service and care is there for the patients and/or service users?

Anne McTaggart: I most certainly do acknowledge that—I totally agree with Mr Robertson that that will accommodate some of the difficulties that we are facing just now. However, I and most of my colleagues have asked for a front-line fund for the NHS.

Although I welcome the fact that the Government has committed £100 million over the next three years to reduce delayed discharge numbers, I believe that we need additional budget to help deal with the increasing pressures on A and E services. The front-line fund would allow hospitals that are facing extra pressures to move to seven-day-a-week operations, meaning that

hospitals would be able to deliver better care, with planned surgery at the weekends and diagnostics in the evenings. That would also free up beds, meaning that patients would get quicker, better care, while reducing the pressure on front-line NHS staff. While junior doctors currently cover weekend and night services, our front-line fund could be used to ensure that under-pressure hospitals have consultants on shifts that they do not currently cover.

Those changes would be made in conjunction with clinicians and staff to ensure that they deliver more efficient care to patients and reduce the real demands and pressures on staff. They could be paid for from the Barnett consequentials. That would provide real help to front-line staff, and I urge the Scottish Government to consider our proposals. It is imperative that the NHS gets the support that it needs, so that Scots can get the care that they deserve.

It is clear that our NHS faces significant challenges over the coming years, no matter which party is in power. I will always be proud of our NHS and I will champion its amazing staff but, without the necessary resources, they will not be able to provide the highest quality of care that they want to provide and that our patients deserve.

16:07

Graeme Dey (Angus South) (SNP): I wish to focus my speech on the strategic narrative of the 2020 vision. It discusses

"collaboration and cooperation partnership working ... with the voluntary sector"

among others, as well as

"increased flexibility, provision of local services".

While I entirely support the provision of exceptional healthcare in our main hospitals, as someone who represents a rural area I believe that the delivery of the 2020 vision must have, at the heart of its intent, the aim of delivering appropriately for rural communities in those communities. We are seeing tangible progress in Angus South, and I want to highlight some examples.

As the cabinet secretary knows, having visited the village nearly four years ago to meet campaigners, there has been a long-running issue in Letham over the fact that there is no direct access to GPs, with residents having to travel to Forfar, Arbroath, Friockheim or even Brechin for appointments. The original desire to have a satellite general practice has not and will not be realised, for a variety of reasons. However, innovative thinking, community engagement and the potential to access Government funding mean that, at long last, we are moving to address the situation through a house of care arrangement, which will offer GPs from all of the practices where villagers are registered the opportunity to provide appropriate services at a facility in Letham. Having sat in on the initial meetings between the NHS and community representatives, I am optimistic that we will end up with something that fits the 2020 vision, meets the aspirations of locals and is sustainable.

I welcome the move to enhancing the services on offer at Arbroath infirmary, especially those involving palliative care. If what is proposed comes to fruition, we will end up with day-patient treatments that have, until now, required tiring journeys to and from Ninewells to be made from the local area. People will also be supported in their final days in modern, local facilities in Angus.

If I may, I will digress slightly. I am sure that the cabinet secretary would concur that the way in which planned changes to healthcare delivery are conveyed to the public is vital. There is a lesson to be learned from Arbroath, where, instead of having a good-news story about replacing antiquated, not-fit-for-purpose end-of-life provision at Little Cairnie hospital with the kind of facilities that we would all want in the town, the story broke as "Much loved local hospital to close". It is important that the public are made aware of all aspects of proposed healthcare changes, but such misrepresentations in the media—which, to be fair, were not at fault in this instance—can shed unwarranted doubt on this Government's and our NHS's commitment to delivering services outwith the major conurbations.

It is not only the communities of Letham and Arbroath in my constituency that are benefiting from these 2020 vision-type developments; improvements are being made throughout all local communities of Angus South, most notably through the work of the joint improvement team. JIT has implemented the south Angus locality medicine for the elderly model, which involves close working between GPs, hospital doctors, therapists and—importantly—social workers to cater for the healthcare and welfare of the elderly population. As a result of that integrated initiative, elderly patients experience the comfort of being cared for in their local settings, whether at home or in their local infirmaries, while gaining the reassurance of care continuity with their own health professionals at Ninewells.

Impressively, the model has led to a 60 per cent reduction in unscheduled admission to hospitals from care homes, a 40 per cent reduction in new care home admissions and an eight-day reduction in the length of stay in orthopaedics. The area now uses a third fewer beds for those over 75 years than any other part of Tayside; it has the fewest delayed discharges in Tayside; and it has halved the number of patients going into 24-hour care

from hospital. I understand that, now that the model has proven its worth, its roll-out across Tayside, supported by the £7.86 million announced on Tuesday by the cabinet secretary, is being considered.

Despite the examples that I have provided, no one can deny that there is room for improvement. With the emphasis on local delivery, we need to encourage partnership working, including with the voluntary sector. In that respect, I want to highlight the threatened ending of Action on Hearing Loss's excellent Tayside hear to help programme, about which I have written to the cabinet secretary. The non-renewal of lottery funding means that the programme might have only weeks to run, unless the NHS locally steps in or alternative national funds can be accessed.

Action on Hearing Loss's trained volunteers go out into towns across my constituency and elsewhere, servicing and adjusting hearing aids and thereby alleviating the pressure on central audiology services. If the programme closes, these central services will become swamped by demand for relatively minor work that can be carried out more suitably in our communities. Moreover, we will end up in a situation that is the direct opposite to the direction of travel for the 2020 vision in Tayside. I therefore ask the cabinet secretary to encourage NHS Tayside to enter into dialogue with Action on Hearing Loss as a matter of urgency to find a way of continuing this important work.

