



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

MEETING OF THE PARLIAMENT

Wednesday 4 March 2015

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Scottish Parliament

Wednesday 4 March 2015

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

Business Motion

The Deputy Presiding Officer (Elaine Smith):

Good afternoon. The first item of business is consideration of business motion S4M-12525, in the name of Joe FitzPatrick, on behalf of the Parliamentary Bureau, setting out a revision to the business programme for today. Any member who wishes to speak against the motion should press their request-to-speak button now.

Motion moved,

That the Parliament agrees to the following revision to the programme of business for Wednesday 4 March 2015—

delete

5.00 pm Decision Time

and insert

5.15 pm Decision Time—[Joe FitzPatrick].

Motion agreed to.

Parliamentary Bureau Motion

14:00

The Deputy Presiding Officer (Elaine Smith):

The next item is consideration of motion S4M-12523, in the name of Joe FitzPatrick, on behalf of the Parliamentary Bureau, on a suspension of standing orders. Any member who wishes to speak against the motion should press their request-to-speak button now.

Motion moved,

That the Parliament agrees that, for the purposes of consideration of the Scotland Act 1998 (Modification of Schedules 4 and 5 and Transfer of Functions to the Scottish Ministers etc.) Order 2015 [draft], in Rule 10.6.5 of the Standing Orders, the second and third sentences are suspended.—[Joe FitzPatrick].

Motion agreed to.

Portfolio Question Time

Health, Wellbeing and Sport

14:01

South Glasgow Hospitals (Parking and Public Transport)

1. Annabel Goldie (West Scotland) (Con): To ask the Scottish Government what action it is taking in response to the petition signed by over 7,000 staff, patients and members of the public demanding adequate parking and public transport at the new south Glasgow hospitals. (S4O-04062)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): There will be 2,500 spaces available when the hospital opens, and a third multistorey car park, which is due for completion in 2016, will provide a further 1,000 spaces. In addition, Greater Glasgow and Clyde NHS Board has applied for planning permission for a further 600 temporary spaces until the third multistorey opens next year. A range of travel options is being promoted, including car share, park and ride and public transport. The new hospitals will be accessible by bus, with 50 buses already serving the site on an hourly basis, and the site is five minutes by bus from the Govan subway station. The Scottish Government is also investing up to £40 million in the new fastlink scheme, which will offer direct transport from three main sites in the city centre—Buchanan bus station, Queen Street station and Central station—to the south Glasgow university hospitals campus.

Annabel Goldie: The new facility is iconic and is a beacon for Scotland in the delivery of healthcare, but serious concerns have emerged about the inadequacy of both public transport and car parking provision. Much of what the cabinet secretary refers to is still to happen, yet by June there are expected to be 10,000 staff on the site and unquantifiable numbers of visitors. Frankly, all that the Scottish Government has offered us is rosy procrastination. Why has it allowed the crisis to develop and what is it doing about it now?

Shona Robison: I agree with Annabel Goldie that the new hospital will be iconic and a beacon, and one of the biggest hospital sites in Europe. A lot of work has gone on between NHS Greater Glasgow and Clyde and Glasgow City Council. The application for the 600 temporary spaces is with the city council, and we hope that the council will expedite the application so that that parking can be put in place. There is an issue with residents parking, because the residents parking scheme that the council is consulting on does not start until October, so we have asked that thought is given urgently to what happens between April

and October and whether some kind of temporary residents parking scheme can be put in place. Annabel Goldie is quite right to raise the issue, and I understand the feelings of staff. We have been urging NHS Greater Glasgow and Clyde to enhance its communication with staff about the options, but we need to ensure that those temporary car parking spaces are put in place urgently, and I urge the council to get on and do that.

The Deputy Presiding Officer (Elaine Smith):

A number of members wish to ask supplementary questions. If they are kept brief, I might be able to call everyone.

Ken Macintosh (Eastwood) (Lab): The minister gave an impressive list of parking facilities and transport links. Does she believe that, once they are all delivered, that will solve the problem?

Shona Robison: A huge amount of work has been put into the planning of transport for the new hospital, and Ken Macintosh will be aware that the focus has been on having enough private car parking spaces but also on encouraging people to use public transport options. Of course, that is a balancing act. A huge amount of planning has gone in and NHS Greater Glasgow and Clyde and Glasgow City Council are confident that what they have put in place will suffice. However, we need to ensure that the temporary spaces are in place, because they will be important before the new multistorey car park opens next year.

There is also still work to be done on the residents car parking because, human nature being what it is, if people start to park in a particular location and there are no parking restrictions in place, it can become custom and practice. Therefore, we have to make sure that the council puts something in place until the residents parking scheme starts in October.

Bob Doris (Glasgow) (SNP): I declare an interest in that my wife is a nurse who will transfer to the Southern general in the next few months.

I recently met Niall McGrogan, the head of transport for NHS Greater Glasgow and Clyde, and raised with him the specific issue that nurses on shift work, who cannot car pool or car share, will lose out and be disadvantaged in the permit system. I suggest that the cabinet secretary might also wish to make such representations to NHS Greater Glasgow and Clyde.

On permit parking for locals, the cabinet secretary must be aware that Glasgow City Council was given £750,000 to introduce parking regulations. I hope that it will not charge residents £50 to park outside their own homes.

Shona Robison: The Scottish Government arranged a meeting on 2 March that included

representatives of NHS Greater Glasgow and Clyde, Glasgow City Council, Strathclyde partnership for transport, and health and transport officials. All parties are fully supportive of the new south Glasgow hospitals project and working together to ensure that suitable travel arrangements are in place.

I have some sympathy for what Bob Doris said about residents parking. There is a need for clarity on that. I know that there is concern and that residents were at a well-attended public meeting. Reassurance must be given that something will be put in place, even as a temporary measure, before the residents parking scheme is implemented from October.

Patricia Ferguson (Glasgow Maryhill and Springburn) (Lab): The chief executive of NHS Greater Glasgow and Clyde recently asserted that all staff live within one hour's journey of the Southern general hospital. Many of my constituents would need to take at least two buses, if not one other mode of transport, before they even got to the fastlink service. If the chief executive of NHS Greater Glasgow and Clyde is so out of touch with where his staff live and how they will travel to the new hospital, does the cabinet secretary have confidence that the plans that have been put in place will serve all members of staff and the patients who will require to use the new hospital?

Shona Robison: We have made it clear to the chief executive and the chair that they must ensure good communication with staff on all the options. It is not just public transport; there are car-sharing options, park-and-ride options and, of course, the private car parking provision that is being made. However, I will certainly reiterate to the chief executive the point that Patricia Ferguson made, because it is important that there is adequate communication with staff on their travel options. We will make sure that that happens.

Health Service Delivery (West of Scotland)

2. Stuart McMillan (West Scotland) (SNP): To ask the Scottish Government what plans it has for health service delivery in the west of Scotland. (S4O-04063)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): I expect all health boards in Scotland to plan and provide healthcare services of the highest quality, consistent with national policy, frameworks and guidelines, for the benefit of their local communities.

Stuart McMillan (West Scotland) (SNP): There has been some discussion recently about the fabric of some of the health facilities in the Inverclyde local authority area. What capital investment projects in Inverclyde has the Scottish

Government invested in over the past 12 months and what does it plan to do over the next three years?

Shona Robison: The business case for the adult and older people's continuing care mental health accommodation project has been in development over recent months. The £6.5 million project is due to begin construction this year and is due for completion in 2016. It will reprovide national health service continuing care beds that are currently at Ravenscraig hospital. It will deliver 30 older people's and 12 adult continuing care beds in a purpose-built new facility. The new building will allow local flexibility and provide a platform for integrated service delivery as well as being fit for purpose in terms of patient care and experience. The project will meet the current and future needs of Inverclyde residents with significant mental health needs who have previously been in NHS continuing care wards.

Jackie Baillie (Dumbarton) (Lab): The cabinet secretary will be aware that acute services are delivered south of the river at the Royal Alexandra hospital in Paisley for residents of Dumbarton, the Vale of Leven and Helensburgh. Anyone who has any understanding of the geography knows that that is quite a challenge. The local ambition is for services, including accident and emergency, to be delivered north of the river using the Golden Jubilee hospital and the Vale of Leven hospital. Does she agree that, with the advent of the new south Glasgow hospitals, we need to think about patient flow across the whole of Greater Glasgow and Clyde? Will she meet a delegation from my area to discuss how we can begin to optimise health services in the area?

Shona Robison: I am aware that there have been previous discussions about patient flow. Patient flow is important and we have to recognise that it occurs beyond health board boundaries, which are sometimes there for historical reasons. We have to recognise that fact more. I am happy to meet Jackie Baillie and the delegation to discuss the matter further, and I will get that meeting organised as quickly as possible.

John Scott (Ayr) (Con): The cabinet secretary will be aware of the deteriorating accident and emergency waiting times for NHS Ayrshire and Arran hospitals that were announced yesterday. One in five of my constituents now has to wait longer than four hours. How is NHS Ayrshire and Arran, with the cabinet secretary's help, going to address that deteriorating situation?

Shona Robison: The west of Scotland boards face a challenge around A and E performance. John Scott may have heard me say yesterday that there are very clear requirements in place. Part of the reason for the pressure on the system in the west of Scotland is the acute level of illness and

the sheer number of people who have been turning up, with unprecedented levels of admission in west of Scotland hospitals.

However, those hospitals are required to have the resilience to be able to cope with surges in demand. All the boards, including NHS Ayrshire and Arran, now have an action plan that sets out the improvements that are required—not only at the front door of the hospital but at the back door—to ensure that issues such as delayed discharge are dealt with, that patient flow is enhanced, that there is better use of discharge lounges and that all the best-practice things that we would expect are in place, to ensure that patients are seen within four hours. I will keep John Scott updated about progress on that.

The Deputy Presiding Officer: Thank you, cabinet secretary. My apologies to other members who wanted to ask supplementaries, but I need to make some progress, so we will move to question 3.

Child and Adolescent Mental Health Services (Referrals)

3. Patricia Ferguson (Glasgow Maryhill and Springburn) (Lab): To ask the Scottish Government how many referrals of children and adolescents with mental health issues to specialist child and adolescent mental health services have been rejected by those services in the last quarter. (S4O-04064)

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): From October to December 2014, 7,640 referrals were made to CAMHS, of which 1,425 were rejected. When a referral does not meet the criteria for CAMHS, we expect the child or young person to be signposted to the appropriate service. Further details can be found in the CAMHS waiting times publication of 24 February, which was published by ISD Scotland and covers October to December 2014.

Patricia Ferguson: Does the minister believe that it was appropriate for CAMHS to reject 1,400—or almost 20 per cent—of all referrals in the last quarter, which mainly came from hard-pressed general practitioners? Does he know the outcome for the children and young people who were rejected? If not, will he make a commitment to Scotland's young people that he will commission urgent research to reassure them, their families and the Parliament that the outcomes were good and that the huge variation in the numbers of rejected referrals between health boards was for genuine and appropriate clinical reasons?

Jamie Hepburn: Patricia Ferguson will appreciate that I cannot second-guess the clinical

judgment of the experts who are working in the field, but I observe that there could be a number of reasons for CAMHS to reject a referral, such as the referral not meeting their criteria. I also observe that the number of rejections mirrors the increase in the number of referrals and the number of children and young people who are being seen by CAMHS. It is important to place the figures in that context.

There has been a significant increase in referrals—from 4,734 in June 2012 to 7,640 in December 2014. That context is important. I reiterate that, when a referral does not meet the criteria, we expect children and young people to be signposted to the correct service.

Mary Scanlon (Highlands and Islands) (Con):

How can the Scottish Government ensure that early intervention and prevention work in mental health is not lost as resources become more focused on children who require substantial or urgent mental health support?

Jamie Hepburn: We support a holistic approach, and it is important that we have a range of measures in place. CAMHS plays an important role, but I stress again that, when CAMHS provision is not appropriate, children and young people who have been referred there should be signposted to alternative means of support.