Ahead of this debate, members received a number of briefings from assorted sources. I want to mention the BMA's briefing, which I thought was thoughtful, well argued and, in the main, difficult not to agree with. The BMA is right to highlight the issue of GP recruitment and retention and to call for action to promote general practice as an attractive career choice in remote and rural areas. It is spot on in other ways, but I would have welcomed some acknowledgement of the positive practical implications of measures adopted under the JIT model for general practices.

We hear all the time about how stretched GPs are and how that impacts on their face-to-face interaction with patients, but last winter NHS Tayside introduced a pilot project in which an additional doctor was deployed to cover three practices—two in my constituency, and one in the cabinet secretary's—and provide support in dealing with elderly patients. The scheme was such a success—as has been acknowledged by NHS Tayside and the practices, which admitted that its arrival had freed up GPs to engage with other patients—that it has been continued and is being rolled out elsewhere.

While pointing out where we can and need to do better, we should also recognise the positive steps that have already been taken and are being taken.

16:13

Stewart Stevenson (Banffshire and Buchan Coast) (SNP): One of the great achievements of the Labour Party was the bringing into being of the national health service in 1948. However, we should not forget the genesis of that achievement. It started with David Lloyd George's National Insurance Act 1911; indeed, to this day—I have actually heard the expression used in a doctor's surgery in the past 12 months—the folder in which one's medical records are held is still referred to as a Lloyd George.

Of course, the names of very few politicians go down in history in that way, although just a few hundred metres from here there is a Belisha beacon, which is named after Hore-Belisha, a transport minister in the 1930s. I commend to NHS Grampian the suggestion that the hospital yet to be named be called L'hôpital Allard, thus immortalising my colleague to my left.

Perhaps most important is the Highlands and Islands (Medical Services) Grant Act 1913, which for 35 years was, in essence, a national health service, centrally funded and managed and free at the point of delivery, for the Highlands and Islands. It put the first resident nurse on St Kilda in 1914, for example. Scotland has actually led the way in how we deliver health services free to people who need them today. Let us hope that we can maintain the consensus that says that that is what we should do.

We should also remember that William Beveridge, author of the "Social Insurance and Allied Services" report of 1942, was a Liberal.

Dennis Robertson: Moving into the 21st century, would Mr Stevenson acknowledge that telehealth medicine is the way for the future in a lot of our remote and rural areas?

Stewart Stevenson: Mr Robertson is absolutely right, and our geography means that we have the opportunity to innovate and the greatest benefit to deliver. It is worth remembering that the first medical air service in Scotland started in 1935 and the first patient travel from Islay to Glasgow on an ad hoc basis was in 1933.

It is interesting for me to see what has changed since I worked in the health service 51 years ago, when staffing and resources were substantially less than they now are. For example, there has been a 36.2 per cent increase in geriatric consultants between September 2006 and September 2014. I particularly welcome that because, as you can work out from the information

that I was a nurse 51 years ago, that is a matter of considerable personal interest to me.

Associated with that is the nearly 30 per cent reduction in senior managers, diverting resources to where they are needed, which is on the front line. That is a process that has been going on for some considerable time, and we all have our hands on that, but as parliamentarians we must continue to hold ministers to account to ensure that that continues.

Things have changed. My father was a GP, single-handed, rural and urban. As a single-handed GP, he had 2,200 patients. Nowadays it would be inconceivable that a GP could have that number of patients, because what GPs and people on the front line now do is so much greater now. Fifty years ago, what the GP did was important, but it was much more about pastoral care and there was less medical intervention than we would expect nowadays.

We have had a lot of changes over the years. We have seen a huge focus on workplace health and a reduction in workplace accidents and work-related disease. We know the phrase "mad as a hatter"; that came from the use of mercury in the hat-making industry. People who made hats became mad from exposure to mercury. That does not happen any more.

The next challenge for us all is, of course, the personal responsibility that was mentioned by Jackson Carlaw. A health warning in *The Herald* a week ago stated that lack of exercise may be twice as deadly as obesity. A report from Public Health Wales indicates higher cot death risk among families with smokers in them—an element of personal responsibility. We get lots of messages through the media. I particularly liked the headline in *The Independent* on 19 April 2014 that ran: "A bottle of wine a day is not bad for you and abstaining is worse than drinking, scientist claims". I suspect that that claim is a bit over the top, but my point is that we are all exposed to those messages, and those of us in public life must take some responsibility for ensuring that people get sensible messages.

In conclusion, let me touch on the issue raised by the Labour amendment in relation to staff. The 2014 NHS staff survey shows that 26 out of 29 core questions show an improvement. In particular, 90 per cent of staff said that they were happy to go the extra mile at work when required. That is an increase of 3 per cent since the previous survey. At the core of our health service is our staff. Let us continue to support them and congratulate them on a world-beating service at a world-beating price.

The Deputy Presiding Officer: Many thanks. Another tour de force.

16:19

Richard Baker (North East Scotland) (Lab): Last week, I took part in the debate brought forward by Scottish Labour on health services in Scotland because there had been such concerns over key issues of healthcare in NHS Grampian. Given the importance of those issues, this is a welcome opportunity to return the issue of our health services.

Of course it is right to have a long-term strategic plan for the delivery of health services in Scotland, so the Scottish Government's 2020 vision is, as a number of Labour speakers have said, an approach that we can all endorse, although we cannot lose sight of the huge pressures that our health services and our hard-working but under-pressure staff face today. A number of those pressures have come to the fore in recent weeks in NHS Grampian, with waiting time targets not being met, issues with mental health services, to which Dennis Robertson referred, and a crisis in recruitment. Today in the north-east, concerns over delayed discharge have again been highlighted.

Kevin Stewart (Aberdeen Central) (SNP): Will the member give way?

Richard Baker: I think that I hear Mr Stewart.

Kevin Stewart: Would Mr Baker recognise that the Government has put in additional money to deal with delayed discharge, and that part of the problem in the NHS Grampian area is the fact that Aberdeen City Council has given its care services to an arm's-length company that is not fulfilling the needs of the people of Aberdeen, thus leading to an increase in delayed discharge?

The Deputy Presiding Officer: I will give you a little extra time for that, Mr Baker.

Richard Baker: I simply do not agree with the second part of Mr Stewart's comments. On the first part, yes, I welcome any new funds that come to NHS Grampian, as I welcome investment to tackle the problem of delayed discharge specifically in our area.

However, on Mr Stewart's second point, no. He and I were at the same briefing by NHS Grampian's leadership team when he put a similar point to the team, and the reply was clear that the key issue for care services in Aberdeen is to have the staff that we need in our care homes to deal with delayed discharge. The problem, once again, is recruitment. That is something that affects all our health services very much.

Kevin Stewart: Will the member give way on that point?

Richard Baker: No, I think that I have dealt with the point that Mr Stewart made and I want to make progress.

I agree entirely that we have got to deal with delayed discharge. We have seen the impact that it has had on scarce NHS resources, which a number of members have made reference to. We have seen the impact on individuals in *The Press and Journal* today in the comments from Mr George Thompson on the unfortunate predicament of his wife, Helen, in Woodend hospital. Their experience vividly explains why dealing with the problem must be given such priority.

Although it is clear that there has been a deterioration in the situation in Aberdeen regarding delayed discharge, it is important to point out that those problems have not taken hold overnight. At the core of that is a recruitment crisis, to which I have already referred. The pressures that we are dealing with should not come as a vast shock to anybody. The strategic narrative of the 2020 vision, which was published in 2011, said:

"Over the next 10 years the proportion of over 75s in Scotland's population—who are the highest users of NHS services—will increase by over 25%."

That document identified the problem that is coming to us head-on, and yet what we see—and certainly in my own area in NHS Grampian—is that the response has simply not been adequate to deal with the pressures. It is a problem that pertains to Scotland as a whole, but is even more acute in the north-east, where the demographic challenge is all the greater.

Christian Allard: I want to respond to the claim that NHS Grampian is not responding adequately. I have spoken at length of the reform of the front-door services at Aberdeen royal infirmary. The member should welcome that, as it will provide the change that we need.

Richard Baker: I was not at all accusing NHS Grampian of not responding adequately; it is the member's Government that is not responding adequately to the situation, and I will certainly stand by that.

The reform of services is of course an important way of grappling with these issues, which we will have in the long term. Anne McTaggart and others have referred to the importance of the health and social care integration agenda. NHS Grampian and Aberdeen City Council are working extremely hard together to make that a success, and that will help tackle the issues that I have raised today.

However, it has to be admitted that that integration is taking place against a challenging resources backdrop, given that our council and our health board are the poorest funded in Scotland. I welcome the recent uplift in funding for NHS Grampian, but it is quite wrong to ignore the fact, as some members did in the debate last week, that that represents the implementation of a formula that was agreed eight years ago by the previous Scottish Executive but introduced only now by this Government.

The background of underfunding is a key issue in respect of the problems with delayed discharges in particular that NHS Grampian and its partner agencies face, and in respect of recruitment. As I have said repeatedly in this contribution, dealing with recruitment is at the core of our difficulties in care services in Aberdeen. That is why I once again ask ministers to seriously consider an Aberdeen weighting allowance. They have not done that thus far.

Many of the difficulties that our health service faces were predicted in 2011. They have come to pass despite that. Our health services have too often not had the right resources to deal with those pressures.

It is clear that, across the country, hard-working staff in our NHS and our councils are making tremendous efforts to make the aspirations of the 2020 vision a reality, but those goals will be achieved and patients will see the benefits only if ministers provide the right support in implementing their vision. It is clear that the Government has a great deal of work to do on that.

16:26

Richard Lyle (Central Scotland) (SNP): The 2020 vision for the NHS is a strategy that members are familiar with, having debated and discussed it before. I recall the opportunity in the previous debate to highlight the smartcare pilot, which took place in North Lanarkshire and other areas of Scotland and used technology to support the delivery of integrated services, and the launch of the digital health institute in 2013. That was an opportunity to highlight the innovative approaches that we have taken to the delivery of healthcare in Scotland.

It has already been said that the SNP vision is that the Scottish NHS should remain a public sector-delivered service. That is unlike Westminster's vision. The Con-Dem Government is marching the English NHS down the path of privatisation.

To facilitate its vision, the SNP has met its commitment to protect the NHS budget. The health resource budget for 2015-16 will be a record £11.8 billion. That reflects a real-terms increase and means that all territorial NHS boards will receive real-terms annual increases in funding. Even better than that, the Scottish Government has announced that an extra £65 million will be made available to the NHS this year. Those funds

will help to alleviate some of the pressures and ensure that our NHS can continue to deliver effective and sustainable care to all patients across Scotland.

Jim Hume: Will the member take an intervention?

Richard Lyle: No, I am sorry, but I have very little time.