NHS Shetland (Funding Allocation)

4. Tavish Scott (Shetland Islands) (LD): To ask the Scottish Government for what reason the 2015-16 funding for NHS Shetland is 2 per cent below the 2015-16 NHS Scotland resource allocation committee target allocation. (S4O-04065)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): Each year, ISD Scotland reviews the NHS Scotland resource allocation committee target share allocations for territorial health boards, and on 24 February it published its revision for 2015-16. For 2015-16, NHS Shetland will receive a total resource budget uplift of 3.1 per cent, which is an increase that is substantially above inflation, following an increase of 2.4 per cent in 2014-15.

I am sure that Tavish Scott will welcome that resource. It should be noted that our practice this year is no different from that in previous years. Because the shares are published in February, we have in previous years used the publication to inform the shares for the next financial year. As part of the budget-setting process for 2016-17, we will maintain our commitment to ensuring that no board is further than 1 per cent from NRAC parity. As part of that process, we will provide additional parity funding to any board that falls further behind that 1 per cent from parity.

Tavish Scott: Does that mean that, in 2015-16, the cabinet secretary will find ways to improve NHS Shetland's financial position? It appears from the figures that she has produced that the board is 2.1 per cent, rather than 1 per cent, away from NRAC parity. As she knows, that means that the funding that is coming to NHS Shetland is £900,000 less than should otherwise be the case. Will she recognise that, given the staff vacancies in a number of key areas, those additional resources would be very welcome?

Shona Robison: As I have said, the resource that NHS Shetland is getting has increased by 5.9 per cent in real terms. Tavish Scott will be aware that that record level of investment in NHS Shetland has helped to increase its staffing level by more than 20 per cent under this Government, to a record high.

I make it clear that, through the funding that was announced, all boards were brought within 1 per cent of parity. I am saying to Tavish Scott that, for 2016-17, the additional resource through the budget will maintain the position of all boards at within 1 per cent of parity. I am sure that he will welcome that.

Disability Sport (Kilmarnock and Irvine Valley)

5. Willie Coffey (Kilmarnock and Irvine Valley) (SNP): To ask the Scottish Government how it supports participation in sport by disabled people in the Kilmarnock and Irvine Valley constituency. (S4O-04066)

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): The Government is clear that everyone should be able to participate in and enjoy sport, whoever they are and whatever their background. That is why, through sportscotland, we are investing £642,000 in this financial year in Scottish Disability Sport to improve pathways into sport for our athletes with a disability and to increase participation.

Through Scottish Disability Sport's local branch, Ayrshire Sportsability, the area benefits from a growing number of grass-roots programmes that allow young people to take part in mainstream sport and develop local participation opportunities.

Willie Coffey: The minister is familiar with some of the fine work that is going on in Kilmarnock and Irvine Valley to encourage people with a disability to take up sport. In addition to disabled badminton and cycling clubs, we have the Clan, members of which the minister met recently in Parliament. The Clan is a local rugby team that encourages people with disabilities to train and play alongside non-disabled players. Will the minister join me in congratulating those groups and perhaps, when diaries permit, come and see for himself the

wonderful impact that such participation is having on disabled people in my community?

Jamie Hepburn: I agree and join Willie Coffey in acknowledging the range of programmes that are being delivered in Kilmarnock and Irvine Valley. I would be delighted to visit and see the provision at first hand.

I am encouraged in particular by the work that is being delivered by the Clan, which Mr Coffey mentioned. The Clan attended the Scottish Rugby Union's recent parliamentary reception, and I was greatly impressed by the presentation that we received on the Clan's work. It is a great concept that promotes equality, diversity and social inclusion through participation in the game, and the team is very much to be commended for its efforts.

Waiting Times (NHS Grampian)

6. Alex Johnstone (North East Scotland) (Con): To ask the Scottish Government what action it will take in light of NHS Grampian missing the target of treating 90 per cent of patients within 18 weeks. (S4O-04067)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): NHS Grampian is receiving additional funding of £49.1 million in 2015-16, which includes £29 million of NHS Scotland resource allocation committee parity funding. That uplift of 6.3 per cent is the largest uplift for any mainland territorial board and is 4.9 per cent above inflation. In addition, the board will receive £2.8 million to tackle delayed discharge in 2015-16.

The board is utilising funding from the budget by investing £5 million of the budget uplift in delivering the waiting time guarantee and standards during 2015-16. The Scottish Government is supporting the board to improve its demand, queueing and capacity-planning process. That will help the board to put in place the necessary capacity to deliver all waiting time standards and guarantees for the people of Grampian in the future.

Alex Johnstone: I am extremely interested that the cabinet secretary chose to answer that question by dealing first with the funding issue. Is that a clear statement by her that she believes that the problems in NHS Grampian are a result of serious chronic underfunding? Why did it take her Government eight years in office to realise that it was not adequately funding healthcare in the north-east?

Shona Robison: Performance issues are not just about funding; they are also about the way in which services are organised and delivered. I am impressed with the new leadership team at NHS Grampian. The chair and the chief executive are

focused on the task in hand, which is already beginning to deliver impressive and sustained improvement. I hope that the member will welcome that.

Dr Richard Simpson (Mid Scotland and Fife) (Lab): Now that NHS Grampian has had its comprehensive review, and in light of the deteriorating accident and emergency waiting times in other areas, does the cabinet secretary still not concede that the Royal College of Nursing and others who have called for a whole-system review should be heeded? That would include looking at all unplanned and emergency care, including demand issues, NHS 24, general practitioner out-of-hours services, minor and major accident and emergency and the planned trauma centres, as well as acute assessment and clinical decision units. That should be done through a comprehensive mechanism, rather than through the piecemeal or what I have called whack-a-mole approach that the cabinet secretary is adopting.

Shona Robison: It is a pity that, in all that, Richard Simpson did not see the need to thank the staff of NHS Forth Valley, who have delivered a figure of 96.2 per cent of A and E patients being seen within four hours. This would have been a good opportunity for him to thank the staff in the area that he represents for that impressive performance.

On the wider issues that the member mentions, I am clear that there are issues that the service needs to look at. They are not just at the hospital front door, although that is why, through a collaborative approach, we have six essential actions to improve how the front door operates. There are also issues to do with tackling delayed discharge, which is why I have put £100 million into the system, why we have integrated health and social care and why we are looking at out-of-hours services to ensure that they are sustainable. Richard Simpson would do well to welcome some of those initiatives, because they will improve the care of our patients.

Perinatal Mental Health Services

7. Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): To ask the Scottish Government what action it is taking to improve the provision of perinatal mental health services. (S4O-04068)

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): NHS Scotland keeps under review the range of community and specialist services that it delivers to meet the needs of women experiencing perinatal mental illness. The aim is to identify quickly those at risk and ensure access to appropriate and timely care, treatment and support.

Malcolm Chisholm: I welcome the fact that there is a specialist perinatal community team in NHS Lothian, but is it not the case that in many parts of Scotland there is no specialist service available and women are telling us that, in many cases, they receive very little help when facing this serious mental health problem? Does the minister agree that the problem is a serious one with profound consequences for a large number of women and children in Scotland, and does he accept that there is a postcode lottery of care with perinatal mental health services?

Jamie Hepburn: The 2012 Scottish intercollegiate guidelines network national clinical guideline for health professionals on perinatal mood disorders provides recommendations that are based on current evidence of best practice in the management of antenatal and postnatal mood and anxiety disorders. The guideline covers prediction, detection and prevention as well as the management of primary and secondary care. The Government has published guidance on the organisation and accommodation of services for mothers who are suffering from a perinatal mental illness, and we certainly expect NHS boards to take account of that and other available guidance in the delivery of their local services.

Glasgow Centre for Integrative Care

8. Claudia Beamish (South Scotland) (Lab): To ask the Scottish Government whether it will provide an update on the future of the Glasgow centre for integrative care and its funding arrangements. (S4O-04069)

The Minister for Public Health (Maureen Watt): The centre for integrative care will continue to provide services to meet the needs of patients from across Scotland. Funding will continue to be provided by NHS boards that refer patients to the centre.

Claudia Beamish: I highlight constituents' concerns regarding the withdrawal of homoeopathic services in Lanarkshire and Lothian. NHS Lanarkshire will stop referring new patients at the end of the month and the current patients will be the last. Will the minister clarify whether the Scottish health council was involved in monitoring the consultation?

As the CIC offers a wide range of services, including prescribing of homoeopathic medicines and yoga, mindfulness and self-management programmes, which can be hugely beneficial to people with mental health and stress issues, is the Scottish Government in any way considering a more centralised form of funding for the centre?

Maureen Watt: As I said, the Scottish Government, NHS boards, patients and the public already recognise the CIC as a national resource.

Claudia Beamish is quite right to highlight that the CIC provides not only homoeopathy but a wide range of other services.

We are quite content that the boards that have stopped referring for homoeopathy have undertaken public consultations and carried out reviews in the proper manner. As I said, there are no plans to close the CIC, which we see as having a role for patients across Scotland.

Shingles Vaccine (70 to 79-year-olds)

9. Roderick Campbell (North East Fife) (SNP): To ask the Scottish Government what the uptake of the shingles vaccine has been by 70 to 79-year-olds since September 2013. (S4O-04070)

The Minister for Public Health (Maureen Watt): The shingles—herpes zoster—programme was introduced in 2013 and is being offered to those aged 70 to 79 in a phased programme over the next few years, comprising both a routine and a catch-up element each year.

In the first year of the programme, which ran from 1 September 2013 to 31 August 2014, the vaccine was offered to those aged 70, routinely, and those aged 79, by catch up. Uptake rates were 59.7 per cent for 70-year-olds and 55.6 per cent for 79-year-olds. In 2014-15 the vaccine was offered to those aged 70, routinely, and those aged 78 and 79, through catch up. Uptake rates are not yet available, but provisional data suggests that up to January 2015, uptake was higher than at same time last year and still likely to rise.

Roderick Campbell: I am grateful to the minister for that answer and the encouraging statistics. How can she encourage further uptake?

Maureen Watt: Those eligible for a vaccine receive a letter from a general practitioner practice, inviting them to attend for immunisation. GPs can, if they wish, offer the shingles vaccine at the same time as the seasonal flu vaccine, and a poster and leaflet are available to promote the programme and help uptake rates. As I said in my previous answer, uptake rates are rising and we are confident that the upward trend will continue.

Nanette Milne (North East Scotland) (Con): Given that there are some 7,000 people in Scotland aged 70 and above who are affected with shingles, does the minister agree that the vaccine should be made available at the earliest opportunity for all people in the 70 to 79 age bracket? I understand that the vaccine is less effective after then.

The minister has told us a bit about the roll-out of the vaccine, with the catch-up element starting at age 79 and working downwards until it meets the routine element, which is moving upwards. How long will that take, and can it be speeded up?

Maureen Watt: I am not able to do the maths right away, but, through the routine element moving up the way and the catch-up element moving down the way, everybody in that age cohort should be covered within the next few years.

Child and Adolescent Mental Health Services (Mental Health Officers)

10. Jim Hume (South Scotland) (LD): To ask the Scottish Government what measures it is taking to increase the training, recruitment and retention of mental health officers across child and adolescent mental health services. (S4O-04071)

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): Local authorities have a legal duty to appoint a sufficient number of mental health officers to discharge functions under the relevant legislation. They must decide on the number of mental health officers appointed in their area, taking into account local needs and circumstances. The Scottish Social Services Council's latest report on mental health officers indicates a 39 per cent increase in admissions to mental health officer award programmes in 2013-14.

Jim Hume: In 2012, the Scottish Government removed the bursary given to each trainee in educational psychology, which resulted in a 70 per cent drop in applications for such courses. The Scottish children's services coalition noted that that drop, coupled with the retirement of a quarter of educational psychologists in the next four years and the doubling of the number of children identified as having support needs, will leave "a major gap" in the profession. How does the Government plan to address the deficit in educational psychologists at a time when the need for them is increasing, and how will it fulfil its promises to address child and adolescent mental health services?

Jamie Hepburn: I think that I first might have to write to Mr Hume to draw the distinction between mental health officers and educational psychologists.

We expect to work very closely with educational institutions to make sure that we always have a steady and constant supply of the necessary health professionals across the whole range of the national health service.