That is in spite of a 10 per cent cut in Scotland's fiscal resource budget by Westminster since 2010. Meanwhile, the Scottish Government has increased the health resource budget by 4.6 per cent in real terms. Therefore, the Government is putting its money where its mouth is. It is a pity that Westminster will not do the same.

Jim Hume: Is the member sure that he will not take in intervention?

Richard Lyle: Yes.

The Scottish Government has committed to increasing the revenue budget for our NHS in real terms for the remainder of this session and for each and every year of the next session, too. The Labour Party repeatedly refused to do that when the topic was previously debated in Parliament.

For 2014-15, it is projected that every one of Scotland's NHS boards will break even. In contrast, Labour-run NHS Wales bodies are projecting a deficit that totals £192 million. I know that Mr Hume does not like that, but unfortunately, that is the case.

To move on, I want to focus on those who know the NHS best: the staff who work for it and who live and breathe it. I will share some of the facts from the "NHSScotland Staff Survey 2014 National Report", which was published in December. It makes very interesting reading. For 26 of the 29 top-level questions that all respondents were asked, the results showed an improvement on the 2013 survey results in the proportion of staff who gave a positive response. In fact, the improvement was found to be statistically significant for 25 of those 26 questions. Similarly, all but one of the fourteen sub-questions showed an improvement or no change in the proportion giving a positive response.

The spirit of the Scottish NHS was summed up in the response to one of the questions. When Stewart Stevenson touched on the matter, I thought that he was about to steal my speech. Ninety per cent of respondents agreed with the statement,

"I am happy to go the 'extra mile' at work when required",

which was one of the most positive responses in the document. I am sure that members from across the chamber will agree with me that it is thanks to all the hard-working staff that our NHS continues to do the work that it does. I thank them for everything that they continue to do for us.

I read with interest the NHS Scotland chief executive's annual report, in which he states:

"We have maintained commitment to our vision that by 2020 more people will be living longer healthier lives at home or in a homely setting. Our focus on person-centred, safe and effective care remains paramount, and I am delighted that the health and wellbeing of the people of Scotland continues to improve."

The chief executive's reflections are important. They showcase the work that is being done to put Scotland's people and their health at the centre of healthcare delivery and of our vision for 2020 and beyond. It is with results such as those from the NHS Scotland staff survey and with the investment that the Government is making that our NHS is helping to keep the people of Scotland healthy and happy. We are working towards the 2020 vision; the actions of the Government are paving the way to make that vision a reality.

I turn to the Labour Party's mansion tax. In a *New Statesman* article, I noted Diane Abbott, a Labour MP, commenting on Scottish Labour raising its spending money in England. She criticised Jim Murphy—in fact, she called him "John Murphy"—for attempting to buy votes with the policy. She said that John Murphy

"just thinks he can buy Scottish votes with money expropriated from London"

and accused him of

"jumping the gun in an unscrupulous way".

Diane Abbott wants the money to be used to build houses in London. Labour is spending the same money twice—again.

Several other London Labour MPs also attacked Mr Murphy's mansion tax comments. Tottenham MP David Lammy said that money from London should not be

"siphoned off to other regions",

and Tessa Jowell warned against the city

"simply act[ing] as the cash cow for the rest of the UK"—

at least she did not call Scotland a region.

I support the motion.

16:32

Nanette Milne (North East Scotland) (Con): This has been a worthwhile debate. It is a good time to take stock of progress as we are just about halfway between the Government's announcement of its 2020 vision for the NHS in Scotland and the year when it is hoped that that goal will be achieved, with everyone able to live longer, healthier lives at home or in a homely setting.

We echo the cabinet secretary's praise of our hard-working NHS staff who, at times, work under great pressure to look after the patients in their care.

I am pleased that there is political consensus around the aspirations of the 2020 vision and cross-party commitment to a publicly owned, funded and managed Scottish health service that is free at the point of need. The overarching agreement between political parties—quite well hidden in parts of the debate—is extremely important, not least because it sends out a clear signal to all stakeholders that, to achieve the best outcome for patients and to achieve a sustainable health and social care system, there must be an end to silo thinking and professional barriers, and a framework of co-operation between healthcare providers at all levels and local authorities and organisations in the third and independent sectors that provide social care, with the recipients of care and their carers at the very heart of planning their care pathway.

Joan McAlpine dealt in depth with the important contribution that is made by the third sector to caring for and supporting people in our communities. I agree that that is a crucial part of a successful integrated system.

Yesterday, Richard Simpson, Jackson Carlaw and I attended a very interesting seminar on the next steps for primary care in Scotland. There was a broad spectrum of speakers, including GPs from affluent and deep-end practices, nurses, care sector providers and the Government. Although significant progress was acknowledged towards the 2020 vision, there is undoubtedly a great deal to be done to cope with the growing demands of an ageing population with increasing levels of comorbidity and to achieve people experiencing seamless care from their earliest years right through to the end of life.

There was also an acknowledgement that primary care should be the hub of an integrated system of health and social care, at the heart of a network of readily available local services such as pharmacy, optometry, dentistry, physiotherapy, podiatry and other allied health professional provision. That concept is already seen in many of the newly built primary care centres in Scotland and is very much in the users' interests. The ready availability in these centres of nurse practitioners and health visitors and the link to telehealth provision for housebound people can give very necessary local support to patients who are self-managing their complex and long-term health conditions and, in turn, prevent the need for hospital admission.

However, to attract doctors into primary care and retain them, as we have heard this afternoon, the RCGP and the BMA have rightly emphasised that the share of NHS funding for primary care has to be adequate and commensurate with the service that it provides, which is not yet the case. There is also strong feeling that GPs' professional contribution to patients is being undermined by an excessive administrative and bureaucratic burden. Those are issues that the cabinet secretary will have to address in early course in her pursuit of the 2020 vision for health if general practice is again to become an attractive career option for young medical graduates.

The pressures that are currently facing the NHS have been well aired in the chamber since the start of the year, from the intractability of health inequalities to the enormous demands on GPs and on A and E services—the latter issue, of course, has been exacerbated by the barriers to patient flow through the hospital system caused by a lack of appropriate care within the community. That has occurred close to home for me as a North East Scotland member, as has been highlighted by several other members from the area that is covered by NHS Grampian.

The Government's announcement this week of a three-year, £100 million funding package to help deal with delayed discharge is, of course, welcome. How that funding will be deployed is clearly very important. I note the cabinet secretary's indication that it will go towards community support to allow patients to be discharged within 72 hours of being declared fit for return to the community, which would be a major improvement. However, I was struck yesterday by a comment from Ranald Mair of Scottish Care, who suggested that the funding should go towards community support to keep people out of hospital in the first place—that is the other side of the same coin and is worthy of consideration. Mr Mair also made the case for initiatives such as community paediatricians—sorry, I mean the other end: community geriatricians—and models such as hospital at home and virtual wards.

The RCN has been vociferous—not least in its briefing for today's debate—about the increasing pressures on nurses, many of whom feel that they are too busy to provide the level of care that they would like. The need for more NHS nurses has been accepted, certainly by us and by the Labour Party. We are both committed to providing a further 1,000 nurses, although we totally disagree about how they should be funded, which absolutely precludes our support for the Labour amendment.

Scottish Conservatives have also long pressed for more general practice-based health visitors and we were pleased when the previous health secretary heeded our calls and announced provision for another 500 health visitors. In his opening speech, Jackson Carlaw proposed

developing a universal health visitor service up to the age of seven, which of course I support, and flagged up for discussion several other radical ideas for improving health provision, going well beyond 2020. We are pleased that the cabinet secretary is of the same mind and we look forward to working with the Government's health team and others in planning for the future well beyond the next five years.

Dennis Robertson: Does the member also welcome the introduction of the family nurse partnerships?

Nanette Milne: Yes, indeed. As we have heard in the Health and Sport Committee, they have been doing a particularly good job and I welcome that.

One particular omission from the 2020 vision has been raised by Marie Curie Cancer Care—the lack of any mention of palliative care, an area that was acknowledged at yesterday's event as being an important part of the patient pathway. Although the focus is rightly on keeping people well and in the community for as long as possible, with an increasingly ageing population with complex comorbidities, thought should be given to the approaching end of life, even if it may be several years away. Marie Curie Cancer Care points out that, although palliative care services are reasonable and increasingly available for those with malignant conditions, little provision is made for terminally ill people with non-malignant conditions. Also, if they do access palliative care, it is usually very close to the end of life. That is why it wanted to have palliative care included in the 2020 vision.

There are many aspects of care to be addressed in achieving the 2020 vision, so we can only scratch the surface in this debate. I commend the work of all those who have achieved so much so far, and I emphasise the need for partnership and co-operation between all service providers and the people they serve, as well as the need for politicians of all colours to make a concerted effort to support the achievement of the very worthy 2020 vision for health and social care in Scotland.

16:40

Rhoda Grant (Highlands and Islands) (Lab): Another day in the chamber, another health debate. If debates made the NHS better, it would be working like clockwork. Unfortunately, that is not the case. That is not because of the staff, who are treating patients and keeping them safe without proper support or facilities. They are working above and beyond, while the Government is realising too late what we have been telling it for months and years. The SNP Government is starting to address the problem too late, and that will not help the people who have had their operations cancelled today or the people who are stuck in hospital because of the lack of care in the community.

We very much welcome the additional fund for community care, but the 2020 vision discussed moving care to the home or a homely setting two and a half years ago. That has been a long time coming. As Jenny Marra and Malcolm Chisholm mentioned, Audit Scotland said that there is no sign of the rebalancing of care.

In the information that it supplied to inform the debate, the RCN said:

"Worryingly, delayed discharges—which are one of the problems that could be addressed if the Scottish Government is successful with its 2020 vision—have continued to increase."

That is a problem for all of us. We have pleaded with the Government to fund community care, but it has done so too late. The Government talks about changing the bedblocking target to a two-week target from April. That is a start, but how many people could be treated in acute-care beds in the two weeks when people are waiting to be discharged into the community?

Richard Baker spoke about the recruitment of staff for community care, especially in Aberdeen, which we know has great difficulties because of the low wages and the lack of training supplied to community care workers, but that is a problem in all areas. We need to value the people who work in the care sector by paying them reasonable wages and giving them plenty of training.

Kevin Stewart: One of the difficulties in recruitment is that the terms and conditions of some staff have been changed. I believe that Bon Accord Care, the arm's-length company that I mentioned earlier, is one of the companies that has changed terms and conditions, which has made recruitment much more difficult. Would the member like to comment on that?

Rhoda Grant: Recruitment of care staff is more difficult everywhere because of the lack of funding. That is why I welcome the £100 million that the Government has put in. We need to do something if we are to achieve the step change that the 2020 vision sets out and which the Government promised, but which does not seem to be appearing any time soon.

We have a crisis in A and E. We see ambulances queueing up and people waiting on trolleys. People's conditions are deteriorating because of a lack of care in the community. Over the festive period, general practices were closed for eight days out of 11. No wonder people have become so ill that they turn up at the hospital door—but the hospital has no room for them,

because there is inadequate care in the community.