NHS Fife (Additional Support)

11. David Torrance (Kirkcaldy) (SNP): To ask the Scottish Government what additional support it has given NHS Fife to help improve its performance. (S4O-04072)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): An additional

£12.43 million has been allocated to NHS Fife. From that, £2.1 million will be allocated in 2015-16 to alleviate drugs pressures, and the Fife partnership will receive £6.73 million over the next three years, which will go towards developing local community services that will help to reduce unnecessary admissions and ensure timely discharge from hospital.

David Torrance: Can the cabinet secretary tell me how much it costs NHS Fife per year to pay for the new public-private partnership Victoria hospital, which was built under the last Labour Government? Do the large repayment commitments seriously impact on front-line services?

Shona Robison: The forecast unitary charge for the Victoria hospital private finance initiative contract is £21.7 million. PFI costs are a considerable burden on the system. I can tell the member that PFI contracts will cost the health service £235 million in 2015-16.

Obviously, NHS Fife, like other boards, is funded according to the NHS Scotland resource allocation committee formula. Under that formula, NHS Fife has had a significant uplift; its budget increased by £145.9 million from 2006-07 to 2015-16. Although there are always pressures on the system, we would expect NHS Fife to use that resource to improve patient care.

NHS Greater Glasgow and Clyde (Meetings)

12. James Dornan (Glasgow Cathcart) (SNP): To ask the Scottish Government when it last met representatives of NHS Greater Glasgow and Clyde and what issues were discussed. (S4O-04073)

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

James Dornan: I notice that the new south Glasgow university hospitals have been mentioned a couple of times already today. Although there are issues still to be dealt with—on which my Glasgow colleagues and I have written to the health board for clarification—we have to accept the project's being delivered before schedule and under budget is one of the great achievements of the Government.

Can the cabinet secretary give me further information on what final steps are in place to ensure the smooth opening of the hospital in a couple of months, which will benefit patients, visitors and staff?

Shona Robison: I am happy to confirm to the member that the £842 million project for the new south Glasgow hospitals remains on time and on budget. Work is now under way to equip and test the new facilities—which will provide the gold standard for co-locating state-of-the-art adult, children and maternity services—and to train staff ahead of the migration of clinical services between late April and June.

This is, of course, a massive logistical undertaking that the health board has been planning over a number of years. The board has assured me that it has robust plans and contingency measures in place to ensure the effective migration of services while it continues to deliver high-quality services for the benefit of patients. The Government has been and will remain in close touch with the board as that important work is taken forward over the next few weeks.

South Glasgow Hospitals (Parking and Transport)

13. Sandra White (Glasgow Kelvin) (SNP): To ask the Scottish Government whether it will provide an update on the proposed parking provision and transport links for staff and visitors at the new south Glasgow hospitals. (S4O-04074)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): Further to my previous answers, the Scottish Government arranged a meeting on 2 March that was, as I said, attended by representatives of all the partners, all of whom are working closely to ensure that suitable travel and parking arrangements are in place.

The attendees agreed to pursue plans for the temporary car park to cover the period until the third multistorey car park opens, and to continue to provide strong support to staff, patients and visitors to the campus in relation to appropriate travel arrangements. Support measures that have been or will be put in place include changing staff shift patterns to make use of public transport easier, putting more bus services in place, and the upcoming provision of specific functionality in the widely used Traveline app to help users to reach key national health service locations, beginning with the new hospital campus.

Sandra White: I thank the cabinet secretary for that reply and for her previous answer regarding parking spaces.

The cabinet secretary will be aware that the Western infirmary and Yorkhill hospital in my community will close, with the services moving to the new south Glasgow hospitals. It is therefore imperative that the new campus has proper transport links. With regard to the temporary

spaces, if it were the case that more parking spaces were required, is there any indication that Glasgow City Council would give permission for that?

It has also come to our attention that there is a development in relation to a possible bridge to link Govan and Partick. Does the cabinet secretary agree that such a positive move would be beneficial, particularly for the people from my side of the river?

Shona Robison: The development of a bridge would be helpful. We will keep a close eye on developments in that area, although I think that the project is in its very early stages.

The planned car parking provision at the new hospitals, of 3,500 spaces, is already in line with the maximum provision that is allowed by the planning approval for the development. More car parking would therefore have to be the subject of a planning application to Glasgow City Council. As Sandra White is aware, a planning application has been made for the 600 temporary spaces until the third multistorey car park opens next year. That application is currently being considered by the council.

Bruce Crawford (Stirling) (SNP): Many people in the southern part of my constituency, in the Drymen and Strathendrick area, will be travelling to the new hospital. There are no useful public transport links from the area to the hospital. Could particular cognisance be given to the challenging issues that those people will face in relation to travel to the new hospital, and could the cabinet secretary ask the NHS board to consider the area in particular?

Shona Robison: I will ask the NHS board to write to Bruce Crawford to make him aware of what provisions are being put in place.

NHS Lanarkshire (Meetings)

14. Linda Fabiani (East Kilbride) (SNP): To ask the Scottish Government when it last met NHS Lanarkshire. (S4O-04075)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): Ministers and Government officials regularly meet representatives of all health boards, including NHS Lanarkshire.

Linda Fabiani: Will the cabinet secretary continue dialogue with NHS Lanarkshire about soft ancillary services at Hairmyres hospital? I also ask her to meet regularly and discuss issues with Unison, which has organised a petition that is aimed at bringing those services back into public service.

Shona Robison: I thank Linda Fabiani for her on-going interest in the matter. She will be aware

that the Scottish Futures Trust has carried out some work around NHS Lanarkshire's procedures and processes in relation to the contracts to which she refers. That report has been seen by the board and will be discussed by it later this month.

On Monday, I met Unison to discuss the issue, and a number of further actions have emanated from that meeting. We have also been in touch with NHS Lanarkshire in order to ensure that Unison is very much involved in discussions, including discussions around the report and decision making on the contracts, which will take place later this month. The issues are complex; of course, the contracts would never have been issued under the arrangements that resulted from the action that this Government took in 2008 to prevent soft facilities management services from being contracted out in the future. The contracts that we are discussing are ones that we have, unfortunately, inherited.

The Deputy Presiding Officer: I will call question 15, but we must be very brief.

Maternity Scanning Services (Highlands and Islands)

15. Jamie McGrigor (Highlands and Islands) (Con): To ask the Scottish Government how it supports the provision of locally accessible maternity scanning services in the Highlands and Islands. (S4O-04076)

The Minister for Public Health (Maureen Watt): Although the Scottish Government provides the policies, frameworks and resources for high quality healthcare in Scotland, it is for each national health service board to decide how best to deliver services to meet the needs of the population.

The NHS is committed to providing services as close to home as possible, but it also needs to ensure that those services are safe and are provided by an appropriately trained and skilled workforce.

The Deputy Presiding Officer: Briefly, please.

Jamie McGrigor: Notwithstanding NHS Highland's welcome recent announcement that it hopes to reintroduce local maternity scanning services in Argyll and Bute from late 2016, does the minister understand the frustration and concern of my mother-to-be constituents who, since 2013, have had to make inconvenient, time-consuming and stressful journeys to hospitals in Glasgow, Greenock or Paisley for their maternity scans? As a father whose wife used the local services four times—

The Deputy Presiding Officer: I must hurry you along, Mr McGrigor.

Jamie McGrigor: What guarantee can the minister give that funding will be available for local scans in Campbeltown, Dunoon, Islay, Lochgilphead, Oban and Rothesay?

The Deputy Presiding Officer: Answer as briefly as possible, minister.

Maureen Watt: I agree with Jamie McGrigor that it is not satisfactory that mothers-to-be have to travel so far outwith the area, but like him I am pleased that NHS Highland has agreed that local services should be resumed as quickly as possible.

The Deputy Presiding Officer: That concludes question time.

Privacy and the State

The Deputy Presiding Officer (Elaine Smith):

The next item of business is a debate on motion S4M-12491, in the name of Willie Rennie, on privacy and the state. I must advise the chamber that we are very tight for time for all of this afternoon's debates, and I invite members who wish to speak in the debate to press their request-to-speak buttons now.

14:41

Willie Rennie (Mid Scotland and Fife) (LD):

Liberals of all political parties and none have a healthy suspicion of Government's voracious appetite for information on us and, indeed, every individual. Information is a powerful tool that, used in the right way, can help us; however, if misused, it can be intrusive and sometimes even dangerous. The purpose of today's debate is to allow the Parliament to debate openly the complex issues that surround this important matter, and our hope is that this will not be the only time that this important topic is debated in the chamber and that all members of this Parliament will have opportunities in future to consider primary legislation and to ensure effective scrutiny of any changes. Unfortunately, the Government's current intention is to restrict debate to one committee.

The motion's simple aim is to put any such changes into primary legislation, not to determine whether the changes are acceptable or otherwise or whether they amount to an identity card system. All I am seeking support for is the suggestion that these proposals, should they advance, be put into primary legislation.

Let me explain why we are making this suggestion. The first reason is scale. The proposal has the potential to cover 120 organisations across the public sector, which matters because our current diffuse system of information storage contains an in-built protection from crime and misuse that would be lost if there were one super database that was shared across the public sector. We all know the problem with putting all our eggs in one basket or putting all our savings into one bank or business, and we should be cautious when the Government asks us to do the same now.

The second reason is the unique citizen reference number, or what is often called the persistent identifier. Yes, we have a unique number at the moment, but it is not unique across the public sector. Allowing all organisations to share one number means that we move from having a series of numbers to having a single, universal number and leaves open the possibility for information to be searched, profiled and mined.

Paragraph 4.6 of the Scottish Government's own principles of identity management, which were published by John Swinney just last October, states:

"If a public service organisation needs to link personal information from different systems and databases (internally or between organisations), it should avoid sharing persistent identifiers".

The proposals seem to breach John Swinney's own principles.

Thirdly, the current system operates on an opt-in basis, whereas in the new approach everyone's address will be automatically included through the transfer of the community health index postcode into the national health service's central registry. That means that no consent will be required for a person's full details to appear on this universal database. By virtue of simply being born, a person's details could be accessible by Quality Meat Scotland or even the Royal Botanic Garden Edinburgh. We would not be in control of our own information.

I have set out three reasons why the plans are flawed: scale, unique number and consent. There are other reasons, but those three should be sufficient to cause at least some doubt in the minds of Scottish National Party members.

I am pleased that the Conservatives, Labour and the Greens agree with our concerns, and I would be interested in the opinions of the independent members. I urge those who are considering backing the Government's amendment to reflect carefully. If there is even a scintilla of doubt in their mind about what the Government is proposing, they should vote for our motion. Voting with the Government would give it permission to proceed with limited and inadequate scrutiny. The Scottish Government disputes the claim that what is being proposed is a precursor to an ID card. The problem is that, if there is an all-encompassing single database with one single number for each individual and no consent required, it is a simple process to produce a card with that number on it, stick a picture on it and then there would be an ID card. I think that everyone would recognise that as an ID card.

Christian Allard (North East Scotland) (SNP): Will the member take an intervention?

Willie Rennie: Not just now.

We may not be there yet, but we are creeping towards that destination. If SNP members have any doubt, they should vote with us.

I am grateful to the Open Rights Group and the NO2ID campaign for the advice and support that they have provided to inform the debate. They have very real concerns.

The British Medical Association has expressed concern about the relationship between the NHS database and tax collection, which it fears may drive patients away. The Scottish Council for Voluntary Organisations wants the Government to think again. However, the submission from the United Kingdom Information Commissioner's Office caused the greatest alarm. The UK information commissioner spoke of breaching European and British data protection laws, creeping towards an ID card system and the lack of reason and necessity in the Government's plans.

Therefore, members do not have to take my word for it; they should listen to the other voices. Ignoring the advice of an independent information commissioner would be unwise for any member of any Parliament.

Very few are against cards that identify us. We need forms of identification to conduct our daily business. Our parliamentary card is an ID card, and my driving licence, bank card and Carnegie Harriers membership card—that is probably the most important of all—are all forms of identification and information. However, each one has a different number and each is stored on a different database. It is not identification that I oppose; it is the super ID database that concerns me.