That is why the Labour Party has proposed a front-line fund, as was outlined by Jenny Marra. As Malcolm Chisholm said, we need to build capacity in acute and primary care. We need to deal with the pressures on A and E and the cancelled operations.

The Government dismisses that. It says that it has a seven-day-services task force working on the issue. However, the task force has been working on that for a year, and people cannot wait. Malcolm Chisholm quoted some of what the Government has said about seven-day care. Surely the cabinet secretary can now commit to a date on which to report about the task force's work. In the interim, we have shown her how she could use some of the budget consequentials to provide a front-line fund that would deal with some of the crises as they occur. That is a positive suggestion, although it has not received a positive response from the Government.

Dennis Robertson: Rhoda Grant has used the word "crisis" at least twice. Will she accept that there is not a crisis in the NHS? Often, we are talking about patients taking responsibility for themselves. If we could educate patients more about when to go to A and E, we might not have what she calls a crisis.

Rhoda Grant: Blaming the people who are sick for causing the crisis is a new one on me. If they were well, surely they would not be causing a crisis. Perhaps people should not be turning up at A and E but, if the GP surgery is closed, where else can they go if they are feeling seriously ill? We need to address that and make sure that adequate care is provided in the community.

Another thing that the SNP Government is not keen on is our pledge to provide 1,000 extra nurses, because it does not want the mansion tax. The mansion tax is a redistributive tax that would take money away from wealthy areas and put it into poorer ones. As a bonus, it would give us more nurses to work in our hospitals and the community.

We desperately need more nurses. Malcolm Chisholm talked about the cuts in the number of student nurses, and it is widely recognised that the nursing workforce is ageing. If we do not invest in more nurses, we will build up problems for the future. I sincerely hope that I will not be saying in a similar speech in the future, "If only you had listened to what we said then." We need more specialist nurses, more nurse practitioners and more nurses for the nursing at the edge initiative, which Malcolm Chisholm referred to.

Christian Allard: Will the member give way?

Rhoda Grant: I am sorry—I have taken two interventions and I need to make progress.

I turn to palliative care, which Nanette Milne talked about at some length. The cabinet secretary discussed it, too—she mentioned hospice care—as did Graeme Dey. However, as Marie Curie Cancer Care has pointed out, palliative care is not included in the 2020 vision. It is important that we get it included, because too many people are dying in hospital, which is an inappropriate place for them to die. It is sad that people who are in their last weeks or months are in a hospital ward when they should be at home or in a homely setting with their family around them. We need to do something about providing good-quality palliative care throughout our communities, especially in our rural areas, where it is difficult to access such care unless some thought is put into how it can be delivered.

Anne McTaggart flagged up the waiting time guarantee, which the Government appears to be trying to downgrade to a target. It is not a target—it is a law. If the Government had intended to have a target, it should have put a target in place, but it legislated and made people a promise that they thought was legally binding, yet it is not legally binding. If the Government breaks one law, it makes the whole law a laughing stock.

Shona Robison: There are absolutely no plans to downgrade the waiting time guarantee. Richard Simpson said that Labour would remove the legal guarantee and water down patient rights. Can Rhoda Grant confirm that that is Labour's position?

Rhoda Grant: That is rubbish. I was in the chamber when Richard Simpson made his comment. That is not what he said. [*Interruption*.]

The Deputy Presiding Officer: Order.

Rhoda Grant: The cabinet secretary misrepresents Richard Simpson's position. He said that, if the Government cannot meet what it set out to do, it should not legislate to do it. As he and Anne McTaggart said, the Government has broken the law 12,000 times. If the Government cannot keep to its own laws, it makes a laughing stock of our legislating for anything.

Although the Presiding Officer gave me extra time, I see that I am running out of it. I support the comments that members made about GPs and mental health.

When it comes to the Government's 2020 vision, there is little to argue about—we can all sign up to it—but I hope that it will not turn into a 2030 vision. I hope that the announcement that the Government has made today does not mean that it is kicking the 2020 vision into the long grass, because that would be failure. Johann

Lamont said that vision without action is daydreaming, and I sincerely hope that the Government has not been daydreaming.

16:49

Shona Robison: I welcome the tone of the debate, which in the main has been positive. It has been helpful as we look towards not just delivering the 2020 vision but doing longer-term planning on capacity, the workforce and all the other elements. Since I became the Cabinet Secretary for Health, Wellbeing and Sport, I have been struck by how much good work and planning for the future is going on in our health service. I want to pull all that together in a 10 or 15-year plan that sets out what we need to do to ensure that we have the right workforce and skills and the right capacity in the right places. I will spend the rest of my speech going back to points that have been made on those issues in the debate.

Jenny Marra asked which figure on NHS staff increases is correct. I am pleased to say that both are correct. The 6.5 per cent increase under the Government relates to head count, and the 7.6 per cent increase under the Government relates to whole-time-equivalent figures. Is it not good that we have two figures showing staff increases in our NHS? I am sure that Jenny Marra and all the Labour members will absolutely welcome that.

Rhoda Grant: The cabinet secretary quotes figures but, whichever of those percentages we choose, it will be less than the increase in the number of patients the staff have to deal with.

Shona Robison: Of course the NHS is dealing with more patients, which is a challenge. That is why we have to shift the balance of care and treat people in the community. However, surely it is better that staff numbers are going in the right direction and are going up significantly to try to meet that challenge. I hope that somehow, some time in the future, Labour members might recognise and welcome that.

Jenny Marra asked about capital investment. I am pleased to tell Labour members and other members that there is capital investment in the NHS of more than £2 billion over the current spending period. That means facilities that are more fit for purpose and are delivering the vision of high-quality infrastructure. That investment includes not just the £800 million for the south Glasgow hospitals but many facilities in primary care and community care.

Jackson Carlaw made valid points about our boards' structures. However, before we look at any of that, it is important to get right the services and get them to where they should be locally, regionally and nationally. I am not in favour of restructuring for the sake of it; it has to make sense and fit with NHS plans. I am sure that the member would agree with that.

I probably do not agree with Jackson Carlaw's idea of sending each individual a statement of NHS use and costs. I can see where he is coming from, but I suspect that the bureaucracy and the cost of doing it would be prohibitive and counterproductive. However, we should always ensure that we talk about the value of the NHS. The public value the NHS, but we need to ensure that they know where the best place is to access it. A number of members made that point.

Bob Doris talked about the need to get the right number of acute beds in the right place. The important point is that the number of acute surgical beds has reduced over the years because there has been more day surgery, which is what patients want. People want to be in and out on the same day. They do not want to be in a surgical bed when they can take advantage of the great advances that there have been in day surgery. Of course, the number of acute medical beds has stayed pretty consistent.

Malcolm Chisholm rightly praised the patient safety programme. Maybe he is right that we should sing about that from the rooftops more often, but international recognition of the programme is pretty extensive. The work that Derek Bell has done on emergency care is well recognised and we continue to work with him and others.

Malcolm Chisholm said that NHS Lothian has received only a £4 million uplift this year through the NHS Scotland resource allocation committee formula. However, last year, NHS Lothian was one of the biggest winners from NRAC. The whole point of NRAC is that it is a formula that relates to the position of boards.

There has been a progressive move over a number of years. If memory serves me right, NHS Lothian was an NRAC winner of around £17 million last year, so such things have to work through each year as boards come within 1 per cent of parity, as all boards now are. I am sure that that will be welcomed across the chamber.

Joan McAlpine asked about third sector involvement in the integrated partnerships, and that is an important point. The sector should be, and has to be, involved, and I want more work to be done on third sector involvement.

Johann Lamont made a considered speech. She talked about a fantastic new hospital on the one hand and the challenges of parking and transport on the other, and she knows that I am aware of that issue, on which we have been in correspondence. I am more than happy to meet her to discuss further how we can help to resolve some of those issues. It is important that we have

the support of the community behind what will be a fantastic flagship hospital for Scotland and one that we should all be proud of.

Jim Eadie talked about the need to look at children's complex care needs through integration, and I am happy to look at the case that he raised. I congratulate his constituents on the role that they played in the cochlear implant strategy, not least Alice Lothian, whose case is an important example.

Jenny Marra: The cabinet secretary will forgive me if she is coming to this point, but will she answer the questions that Malcolm Chisholm and I asked about the timing of her task force reporting a year after it met? Does she agree that she should allocate her unallocated health consequentials as soon as possible?

Shona Robison: The task force will report when it is ready to report on the complex issue of seven-day services, and we should allow it to do its work. I will announce the rest of the consequentials in due course, and I am sure that it will be hard for Jenny Marra to disagree with the direction of travel on where the resource will go—I certainly hope so.

Jim Hume talked about mental health services and I understand some of the issues that he raised. However, it was this Government that set mental health targets, which have driven improvements in the system. Perhaps that does not go far enough, but I am sure that he will recognise that those targets have had an important effect on improving access. I hope that he recognises that, although I acknowledge that there is more work to do.

Christian Allard talked about nurse recruitment in NHS Grampian, which should be welcomed across the chamber, and about the specialist nurse announcement that was made.

I do not want to labour the point that I made to Anne McTaggart, but I shall mention it again. We recognise that the 12-week target is challenging, but it is better than the situation in which 12,000 people were kept waiting more than 12 months when Labour was in power. That is why it is so difficult to take Labour seriously on waiting times, because its track record is abysmal. Richard Simpson's comments are on the record in black and white—he said that Labour would get rid of the legal element of the treatment time guarantee. It is there in black and white that Labour would remove the legal guarantee that patients have. I am sure that that will come back to haunt Labour.

Graeme Dey talked about how service change is delivered, which is an important point. When services change—there will be service changes over the next few years—that has to be done in a positive way. We must learn the lessons. It is important that the population affected by service change see what the new services will be and that that is demonstrated to them. Too often, service change is seen as a loss of something because we have not adequately explained what will replace a service. We need to get that right.

Richard Lyle talked about the real-terms increase in spending during this session and about our commitment to a real-terms increase in NHS spending across the next session. The NHS has a huge budget next year and going forward. More than £12 billion will go into health. It is important that we discuss how best to spend that resource.

The Labour amendment makes no mention of shifting the balance of care or investing in the community, and we have some serious decisions to make about where the resource goes. If we are serious about shifting the balance of care, we have to shift the resource as well. That will not happen overnight and it has to be done in a carefully planned way.

The vision, which I hope that we can all sign up to, is to keep treating people in the community far more, so that the demands on acute services reduce over time. That is the vision, and I hope that it is shared across the chamber. I look forward to discussing the detail with members across the chamber in due course.

Business Motion

17:00

The Presiding Officer (Tricia Marwick): The next item of business is consideration of motion S4M-12134, in the name of Joe FitzPatrick, on behalf of the Parliamentary Bureau, setting out a business programme.