Christian Allard rose—

Patrick Harvie (Glasgow) (Green): Will the member give way?

Willie Rennie: Yes. [*Interruption.*]

The Deputy Presiding Officer: Order, please.

Patrick Harvie: Sorry, colleagues.

Does Willie Rennie agree that those who raised concerns about the UK identity card scheme, including SNP members and organisations that have engaged their concerns on the issue that we are discussing, did not principally raise concerns about the piece of plastic, but about the data system behind that and the ways in which it could be used? That is the point of similarity and the issue that we should be putting on the agenda today.

Willie Rennie: Patrick Harvie is absolutely right: it is about the whole system. It is not just about the bit of plastic; it is about the database behind that, because that is open to potential theft and misuse. Therefore, Patrick Harvie is right on the button. He is right to identify the whole system, not just the card.

Christian Allard: At the start of the debate, the member talked about the debate not being about ID cards, but we are now hearing only talk of ID cards. I have an ID card with me. ID cards will not be imposed by any Scottish Government while the

SNP stays in power. We cannot say the same thing about Westminster.

The Deputy Presiding Officer: Can I hurry you along, please?

Christian Allard: Is this debate about ID cards or not?

Willie Rennie: That is all I need: Christian Allard's assurance. That gives me the greatest confidence that I could ever need to drop my motion. The reality is that he has more confidence in what the Government proposes than I do. The reality is that his Government is preparing a super ID database that is a step towards an ID card.

Members: Rubbish!

Willie Rennie: SNP members obviously do not agree with me on that, but if they have any doubts, they should listen to the protest groups. *[Interruption.]*

The Deputy Presiding Officer: Order, please.

Willie Rennie: They should also listen to the privacy groups, the BMA and the SCVO, because they have doubts. Are their opinions no longer to count? If SNP members have any doubts, they should consider their position today.

I accept that the Government needs methods to authenticate that a person is who they say they are, because such methods prevent fraud and ensure that people get what they are entitled to. However, all that we need to do is to look south of the border, to what the Cabinet Office, working together with privacy groups has identified to create a system to—*[Interruption.]*

The Deputy Presiding Officer: Order, please. The member is in his last 30 seconds and we must hear him.

Willie Rennie: We must work together with privacy groups to ensure that we have a system that is diffuse, that does not involve one single database and that our information is protected. For once, the Scottish Government should look to others for their advice and support.

My message today is simple: if members support the Government's amendment, they will be voting to limit the scrutiny that the Government's proposals will receive; but if members have doubts, they should express them by supporting and voting for my motion. Members do not have to agree with everything that I have said. They might reject some of the arguments that privacy campaigners have made and they might not even accept all the points made by the information commissioner.

The Deputy Presiding Officer: You must conclude.

Willie Rennie: However, if members have any doubts, they should vote for our motion.

I move,

That the Parliament notes the Scottish Government's consultation on amendments to the National Health Service Central Register (Scotland) Regulations 2006 and the concerns of privacy campaigners about those proposals; believes that these issues merit full parliamentary scrutiny, and therefore calls on the Scottish Government, if it wishes to proceed with this policy, to do so by means of primary legislation.

14:51

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): At the outset I want to make two points clear on behalf of the Scottish Government. First, I reiterate this Government's unequivocal commitment to the protection of privacy. The Scottish Government took the initiative in 2009 to set up an expert group to develop identity management and privacy principles, and the group included privacy expertise and interests from outside the public sector. Principles were established in 2010 and updated in 2014, and they guide the policies of the Scottish Government. I am determined that we continue to lead good practice and act in a manner consistent with those principles.

Secondly, I make it clear that the Government will consider carefully all of the representations made during the recent consultation, and I confirm that no decisions have been taken on any of the issues. I can also confirm that privacy impact assessments will be a necessary prerequisite of any proposals that are advanced and must satisfactorily address the issues that have been raised in the consultation process. Decisions will be taken only after there has been full parliamentary scrutiny of any proposals that we advance.

In trying to give a proper assessment of the changes that we propose and to determine whether they should be pursued, it is important to consider the purpose of the changes. Our first purpose is to ensure that in delivering public services a service provider knows that they are dealing with the right person, recognising the public's growing expectation that they will be able to access public services online. The service user must also be sure that he or she is not being mistaken for anyone else. The consequences of not authenticating identity appropriately can be significant for individuals, who could receive the wrong service or no service at all. Those checks will help to prevent fraud and identify theft and are intended to give confidence to those who use public services online.

Our second purpose is to help to identify those taxpayers who should properly be defined as Scottish taxpayers for the purposes of the Scottish rate of income tax. That is critical because it will help to crack down on tax avoidance and evasion and will ensure that the correct amount of tax flows to the Scottish budget to support our public services.

Those are our purposes in holding the consultation.

Patrick Harvie: Will the Deputy First Minister give way?

John Swinney: Of course.

Patrick Harvie: I am grateful to the Deputy First Minister for giving way and I was grateful to him yesterday for meeting, alongside me, some of the campaign groups, such as the Open Rights Group, that are concerned about the matters in question. Does he acknowledge that they did not seek to ignore or circumvent the purposes that he has described? They understand those purposes but argue that there is a better way of achieving them that does not give rise to the same concerns around data security and privacy.

John Swinney: I will come on to say a little about that in the course of my remarks.

Those are our purposes in holding the consultation. The question now becomes how we achieve those two objectives. Our consultation paper sets out that the most secure, accurate and privacy and user-friendly way to do that is by strictly controlled use of the national health service central register. I believe that that approach is preferable to contracting with private sector bodies to use a combination of their databases and public sector databases, and it is preferable to creating a new database. There is one thing that we are not doing—we are not under any circumstances creating a new database.

The register has existed since the 1950s and legislation strictly regulates its use, which is further protected by agreements that the Registrar General for Scotland puts in place. The register contains core facts about individuals who were born in Scotland, drawn from birth records, and individuals who have registered with a general practitioner. However, I stress that, despite the title of the register, it does not hold health records. The only health information that is recorded is whether a person has been treated for cancer, and that is only released for research purposes under strict anonymised controls.

Another important point is that use of the NHS register—if the proposals proceed—will not be a novel departure. Primary legislation that this Parliament passed in 2006—the Local Electoral Administration and Registration Services

(Scotland) Act 2006—put the national health service central register on a statutory footing, provided for a reference number, which is now referred to as the UCRN, or unique citizen reference number, to be contained in the register and provided powers for the sharing of information. It also provided for secondary legislation to extend who could have access to information from the register. That legislation was put on the statute book by a Liberal Democrat minister, George Lyon.

For the past nine years, when an individual has sought a concessionary travel card, the register has been used to verify that individual's identity. That has occurred under strict controls. The system has worked well, and what we now propose is that other organisations—central Government bodies that will provide online services—should also be able to check specified data. I stress the word “check”. Willie Rennie said that he accepts the need for Governments to undertake authentication work. That is precisely what is proposed in the consultation exercise.

Willie Rennie: Does the cabinet secretary not recognise and agree that he is going beyond what the original legislation proposed? In essence, by introducing the CHIP—the community health index postcode—to the NHS central register, he is going from an opt-in to a compulsory system. Does he not recognise that?

John Swinney: No, I do not recognise that, because this is about people who are trying to access online public services opting to have their identity verified to protect their identity from identity fraud.

The final question that I want to explore is why we should consider this approach. Having read a number of the responses to the consultation and met the Open Rights Group yesterday, I am very aware of the concerns that have been raised. As we address those, there are additional important points that I believe the Parliament must consider.

Next year, the Scottish rate of income tax will be introduced, and we also have the plan for full implementation of the Smith commission proposals. Next year, as a result of the introduction of the Scottish rate of income tax, our block grant will be reduced by approximately £5 billion, and we will be responsible for raising an equivalent amount in revenue. It is vital that we get implementation of the new income tax powers right. Following the transition period, every 1 per cent error—every 1 per cent of the Scottish taxpayer base that we cannot identify—could cost this Parliament's budget £50 million or more. That is £50 million for public services such as schools, hospitals and the police.

The responsibility for implementing and operating the Scottish rate of income tax lies with HM Revenue and Customs and the UK Government.

The Deputy Presiding Officer: You must conclude, please.

John Swinney: They have asked us to consider the issues that are raised in the consultation, and in the interests of good government I am doing exactly that.

I pledge to the Parliament today that I will work co-operatively across the political spectrum to ensure that agreement is reached. We will subject any proposals that we bring forward to wide consultation and to the full parliamentary scrutiny that was provided for us in the LEARS act in 2006, which was put in place by the Liberal Democrats.

I move amendment S4M-12491.2, to leave out from “if it wishes” to end and insert:

“to report back to the Parliament on its response to the consultation before outlining the further steps that it intends to take on this matter, consistent with its adherence to privacy principles and the Local Electoral Administration and Registration Services (Scotland) Act 2006”.

14:59

Dr Richard Simpson (Mid Scotland and Fife) (Lab): I draw members’ attention to my declarations of interest in respect of my membership of some of the organisations that I will refer to in my speech.

From the outset, Scottish Labour wants to say that it fully understands the intention and purposes of the Government’s proposals. It also fully concurs with the need to establish a Scottish tax database in order to ensure that the tax can be fully collected in Scotland for Scotland; we accept that point. However, we believe that the issues really should have been debated in a full debate in Parliament at a much earlier stage, because some people see the matter as being the first step in establishing a national identification system, and it is that single system that is a matter of concern. Our central concern is that the registration data that is given by patients as part of a freely entered into compact with the NHS is to be used for other purposes for which consent was never given.

Before I elaborate on that, I will review some history. As the minister said, some data has been used for other purposes—for example, verification of benefit applications. However, that is an example of a positive request for information, and authentication in that situation is important. The relationship between the privacy of the individual and the needs of the state is a current issue. In an increasingly electronic age, our citizens’ privacy is daily more undermined. Too often, information about us is obtained or used without our full

knowledge and appreciation. The most extreme aspect of that was represented in the “Citizenfour” documentary, which made it clear how GCHQ undertakes widespread surveillance of all our digital communications. It is the first action of a centralising state to capture as much information as it can about its citizens.

The issue of privacy was the subject of a review in 2009 called “Database State”, which I recommend to members. The review was sponsored by the Joseph Rowntree Foundation and led by Professor Ross Anderson from the University of Cambridge. I request that the Government consult Professor Anderson on the issue, as he is a world leader on privacy issues. The report assessed the 46 existing databases across major Government departments and found that a quarter of all the existing public sector databases that were reviewed were almost certainly illegal under human rights or data protection law. More than half of them have significant problems with privacy or effectiveness and could fall foul of a legal challenge.

Britain is currently out of line with other developed countries, where records and sensitive data on matters such as healthcare and social care services are held locally. In Britain, data is increasingly centralised and shared between health and social services, police, schools, local government and, now, even the tax man. The benefits that are claimed for data sharing are often illusory, and sharing can harm vulnerable people, not least by leading to discrimination and stigmatisation.

At first sight, the Scottish Government’s proposal looks innocuous. However, the British Medical Association and the Royal College of General Practitioners believe that although consensual registration of postcode and address to the NHS number is appropriate and will enhance health data nationally, the accessing of that and the community health index number by a tax authority is inappropriate. They also believe that accessing of those by many of the other 120 agencies is surprising, to say the least. As Willie Rennie said, Quality Meat Scotland, Architecture and Design Scotland and VisitScotland could access the data. I certainly do not want them to have my information, although I understand from what John Swinney said what he sees as being the purpose of that.

John Swinney: The organisations that Dr Simpson has listed would not have access to the data. They would be able to check and verify with the registrar general the identity of individuals to ensure that they were able to access public services, but they would not have access to the information.

The Deputy Presiding Officer: Dr Simpson, you are approaching your last minute.

Dr Simpson: I do not want to be misunderstood; I am not suggesting that those organisations would have access to my NHS data. I accept that they would not. However, if someone gives permission for their authentication details to be used for one purpose, I do not think that it is appropriate for those details to be used for another purpose without their consent.

Willie Rennie also mentioned Ken Macdonald, who has said that the proposals could be in breach of the European rules. That is a very serious statement for the assistant information commissioner to make. He has called for a privacy impact assessment, so I welcome John Swinney's agreement that that assessment will be carried out. Mr Macdonald has also said that use of a national identifying number—for whatever apparently positive purpose—must be

“subject to a proper debate”,

and he has cautioned against the

“creeping use of such unique identifiers”

that should

“not just happen by default”.

The BMA feels that that would undermine patient confidence in and people's relationship with the health service.

If the NHS electronic data was totally secure and private—I accept the point that that is not what people will apparently have access to, but they will have access to the community health index number, and the CHI number is being increasingly used in relation to access to NHS data—

The Deputy Presiding Officer: I am afraid that you are over time.

Dr Simpson: I took one intervention. Can I just have two seconds more? I have one more paragraph. It is important.

In NHS Lothian, over a two-year period, there were 794 breaches of inappropriate access to electronic data. The NHS system is not fit for purpose. It does not meet the European requirements under the *I v Finland* case. Therefore, we have a situation in which, by using people's unique identifier, others can maliciously access NHS data.

The Deputy Presiding Officer: You must close, Dr Simpson.

Dr Simpson: Linking one identifier with another is extremely dangerous. The topic needs a full debate.

I move amendment S4M-12491.1, to leave out from “and the concerns” to end, and insert:

As an amendment to motion S4M-12491 in the name of Willie Rennie (Privacy and the State), leave out from “and the concerns” to end and insert “; notes the concerns of the British Medical Association Scotland and the Royal College of General Practitioners that sharing personal information registered for health purposes with the government for the identification of income tax payers in particular would seriously undermine trust between doctors and patients, with the result that patients may feel reluctant to seek medical help from their doctor; notes also the concerns of privacy protection campaigners such as Liberty, Big Brother Watch and the Open Rights Group that allowing information to flow between health and tax agencies sets a dangerous precedent; believes that NHS identification should only ever be used for other purposes with express and informed consent; recognises the need for identification of all citizens who will be required to pay tax in Scotland; believes that the current proposals should be halted, alternative options should be sought and that the Scottish Government should consult further, and further believes that any future proposals should be subject to full parliamentary scrutiny and primary legislation.”

The Deputy Presiding Officer: If members go over time, it will have to come out of back-bench or closing speeches. I cannot magic up time.

15:05

Liz Smith (Mid Scotland and Fife) (Con): I thank Willie Rennie for bringing the issue to Parliament.

This is a wider debate about the role of the state and how far its power should extend. If we look back throughout history—it does not matter when, whether it was the age of the ancient Greeks or the disputes between people such as Thomas Hobbes and John Locke in British philosophical history, or whether it was people trying to rebuild our democratic traditions after two world wars—we see that this is an important issue. Indeed, it is as relevant today as ever, as Willie Rennie's comments have shown.

The proposals relate to the possible changes to the national health service central register, which makes it a serious issue. Willie Rennie is quite right to say that it deserves the full attention of the whole Parliament. Indeed, given the very strong concerns that have been expressed by the information commissioner, the British Medical Association and the Scottish Council for Voluntary Organisations, I do not think that any party in this chamber could possibly argue otherwise. Therefore, the Scottish Conservatives will support the motion to have the matter properly debated in Parliament, and we will also support the Labour amendment.

Let us be clear that there are understandable aims behind the work: to improve the quality of data, which is an increasing part of our lives as Richard Simpson rightly said; to help to trace

missing persons or vulnerable children; and to facilitate online access to data, to name but three. However, it is what goes beyond that has become so controversial, as was so ably set out by Willie Rennie.

The Open Rights Group has made it very clear that it believes that the unique citizen reference number is not a randomised number as the Scottish Government has claimed, and that the proposals to expand the right of identification of data to 120 public bodies instead of the current constraint to limit data sharing to the NHS and local authorities would, in effect, be one step closer to an ID card, even if it is not an ID card as such.

In particular, the diminished role of consent of the individual disturbs us most. John Swinney claimed this morning, and said it again this afternoon, that there would be a guarantee of privacy. He was very sincere about that. I can accept that he genuinely believes in that principle, but people are not fully convinced in practice for exactly the reasons that Patrick Harvie mentioned.

As soon as the actions of the state are directed too much in favour of compulsion and the laws lack public consent, the exercise of personal, social and moral freedom is necessarily inhibited. That should worry us all. That is why the Westminster Government, after a long and controversial debate, decided not to introduce ID cards. I have the transcripts of debates in this Parliament in 2005 when national ID cards were being considered and those from the House of Commons and House of Lords from the same time, which show why the proposals were eventually rejected. We need to be extremely careful not to do something that would involve a back-door movement towards ID cards in Scotland.

The trends in western democracies have been towards a more liberal attitude in social policy, and philosophical tensions about the role of the state have grown stronger. That is a contradiction in the SNP's policy outlook. It is quick to tell us that it whole-heartedly espouses a liberal democratic tradition and that it will do much more to increase our personal freedoms by promoting greater equality and social justice, but over the course of its majority Government since 2011, the SNP has bordered on becoming much more paternalistic and is oriented towards the role of the state. That is another reason why I feel—

The Cabinet Secretary for Fair Work, Skills and Training (Roseanna Cunningham): That is rubbish!

Liz Smith: That comes on the back of legislation about named persons and a whole lot of other things. [*Interruption.*] It is absolutely the

same thing. It is a prime example of pushing the boundaries of the state too far. It is symptomatic of a Government that I think has become overly intrusive in people's lives. That is yet another reason why the issue must be looked at extremely carefully. We fully support what Willie Rennie has proposed in his motion. The Government's proposals must be debated and that process must involve the full scrutiny of Parliament. We are also happy to accept the Labour amendment.

The Deputy Presiding Officer: We come to the open debate. As I indicated at the start of the debate, we are very tight for time. Speeches should be of a maximum of four minutes, and any interventions must be taken within that time. Members know that I am not in the habit of cutting off microphones, but I am afraid that I may have to this afternoon.

15:10

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): This should be a very thoughtful debate rather than a party-political one, but I am afraid that Liz Smith's contribution drifted into that area.

I ask myself whether the data is necessary, what its purpose is, whether it is sufficiently limited, whether the data is secure, and whether the proposals will command public support. I welcome the consultation that has just closed. I understand why the Liberal Democrats decided to have a debate on the matter, but it is early doors—there is some way to go. I notice that the Government's view is not set in stone. I was a wee bit surprised to discover that as many as 120 organisations might have access to the data, but I expect that that may evolve.

This is new territory. I do not think that many members of the public understand that there is an NHS central register; they do not know about it. I did not know that National Records of Scotland is the public body that maintains and owns it. At the moment, only about 30 per cent of the population are on the register. I note the fact—which I think is significant—that it does not hold anyone's records; it holds names, addresses and dates of birth so that records can be properly moved about.

I think that we all accept that we need a robust and fair database that can be brought up to date for the purposes of gathering income tax in Scotland. The collection of data is necessary, but whether we are using the right source might be open to argument. At the moment, local authorities and health boards use the NHS central register, but that arrangement is subject to individual agreement, so it is not a complete picture that is provided.

As has been mentioned, every one of us has a community health index number. Although many people do not know that, it is something that provides a link to the individual.

John Finnie (Highlands and Islands) (Ind): That is the second time Christine Grahame has mentioned low levels of public awareness. There is also the question of public perception. Does she agree that that can best be addressed by having the fullest debate further down the road, as per the Lib Dem motion?

Christine Grahame: I do not think that it is news to any member that members of the public do not know that they have a CHI number and do not know about the central register. That is a fact of life. People do not know that when they go online Tesco can ask them whether they want their favourite groceries and it will come up with everything that they buy every week. People hold data all over the place that we are unaware of.

I understand that the crux of the matter is the centralisation of the information that is currently held by health boards. Another issue is security in holding that information. The argument about security is a reasonable one to make, but I do not have such a problem with centralisation. Some years ago, I got a letter from Her Majesty's Revenue and Customs that said that my tax was to go up because I was getting the state pension. I had not even applied for it, but the Department for Work and Pensions had been in touch with HMRC. Many Government agencies know what we are up to. There is now no need to tell the Driver and Vehicle Licensing Agency whether you have insurance—it can tell because it is in touch with the insurers. Such interlocking arrangements are already in place.

At issue is whether the data that is collected is necessary, whether it is secure and whether, in the internet age, it enables individuals and the state or the Government to function properly.

The Deputy Presiding Officer: You must draw to a close.

Christine Grahame: Privacy is not absolute. There is a duty on the citizen to meet their tax obligations, so they will be required to surrender some privacy, as we already do for income tax and national insurance, to enable the state to function.

15:14

Drew Smith (Glasgow) (Lab): We all accept that there is a variety of reasons why Government must hold certain data about its citizens. It helps us to administer pensions, benefits, the welfare system and, as Christine Grahame said, the tax system, which is after all our subscription to

society. It can help to keep people safe. In the case of the NHS central register, it allows patients' medical records to follow them as they move around the country, or in and out of the armed forces, or in a variety of circumstances.

Willie Rennie was quite right to say at the beginning of his speech that there are plenty of valid reasons why Government should keep important and necessary data, and it is important to say that that is not being disputed today. Nor would I dispute that stored data can be, and often is, put to a greater use. The Deputy First Minister mentioned some of the medical research that flows from the central register, and we would support that.

The key point is that all that activity must be properly regulated to protect people's privacy and civil liberties. There are a number of questions around that, including who has access and why, but the fundamental point is how much data is held on a single database and how much sits on separate systems, because that is one of the fundamental protections. The public must have confidence in the laws and regulations that govern the use, storage and sharing of their data, and we need to know that public consent to changes in the way in which their data is used exists, because we need to satisfy ourselves that changes are fair and transparent, even if they are simply for checking and verification purposes.

Emails that I have received from my constituents in Glasgow certainly suggest that there are a lot of people out there with serious concerns about the changes that are being proposed, and that level of concern warrants the issue being raised in Parliament, so I thank the Liberals for bringing the debate to the chamber today. We all experience the frustration of the short speeches that you will rightly keep us to, Presiding Officer, but I think that we need to come back to the issue and have a much fuller debate.

I hope that we can all agree on the fact that concerns about privacy and liberty, whether or not the Government agrees that they are valid, must be fully addressed before we proceed any further, so I support the amendment in Dr Simpson's name.

The Scottish Government has been keen to stress that the changes that are proposed are limited in scope and would be for specific purposes, one of which is that the new arrangements would help the Scottish Government to identify Scottish taxpayers as the Parliament gains a new raft of tax powers. We can understand that, but we need to pay serious attention to comments such as those made by the British Medical Association, which is deeply concerned about the use of central register information to identify taxpayers and is urging the

Government to consider an alternative source of data. The health profession is warning the Government not to use a health database to support tax collection, because it could deter people from registering with their GP and could damage the relationship of trust between people and their doctors. Others, such as Ken Macdonald, have commented on issues that need to be taken seriously by the Government if we are to prevent a national identity database emerging by default.

I welcome the time that we have had to discuss the issue this afternoon. I have certainly supported my constituents when they have contacted me about the issue, but I remain convinced that the changes are substantive and must be subject not only to a full debate in this Parliament but to a broader national debate in the country, and to the most rigorous possible parliamentary scrutiny. That is the message that I wish to convey to the Government front bench today. We need to come back and look at the issue in greater detail.

15:18

Christian Allard (North East Scotland) (SNP):

I am delighted to participate in this debate. It is always a pleasure to have the opportunity to respond to Liberal Democrat members who want to compare the actions of the SNP Government with those of the Westminster Government. Maybe the Deputy First Minister would not be happy about it, but I would be delighted to make it a political debate, because I have political views about it.

We are now living in a modern world with a lot of services available on the internet, and we want our public services to be available on the internet. There are two ways of dealing with that modernisation. We can either do as the Westminster Government does and give everything to private companies to handle, or do as the SNP Government does and ensure that it stays in public hands and is controlled by the public sector.

Willie Rennie: Christian Allard will recognise that Atos, which is from France, supplies community health index number services to the NHS in Scotland along with a range of other private organisations. What is the difference?