Motion moved,

(a) Tuesday 27 January 2015

After	
followed by	Topical Questions (if selected)
insert	
followed by	Ministerial Statement: Smith Commission
followed by	Ministerial Statement: Agricultural Holdings Review Group Report
delete	
5.00 pm	Decision Time
and insert	
5.30 pm	Decision Time

(b) Thursday 29 January 2015

delete	
2.30 pm	Parliamentary Bureau Motions
and insert	
2.00 pm	Parliamentary Bureau Motions
followed by	Scottish Government Debate: The Chilcot Inquiry—[*Joe FitzPatrick*.]

Motion agreed to.

Decision Time

17:01

The Presiding Officer (Tricia Marwick): There are two questions to be put as a result of today's business. The first question is, that amendment S4M-12120.1, in the name of Jenny Marra, which seeks to amend motion S4M-12120, in the name of Shona Robison, on the 2020 vision, the strategic forward direction for the national health service, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Baker, Richard (North East Scotland) (Lab)
Beamish, Claudia (South Scotland) (Lab)
Bibby, Neil (West Scotland) (Lab)
Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
Grant, Rhoda (Highlands and Islands) (Lab)
Gray, Iain (East Lothian) (Lab)
Griffin, Mark (Central Scotland) (Lab)
Henry, Hugh (Renfrewshire South) (Lab)
Kelly, James (Rutherglen) (Lab)
Lamont, Johann (Glasgow Pollok) (Lab)
Macdonald, Lewis (North East Scotland) (Lab)
Marra, Jenny (North East Scotland) (Lab)
Martin, Paul (Glasgow Provan) (Lab)
McCulloch, Margaret (Central Scotland) (Lab)
McMahon, Michael (Uddingston and Bellshill) (Lab)
McNeil, Duncan (Greenock and Inverclyde) (Lab)
McTaggart, Anne (Glasgow) (Lab)
Pentland, John (Motherwell and Wishaw) (Lab)
Stewart, David (Highlands and Islands) (Lab)

Against

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

Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
Hume, Jim (South Scotland) (LD)
Hyslop, Fiona (Linlithgow) (SNP)
Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
Keir, Colin (Edinburgh Western) (SNP)
Kidd, Bill (Glasgow Anniesland) (SNP)
Lochhead, Richard (Moray) (SNP)
Lyle, Richard (Central Scotland) (SNP)
MacAskill, Kenny (Edinburgh Eastern) (SNP)
MacDonald, Angus (Falkirk East) (SNP)
MacDonald, Gordon (Edinburgh Pentlands) (SNP)
Mackay, Derek (Renfrewshire North and West) (SNP)
MacKenzie, Mike (Highlands and Islands) (SNP)
Mason, John (Glasgow Shettleston) (SNP)
Matheson, Michael (Falkirk West) (SNP)
Maxwell, Stewart (West Scotland) (SNP)
McAlpine, Joan (South Scotland) (SNP)
McArthur, Liam (Orkney Islands) (LD)
McDonald, Mark (Aberdeen Donside) (SNP)
McDougall, Margaret (West Scotland) (Lab)
McGrigor, Jamie (Highlands and Islands) (Con)
McInnes, Alison (North East Scotland) (LD)
McLeod, Aileen (South Scotland) (SNP)
McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
McMillan, Stuart (West Scotland) (SNP)
Milne, Nanette (North East Scotland) (Con)
Mitchell, Margaret (Central Scotland) (Con)
Neil, Alex (Airdrie and Shotts) (SNP)
Paterson, Gil (Clydebank and Milngavie) (SNP)
Rennie, Willie (Mid Scotland and Fife) (LD)
Robertson, Dennis (Aberdeenshire West) (SNP)
Robison, Shona (Dundee City East) (SNP)
Russell, Michael (Argyll and Bute) (SNP)
Salmond, Alex (Aberdeenshire East) (SNP)
Scanlon, Mary (Highlands and Islands) (Con)
Scott, John (Ayr) (Con)
Scott, Tavish (Shetland Islands) (LD)
Smith, Liz (Mid Scotland and Fife) (Con)
Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
Stewart, Kevin (Aberdeen Central) (SNP)
Swinney, John (Perthshire North) (SNP)
Thompson, Dave (Skye, Lochaber and Badenoch) (SNP)
Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
Wheelhouse, Paul (South Scotland) (SNP)

The Presiding Officer: The result of the division is: For 19, Against 73, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The next question is, that motion S4M-12120, in the name of Shona Robison, on the 2020 vision, the strategic forward direction for the NHS, be agreed to.

Motion agreed to,

That the Parliament is committed to ensuring that Scotland's NHS remains in public hands and free at the point of need; recognises that Scotland's caring services face challenges common across the developed world, including those derived from an ageing population, changing demands of service provision and increased costs associated with new medicines and technologies; supports the achievements that quality improvement programmes have made, such as the Scottish Patient Safety Programme and the Early Years Collaborative, and the importance of sustaining and spreading these achievements; agrees that the 2020 vision's strategy for integrated health and social care is key to ensuring sustainable caring services long into the future; commends the contribution of NHS and social care staff in caring for Scotland and in seeking to achieve the aims of the 2020 vision; believes that the contribution of staff, stakeholders and users of the country's caring services will be vital to the development and implementation of delivery plans for the short and long term that meet the aims of the 2020 vision, and welcomes the recent additional investments in Scotland's NHS, including a further £100 million over three years to address delays in discharge and support people to remain at home or in a homely setting for as long as possible.

Meeting closed at 17:02.

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