Christian Allard: As soon as you say Atos, I cannot do other than finish off the point. Atos is a French company that your Government at Westminster used.

The Deputy Presiding Officer: Speak through the chair, please.

Christian Allard: Atos thought that what it was asked to do was so dismal that it had to renege on

the contract. It bought itself out of the Government contract. It is incredible that Willie Rennie uses that example.

Let us talk about identity cards. I happen to have an identity card, as I am still a French national. I am the only one in the chamber to have an identity card and let me tell Mr Rennie that I intend to stay the only one to have an identity card. The debate is not about identity cards. The SNP Government will ensure that there are no identity cards.

Ken Macdonald, the assistant information commissioner for Scotland and Northern Ireland, wrote that the Data Protection Act 1998

“requires that all data controllers must ensure that personal data shall be accurate and, where necessary, kept up to date. Although the”

NHS central register

“is the most authoritative record of individuals in Scotland, elements of the Register are not complete (for example, address information is only held for around 30% of the population). By adding the Community Health Index Postcode (CHIP) to the NHSCR and by matching and sharing both it and the Unique Property Reference Number, it is anticipated that the quality of the Register and the records held will be improved.”

That is the point.

We can compare the SNP Government's proposal with what is happening down south. For example, Royal Mail has been privatised under the Liberal Democrat and Tory Government. Royal Mail, a privatised company, holds UK contact and address data—29 million business and residential postal addresses—so there is a great contrast between the Westminster Government and the SNP Scottish Government.

It is important that we protect the national health service as much as possible from globalisation. Many MSPs asked about foreign nationals who use our health service. The Government's proposal will help to ensure that foreign nationals pay their health service bills. I remind the Liberal Democrats that they might want to pay their bills, as they have not paid their Police Scotland bill.

Our public services must be protected and I encourage members to vote for the Government amendment.

15:23

Patrick Harvie (Glasgow) (Green): I am grateful for the chance to participate in the debate and congratulate the Liberal Democrats on bringing it to the chamber. I agree with the basic argument that, if such a change is to be proposed, it should be subject to primary legislation and the full scrutiny that that implies. I also welcome Richard Simpson's amendment.

I do not agree with every word that has been spoken in criticism of the Government's proposals—for example, Liz Smith might not be surprised to learn that I do not fully endorse elements of her speech—but that demonstrates the breadth of different perspectives that are expressing similar concerns on the matter.

There are people who try to draw a connection—a rather tenuous one, I think—with measures such as the named person scheme, which I do not agree with. There are people who come from a traditional liberal perspective, which is a different part of the political spectrum from mine. There are people whose antistate agenda sometimes borders on paranoia.

SNP members have raised concerns about the proposals as well. There are Labour members who might have voted against their Government's bill on ID cards in session 2, others who might have voted in favour but uncomfortably so and others who have changed their position since.

There are the Information Commissioner's Office, the Open Rights Group and some people whose analysis comes from a frankly technical and almost geekish point of view.

Such a broad range of different perspectives is leading many people to the same concerns, which we should take seriously. From all those different perspectives, I have heard no one suggest that the Government's policy objectives—ensuring, for example, that everyone who is due to pay the Scottish rate of income tax pays it—are not valid or not important. The objectives are important. The argument here is that there is a better way to deliver on those objectives, which does not create a single unique identifier that covers the whole breadth of Government relationships and agencies—that, in effect, creates a single point of failure. If an error is made in that single, centralised system, whole aspects of our lives could unravel as a result.

The single point of failure is one of the crucial criticisms in the Open Rights Group's briefing. The group ends the briefing, which I commend to members who have not had a chance to read it, by asking whether there is an alternative. Yes, there is a better way to do this—an opt-in authentication service. No personal data need be stored, but it would allow the user to prove their identity to public and private bodies without having to provide their passport and utility bills. It would reduce the scope for identity theft or fraud and make life easier for users without providing that single point of failure.

I think that the Deputy First Minister was listening seriously to those concerns in our meeting yesterday and I encourage him to be open to those alternative approaches. We can

learn from them and be informed by them. We do not have to replicate absolutely everything that the UK Government is doing.

I have one request to make of the Deputy First Minister. I welcome his statement that there will be a full privacy impact assessment, and I welcomed it when he set up the privacy management group, which was informed by a wide range of external experts, including people such as Jerry Fishenden, Gus Hosein and Charles Raab. I ask him to please ensure that that privacy impact assessment is conducted by that external group of experts, not by civil servants, because many of us are concerned that it is not SNP policy that has brought this proposal here; it is long-standing civil service policy that has gone through changes of Government. It is the job of the Parliament to stand up for principles when the civil service tells us, "Minister, this is the only way to do it." It is not the only way and I hope that the Government will think again.

15:27

Colin Keir (Edinburgh Western) (SNP): I will say at the outset that I vehemently oppose the implementation of an ID card system of the type that has been proposed previously in another place. We should be proud to stand up for civil liberties without any hesitation and I would certainly not support such legislation if it was being proposed.

Since the preamble to this debate kicked off the other day in the media, I have heard some astonishing things said on the subject, including "slippery slopes", "Big Brother is watching", and "the end of democratic society as we know it". Then I got sight of the motion, which—to be fair—is written in a reasonably temperate form of words, talking about concerns and debate. I see nothing unreasonable about the amendment in the name of John Swinney. As the Deputy First Minister has pointed out, if we are to have a broad use of services online, some form of information has to be shared across various public bodies and there has to be some way of identifying clearly that the subject of the ID process is the recipient of the service.

This morning, oddly enough, I was at a meeting at the Scottish Fire and Rescue Service asset resource centre at Newbridge, in my constituency. At that meeting, senior fire officers and others were discussing how the service would be run in the years ahead. Much of the work that the service will be doing will be under the preventative strategy and that, of course, crosses into, among other things, health and social care issues, such as when a pensioner is discharged back home. The risks may be obvious—possibly the pensioner is a bit wobbly on their feet, so a safety

assessment could be asked for. Is there any reason why some sort of online request—from the recipient or from others—could not be made to the Scottish Fire and Rescue Service? That is not easy to do at present and, of course, work has to be done if we are to preserve civil liberties while producing a modern system that works. However, whatever happens, an ID has to be made.

More and more, we are using online services and, in many cases, old methods are simply not up to the job. We are moving into areas where speed of decision making is imperative and of course there is also the idea of it being cost effective.

With the Scottish income tax, a database may be one answer to the problem of how to identify a Scottish taxpayer. I know that many of the members of the Parliament's Public Audit Committee are concerned about how tax collection is audited, given that Audit Scotland does not have a primary role in the audit function. We could find some comfort in at least being able to identify Scottish taxpayers, which will mean that we can work out roughly whether the numbers match up with the snapshot that is produced by HM Revenue and Customs.

I find it very strange that Willie Rennie complains about the way in which the Government has dealt with the subject. It is quite clearly just seeking to add to the legislation that George Lyon introduced some time ago. Members may call me a cynic if they like, but surely even Willie Rennie can see the hypocrisy in that.

We are dealing today with a consultation introduced by the Scottish Government. Different views will be brought forward; work will be done by ministers and civil servants—yes, civil servants—and an agreement will, one hopes, be reached among the parties.

There is no new super database being proposed. It is too early, in my opinion, to make a huge song and dance about the subject before we see the proposals. I say to the Liberal Democrats that the tactic of manufacturing a crisis so that they can run a campaign against it is one that we see regularly in my constituency, and it really is a bit much. I ask Liberal Democrat members why they do not act responsibly, and debate the facts rather than a worst-case scenario that will not happen.

I support the motion in the name of the Deputy First Minister.

15:31

Jackson Carlaw (West Scotland) (Con): Today's debate has been important, but its brevity means that it is in itself not a sufficient

consideration of the issues that are before Parliament. The Scottish Government appears to be standing alone in its attempt to persuade us that the proposals are not worthy of the full scrutiny of the legislative process.

Willie Rennie set out the argument in speaking to his motion. The key point is that we are moving from an opt-in system to a compulsory system with no consent and no proper knowledge or understanding of what is taking place. As Richard Simpson identified, there is a crucial difference between someone opting into something and someone finding that they have been opted into something without their knowledge.

I might have doubts about what the botanic gardens could do with the information that would be of insidious danger to individual citizens, but that argument misses the point. The point is that 120 public bodies are being offered the information, and we should be proceeding only through primary legislation.

Christian Allard has tried to intervene on a number of occasions, brandishing and waving about his ID card and telling us that there is no question of any ID cards following from the proposal.

Christian Allard rose—

Jackson Carlaw: I have no doubt that, historically, all those Frenchmen who marched for *liberté, égalité, fraternité* were told the same thing—that there would be no identity card as a result—and yet Mr Allard is the living proof that the long arm of the Élysée palace reaches down to the *billet-doux à la France* in Mr Allard's pocket, which he was forced to wave before us.

Mr Swinney was in his most defensive mode. In all the years that I have spent in the Parliament, I have never seen him scrambling up the ice without a pick and looking quite so rattled. When we see the Deputy First Minister being deployed in full sincerity mode rather than taking the usual belligerent ministerial approach, alarm bells ought to ring.

The expostulations from Roseanna Cunningham and the other SNP ministers on the front bench made me think of one thing: the arrogance of power. It happens to all Administrations. The longer ministers are in office, the more they believe in the centralisation of the state and in the need for them to have the information that they require to be in control.

The SNP does not appreciate the irony. After eight years in government, it is doing exactly what, in all its years in opposition, it used to rail against every other Administration for doing.

We also heard from Mrs Grahame—

Christine Grahame: Mrs?

Jackson Carlaw: Ms Grahame.

We heard that the issue must not be party political.

Christine Grahame *rose*—

Jackson Carlaw: Ms Grahame does not come naked into the chamber without form before her. Had any other Government proposed the same thing, she would have been throwing her jewellery at the ministers.

Christine Grahame: The member has woken me up.

Jackson Carlaw: Ms Grahame cited the Tesco scheme, which is a perfect example of people opting in rather than being compulsorily enrolled in the Tesco information database.

Christine Grahame: Will the member take an intervention, please?

Jackson Carlaw: Ms Grahame said that the key test should be necessity. What necessity is there for the botanic garden to have all that information?

Christine Grahame: Excuse me—will the member take an intervention?

The Deputy Presiding Officer (John Scott): Jackson Carlaw is in his last minute.

Christine Grahame: I commented that I wondered whether it was appropriate for 120 organisations to have access and that I did not know that I had opted in to HMRC, the DWP and Tesco.

Jackson Carlaw: Yes, but the member obviously feels that the botanic garden's need for the information is so great that she is prepared to support the Government's approach this afternoon.

When I hear the excuse that we live in the modern world, I shudder. If, in decades past, the online scenario had been before people in other countries and under other regimes, would they have favoured the Government's approach? I rather think that they would have. It is essential that parliamentary democracy prevails, that the matters are fully debated, that light is thrown on them and that a proper discussion is held on the direction that our country is taking. That is all that the motion asks for.

We want primary legislation and proper parliamentary scrutiny. The Government might have laudable intentions—as Patrick Harvie, we and others accept—but it cannot hide behind that fig leaf and argue that there is no major change. That point is no longer tenable.

15:35

Elaine Murray (Dumfriesshire) (Lab): The proposals for sharing information that is held on individuals in the national health service central register with a wide range of organisations caused increasing concern as the consultation drew to a close. We have heard about submissions from the BMA, the Royal College of General Practitioners and the UK information commissioner. They are not politically biased; they have genuine concerns that we need to listen to.

As Drew Smith pointed out, the NHSCR's current purpose is to permit the movement of medical records—for example, when a patient moves and transfers their records from one GP practice to another. Each patient has a unique citizen's reference number, to ensure that they have only one set of medical records, which is clearly to the patient's benefit. At present, the NHSCR does not hold postcode information, although National Records of Scotland has that information, which is provided by health boards. I think that that relates to the CHI number.

The consultation document proposes adding address postcode information to the unique property reference number that the NHSCR already holds and permitting that to be shared with local authorities and health boards. Christine Grahame made a valid point about the amount of information that Tesco manages to glean about us when we do our shopping with our loyalty cards, but I doubt that Tesco is sharing any of that information, particularly with other supermarkets. I have always found it slightly worrying that Tesco might share information with the health service, which could find out whether people are buying alcohol or sweetened drinks, but I do not think that Tesco shares any of that information.

The proposed changes to schedule 2 to the National Health Service Central Register (Scotland) Regulations 2006 would allow the sharing of all the information, including postcodes and address codes, with health boards in England, Wales and Northern Ireland. Practising solicitors and charitable bodies could be advised that the information is contained on the register—they could not be given it, but they could be told that it is there—and the full name, gender, date of birth, postcode and address reference code could be provided to HMRC.

That puzzles me slightly, because I always thought that we all get a national insurance number when we get old enough to take up employment, and surely that number plus possibly the obligation to say where we live would be enough to tackle the issue of HMRC knowing who should have a Scottish tax code.

As others have said, the proposed new schedule 3 to the 2006 regulations covers 120 organisations, including the Scottish Parliament. It would allow those organisations to find out about information

“that has been provided by a body or person specified in Schedule 3 but does not match that information.”

I do not know whether that would mean that those organisations could check that the information that they have is correct or whether they could just check whether somebody else has the information.

I understand the Scottish Government's rationale for wanting to extend myaccount—the online public services system that is used in local government and the health service. I use the equivalent UK Government system for taxes, and it is useful to be able to do that. However, the question is whether, if I do that, someone else can check all sorts of information. What does that have to do with Prestwick airport, the Forestry Commission or the national parks? If I use myaccount to book something in a national park, does that mean that somebody else has the right to know my information? I do not understand the rationale behind that.

I agree with the Government that we want to ensure that all Scottish taxpayers pay their income tax in Scotland.

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

Elaine Murray: That is important, but we do not need to make the proposed changes to achieve that. The issues that a number of organisations have raised are sufficiently serious to mean that the changes must not slip through as amendments to the 2006 regulations.

The Deputy Presiding Officer: I regret to say that you have to close. Perhaps you did not hear me earlier.

Elaine Murray: We must discuss the issue in Parliament in full so that we have the reassurance that we require on the issues.

15:40

John Swinney: The debate has been a useful opportunity to discuss issues on which, as I said in my opening speech, the Government has taken no final decisions. We have had about 300 responses to the consultation, which closed last week, and the Government will consider all of them and reply accordingly, as my amendment suggests.

There is some fundamental misinformation at the heart of what colleagues have shared with Parliament today, and I will address some of that now. I accept that the list of public bodies is

significant and comprehensive, and there is certainly plenty of scope for us to consider whether every one of those bodies needs the ability to access the proposed identity verification, which I will consider in the consultation exercise.

However, the proposal at the consultation's heart is to enable a range of public bodies to do exactly what local authorities do when verifying whether people wish to have the concessionary bus pass. That is what is happening. In response to Dr Elaine Murray's point, I say that no more information is retained; there is simply a mechanism for checking whether the person is who they say they are, to enable them to do whatever they want to do online with public services.

We are not creating a new database. Willie Rennie has been putting out press releases left, right and centre about the colossal cost of all this, but all that is proposed is that, when an individual's postcode is not on their NHSCR record, it will be added. That will be it. The postcode is all that will be added to the system, to enable higher-quality verification that an individual is who they say they are.

Liz Smith: I accept the sincere way in which the Deputy First Minister has addressed the issue, but it is about more than that. There is such public concern because there is one single database.

John Swinney: The issue has been around since the 1950s. In 2006, under the previous Liberal-Labour Executive, Parliament put the NHSCR on a statutory footing in the Local Electoral Administration and Registration Services (Scotland) Act 2006. What did my parliamentary colleagues at the time think that they were voting for?

Tavish Scott (Shetland Islands) (LD): Not one database.

John Swinney: I see Tavish Scott waving at me. If he wanted to make an intervention, it would have been nice if he had been here to hear the debate.

The postcode is what will be added to the NHSCR.

The next question is about tax collection. HMRC has asked us to consider whether this would be a practical way of proceeding. I accept the points that health service bodies have made about the questions and I do not want to put off in any way anybody registering with their GP. However, people come on to the NHSCR as a consequence of being given an NHS number when they are born in Scotland's hospitals, and when people register with a GP, they become part of the NHSCR.

This is all about ensuring that we can properly identify who should pay the Scottish rate of income tax, because I do not want anybody who should be paying the Scottish rate avoiding it. That money is due to be paid, to support the public finances of Scotland, and it will become ever more significant in the years to come.

Patrick Harvie: I do not want people to be able to avoid paying the Scottish rate of income tax any more than the Deputy First Minister does, but does he at least accept that the proposal to have a single unique reference number across a range of functions appears, at least on the face of it, to breach his own privacy principles, and will he ensure that the privacy assessment is conducted by the experts who drew up the principles?

John Swinney: The privacy assessment will be carried out properly and appropriately, and I do not believe that the proposal breaches the data privacy principles that we set out.

I obviously irked Jackson Carlaw by trying to have a reasoned debate in Parliament. Maybe I should just make a hysterical contribution to Parliament—on that basis, I would compete with him for the most colourful contributions.

The reason for my approach is that I think that the public are being fundamentally misled by a lot of the things that are being said. I wanted to dispassionately provide clear information in Parliament. Mr Carlaw might shake his head and say that nobody has been misled, but I will share two things with Parliament.

Last night on television, Mr Rennie said:

"I mean, nobody has ever said that it's about accessing ... NHS personal information."

It is regrettable that, at 4 o'clock on Tuesday—yesterday—he put out a campaign email that said:

"The plans would mean civil servants from 120 public agencies accessing a database which includes NHS records."

That is purely nonsense—absolute, shameful, total nonsense from him.

Willie Rennie *rose—*

The Deputy Presiding Officer: I ask Mr Swinney to draw to a close, please.

John Swinney: Can I give way?

The Deputy Presiding Officer: Yes, but the comment must be brief.

Willie Rennie: Can the cabinet secretary not see the difference between records and personal information? I drew that distinction, which he has failed to draw. That reflects poorly on him.

John Swinney: I know precisely what Mr Rennie is doing. He is trying to scaremonger

because he has run out of road on every other issue.

The Deputy Presiding Officer: You are in your last 10 seconds, Mr Swinney.

John Swinney: The Government has said that it will listen carefully to the points that have been made. I had a perfectly constructive meeting with the Open Rights Group yesterday. It has raised issues that are entirely worthy of consideration, as have the health organisations and the information commissioner.

However, the information commissioner correctly identifies to Parliament that the LEARS act was passed in 2006 to put the NHSCR on a statutory footing and that the registrar general's ability to give access—in order to verify information—to a wider range of bodies was provided for in a regulation-making power that was presented to us by the then Liberal Democrat minister, who was the member for Argyll and Bute.

The Deputy Presiding Officer: You really must draw to a close.

John Swinney: We are operating within the confines and the arrangements that Parliament has legislated for, but I assure members that I will come back to Parliament and we can have all the debates that we want about how to take forward an issue that has practical implications for protecting the taxpayer base of Scotland and access to our public services.

15:47

Alison McInnes (North East Scotland) (LD): As Liberal Democrats we are pleased to have used our time in the chamber to debate privacy and the state. We welcome whole-heartedly the support of other opposition parties and hope that the SNP will reflect on the strength of feeling expressed. Willie Rennie, Richard Simpson, Liz Smith and Patrick Harvie have clearly and coherently set out the risks and what is at stake, which is more than can be said for Christian Allard in his contribution.

Liberal Democrats will always strive to seek a fairer balance between individuals and the Government at every level. We have led the debate time and again in council chambers, at Holyrood and at Westminster. We introduced laws governing DNA retention, we stopped plans for a snooper's charter and we abolished the intrusive ID card system.

Some members here may recall the debate on ID cards that was held in this Parliament in 2008, during which Fergus Ewing, then Minister for Community Safety, lauded the warning of the information commissioner.

Bob Doris (Glasgow) (SNP): Will the member take an intervention?

Alison McInnes: The then information commissioner said:

"The more databases that are set up and the more information exchanged from one place to another, the greater the risk of things going wrong. The more you centralise data collection, the greater the risk of multiple records going missing or wrong decisions about real people being made ... Put simply, holding huge collections of personal data brings significant risks."

Ministers ought to reflect on those previous anxieties. In 2008, the Scottish Government told us that it was

"finding ways to share personal data securely and with the strictest controls without creating a large centralised database."

Today it is an altogether different story. Back then, the minister urged us to look to Germany, where—I quote Fergus Ewing again—

"the use of unique ID numbers and the storage of personal data on a central register are prohibited."—[*Official Report*, 19 November 2008; c 12501.]

Today, the Scottish Government is advocating the wholesale use of unique identifiers, and in ignoring its own warnings, it could compromise the privacy of each and every one of us.

The Deputy First Minister referred to the fact that George Lyon introduced the 2006 act. Indeed he did; but, as Willie Rennie highlighted, the proposed repurposing of this register is fundamentally different from what could have been envisaged then, because it is shifting from an opt-in to a mandatory system and it is a unique single identifier system. In 2006, there was never any suggestion that anyone would seek to extend the scope of the NHS central register to allow access to 120 bodies.

John Swinney: If that was the case, why was the provision put in statute for access to be extended by regulation-making powers?

Alison McInnes: Because it was hard to envisage how things would have moved on at that time. What we are saying now is that, if civil servants are suggesting that this is a good way forward, it is time to say, "No, let's do this by primary legislation."

Bob Doris: Will the member give way?

The Deputy Presiding Officer: The member is not giving way at this time, Mr Doris.

Alison McInnes: Colin Keir and others expressed a narrow definition of privacy but, rightly, privacy campaigners such as the SCVO, NO2ID, the British Medical Association and many more have spoken out. On Monday, the frank and deeply critical verdict of the Office of the Scottish

Information Commissioner was revealed, and it bluntly warned against

"the creeping use of such unique identifiers"

as the proposed UCRN, which could become the national identity number "by default". It concluded that the proposals could breach the Data Protection Act 1998 and the European convention on human rights because they entail a shift away from the current model, which is based on consent and opting in, and move towards what is, in effect, a compulsory system. It said:

"The case has not been made as to why these organisations need our data and the required privacy impact assessments have not been carried out."

We should be alarmed that the consultation on extending access to the central register has got this far when it was not accompanied by these assessments and did not set out alternative solutions, additional security arrangements, costs or a timescale and it lacked an analysis of the social, financial and technological implications of the scheme, which meant that people have not been able to respond properly to the consultation, which was a limited one.

The Scottish Government has done nothing today to dispel those reasoned and principled concerns.

Bob Doris: Will the member give way?

Alison McInnes: I have no time.

As Willie Rennie pointed out last October, the Scottish Government published the Scottish Government's principles for identity management, which quite clearly says that

"Large centralised databases should be avoided"

and that, if a public service organisation needs to link personal information from different systems and databases,

"it should avoid sharing persistent identifiers."

Less than six months later, in pursuit of nothing more than administrative expediency, John Swinney has turned his back on those principles.

Of course we need the means to verify our identity, and the Government must be able to authenticate that in order to prevent fraud or establish entitlement. However, aggregating our personal information to the extent that is proposed, and the universal use of the unique citizen recognition number across the public sector is unprecedented.

Linking databases in that way is dangerous and illiberal because it opens up the possibility of tracking and mapping access to public services from birth. Powerful data mining and profiling would become conceivable. The aggregation of small bits of seemingly innocuous data to build a

picture of an individual child or an adult while barring people from knowing what the state knows or, indeed, being able to correct errors in that data—[*Interruption.*]

The Deputy Presiding Officer: Interventions from a sedentary position are no more welcome today than they have ever been.

Alison McInnes: Professor Solove, an internationally known expert on privacy law points out:

“Privacy is often threatened not by a single egregious act but by the slow accretion of a series of relatively minor acts. In this respect, privacy problems resemble certain environmental harms, which occur over time through a series of small acts by different actors. Although society is more likely to respond to a major oil spill, gradual pollution by a multitude of actors often creates more problems.”

The UK Government has specifically ruled out a national database on five separate grounds, including fears of national surveillance and risks to the security of a single database. As Willie Rennie highlighted, it is pioneering alternative approaches that avoid costly and unwieldy super databases.

A string of data breaches has eroded public confidence in the ability of the state to store and handle our personal information sensitively and responsibly. Personal information is regularly lost by the NHS. It is found on memory sticks in hospital car parks; it is left on public transport; or it is sent to the wrong address. There were more than 800 such NHS incidents between 2009 and 2013. Councils lost data on 360 occasions during the same period. The Scottish Government now proposes to allow 120 public sector organisations access to our personal data via the enhanced and augmented central register. Why?

Christian Allard: Will the member give way?

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

Alison McInnes: We need to know why information should be disclosed to each body. The merits of every claim to our personal data must be interrogated and not granted on a whim.

Secondary legislation is intended to establish comparatively minor technical details, and the repurposing of this database is anything but minor. The risks are great, and this afternoon’s short debate has served only to highlight how much more patently still needs to be evidenced and explored.

The issue must be the subject of the most meticulous scrutiny, meaningful engagement and a vote of our entire Parliament. Only primary legislation can prevent the creation of a shadowy, sweeping ID database by the back door. John Swinney’s assurance this afternoon is not sufficient, and the only way in which we can

ensure that the risks are properly understood is to vote for the motion today.

Mental Health

The Deputy Presiding Officer (John Scott):

The next item of business is a debate on motion S4M-12492, in the name of Jim Hume, on mental health. I ask members who wish to speak in the debate to press their request-to-speak buttons now or as soon as possible.

Before I call Mr Hume to speak to and move the motion—if he is ready—I advise the chamber that we are now extraordinarily tight for time and I must ask members not to exceed their allocated time. Mr Hume, you have 10 minutes.

15:55

Jim Hume (South Scotland) (LD): At the outset, I must underline the importance of our hard-working and dedicated front-line national health service staff, who are the backbone of the service and deserve every support from Government.

We know that for too long now many patients with mental ill health have suffered in silence. Thankfully, much progress has been made in breaking the stigma attached to mental health and individuals are now taking the brave step of telling their general practitioner that they have a problem or of talking to a friend, relative or charity. It is therefore frustrating and upsetting that when they find the courage to come forward for help they cannot then get the treatment and support that they desperately need.

We have only to think of the 795 suicides in 2013 to remind ourselves that ensuring early access to mental health services is vital. We should commend the choose life campaign's excellent work and the huge advances that it has made in tackling suicide rates in Scotland, but we have to build on that and look at a zero-tolerance ambition to engender a cultural change and ensure that mental ill health is treated before people get to that desperate stage. Disappointingly, last week's figures from the Information Services Division highlight once again the continued problems that face mental health services across Scotland and, although today's debate presents a timely opportunity for the Parliament to give this important area of health and patients affected by mental health issues the prominence that they deserve, I find it worrying that the same old story of missed targets has been repeated.

The bottom line is that the Government is simply not delivering for patients suffering mental ill health, and a worrying fact is that mental health has become the Cinderella service of the NHS. To illustrate that point, I will refer to last week's figures. With regard to child and adolescent

mental health services, we know that, nationally, the new 18-week target is not being met. When the figures are broken down, we see that five health boards are still failing to meet the old 26-week target and that only half are meeting the new treatment target of 18 weeks. The figure for educational psychologists is at a dangerous low and, as far as adult psychological services are concerned, the 18-week target is once again not being met with 15.5 per cent of patients facing waits of 19 to 35 weeks and 4.4 per cent of patients waiting a staggering 35 weeks for treatment. Young and vulnerable people are repeatedly being let down by ministers.

Because of the lack of facilities and specialised wards, children and adolescents are being forced to seek treatment in England, but the harder adjustment to periods away from home often aggravates their conditions. There are currently no secure in-patient facilities for children in Scotland, and their treatment has to be planned on an ad hoc and temporary basis. There are no in-patient facilities at all for young people with mental health problems in Aberdeenshire; the closest such facilities are located more than 50 miles away in Dundee. As my colleague Alison McInnes has often pointed out, that causes young people and their parents even more distress.

The Mental Welfare Commission has identified that last year 202 children were treated in adult wards, and Kindred Scotland, which supports around 900 families with children that have additional support needs, has told me that around 60 per cent of those families have a mental health referral. These organisations are raising a red flag about the increasing need for child and adolescent mental health services to be delivered, because some families are reaching crisis point before they are able to get a diagnosis. That is leading to those families being isolated at a time when they need urgent access to staff, behavioural support services, specialist schooling and even medication, which they cannot get without CAMHS support.

We know that, without proper early support, young people run the risk of self-harm. That is reflected in the BBC figures, which show that the number of young people who have been admitted to hospital for self-harm has doubled in the past five years in some areas of Scotland.

The fact that the Government has let that concerning trend occur is a reflection of its failure to provide adequate resources and early support for mental healthcare. To do so is crucial. By focusing resources where they are most needed to encourage early intervention, we can reduce the number of youngsters who are admitted to hospital for self-harm and pull people back from the brink of suicide.

John Mason (Glasgow Shettleston) (SNP):

The member says that there should be more resources for mental health. Does he have any suggestion about where they would come from? Would they be from the physical health budget?

Jim Hume: If we look at the Government's record on the matter, we see that it has reduced its funding for the mental health research budget from £4 million in 2008-09 to just £860,000. Therefore, it is about prioritisation.

The ministers have to listen to the experts who are warning about problems in training, recruitment and retention of the mental health workforce. The Scottish children's services coalition has told me that it considers that the red flag has been raised on an impending tipping point in respect of educational psychologists across Scotland. In 2012, the Government removed the funding for bursaries paid to each trainee, which resulted in a drop of 70 per cent in the applications for those courses. The number of children with additional support needs has more than doubled—the figure reached 140,542 children in 2014. That means that there is one educational psychologist for more than 356 children.

Sadly, that intense workload is being echoed across other fields in mental health services, including adult psychological treatment services, where a particularly worrisome rising trend seems to be developing.

Two fifths of general practitioners are not referring patients for psychological treatments because of the ballooning waiting times, or just a lack of provision. It is not just me who says that; the GPs themselves say it. I will quote the words of two GPs who responded to a Scottish Association for Mental Health survey. One said:

"Access to psychological therapies is extremely poor with long and unacceptable wait times. GPs feel under pressure not to refer people to already stretched services".

The other said:

"We do not have adequate access to non-pharmaceutical treatment options. We have NO access to psychological therapies in our remote rural area. It makes me very angry".

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): Mr Hume mentioned the SAMH survey of GPs. Does he recognise that, when he talks about 40 per cent of GPs not referring due to a lack of availability, that figure is actually 40 per cent of those who said that they had not referred? When we looked at the figures, it was actually 8 per cent of all the GPs responding—I confirmed that with SAMH when I discussed the matter with it.

Jim Hume: The minister will have to go and get SAMH to put that on the record, as that was from

its briefing. Ministers have sidelined mental health issues again.

Although the Government claims to have improved the services by hiring more people and reducing wait times for numbers of patients, last week's ISD numbers tell another story. Only 81 per cent of patients who were referred for adult psychological therapies began their treatment within the 18-week target and only three of the 14 NHS boards reached that target. What about those patients who waited or have been waiting for more than 18 weeks and the nearly 250 patients who have waited for more than an entire year to begin their treatment? If the Government believes that there are sufficient resources, that is not reflected in the views of the professionals or the charities or, indeed, the statistics.

That is a worrying prospect, given our ageing population, who often present with complex mental health needs. Indeed, the British Psychological Society has underlined the disparity in the number of psychologists who are employed in older adult services, who are only 35 out of a workforce of approximately 726 whole-time equivalent psychologists. That places older adults at a marked disadvantage in their access to specialist psychological assessment and intervention.

Just last year, we were promised a report by the then Minister for Public Health that would follow up with a 10-year review of the Grant report of 2003 by the end of 2014. I look forward to the new minister addressing that issue.

When the mental health strategy was published in 2012, the Government said:

"Improving mental health and treating mental illness are two of our major challenges."

However, we know that the mental health research budget has been cut from £4 million in 2008-09 to £860,000 this year. That is about Government priorities. The warm words do not stack up against the fact of such a drastic cut. I hope that the minister will update Parliament on what shape any new strategy will take beyond 2015.

Surely one of the biggest health inequalities in the NHS is the treatment of mental ill health. There is an obvious lack of parity between what the system deems acceptable for someone with a physical health complaint and what it deems acceptable for someone with a psychological health complaint. We would not allow someone with a broken bone to wait for months to be seen and treated, so why does the Scottish Government allow people with mental ill health to wait for more than six months or, in some cases, more than a year for treatment? I hope that ministers will agree that that situation needs to be addressed by putting mental health on the same footing as

physical health. I urge the Scottish Government to follow the United Kingdom Government's lead and lay out clearly in legislation that mental and physical ill health are recognised equally.

I move,

That the Parliament notes that one in four people will experience a mental health problem during their lifetime; considers that providing appropriate treatment and support is critical to improving people's wellbeing; notes the recent worrying figures that show that targets for child and adolescent mental health services and for adult patients referred for psychological therapies continue to be missed; notes that children and adolescent self-harm has doubled in some parts of Scotland; notes that 795 people died by suicide in 2013 in Scotland and calls on the Scottish Government to report to the Parliament on progress on its 36 commitments in the Mental Health Strategy for Scotland 2012-15, to ensure that parity is enshrined in law for the treatment of mental and physical ill-health, to commit to a zero suicide ambition and to adequately resource mental health services, and expresses its support for Scotland's dedicated and committed NHS staff working in this critical area of health.

The Deputy Presiding Officer: Thank you for your brevity. I now call Jamie Hepburn. Minister, you have up to seven minutes.

16:05

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): I will try to respond to some of the points that Mr Hume and others raised in my closing speech, but at the outset I emphasise that I very much welcome the opportunity of a further debate on Scotland's mental health. I believe that this is the third parliamentary debate that we have had on mental health in this calendar year. In the first debate, which I secured immediately after the Parliament returned from the Christmas recess, there was a clear consensus that we should debate the subject more often. I am very glad that we seem to be doing so. It is vital that the Scottish Parliament engages in bringing the issue to the fore.

While trying to capture the essence of the motion, my amendment also tries to place matters in a better context. I believe that Dr Simpson's amendment also does that, to an extent. If the Government's amendment is not agreed to, we will support Dr Simpson's amendment.

Mental ill health is an issue that touches us all, whether we have a mental health problem, are a carer for someone who has a mental health problem or have family, friends or colleagues who have had a mental health problem. It is estimated that mental health disorders affect more than a third of the population every year. It is therefore vital that we continue to break down the stigma around mental ill health.

The see me campaign, which is hosted by the Scottish Association for Mental Health, is

Scotland's national campaign to end mental ill health stigma and discrimination. We have made enormous progress in tackling that stigma, but the Scottish social attitudes survey that was published late last year showed that the work of the see me campaign is still needed, as people still experience negative attitudes because of their mental health problems. People often self-stigmatise—they avoid events and do not want to talk about their illness. The refounded see me campaign has planned activities around, for example, equality and human rights, the workplace and settings where people experience discrimination, emphasising the role that we all—employers, communities, friends, the media and others—have in ending the stigma of mental ill health.

I know that Mr Hume referred to this in his opening speech, but I set out in my amendment that we should thank and support not only our NHS staff who work in mental health but those in the third sector who work in that area. The see me campaign is a great example of that work.

There are other ways in which we can start to end mental ill health discrimination. There has been debate around parity between mental health and physical health. Mr Hume raised that point again in his speech, and I know that it is of particular interest to him and that he has raised it in the chamber on a number of occasions.

As I have set out previously, the National Health Service (Scotland) Act 1978 already states that Scottish ministers have a duty to secure

"improvement in the physical and mental health of the people of Scotland".

However, it does not distinguish between the two areas, nor does it place a higher importance on one over the other. Our Scottish NHS has a duty to promote the improvement of health—a duty that extends equally to the areas of physical and mental health.

Jim Hume: Will the minister give way?

Jamie Hepburn: I am sure that Mr Hume will want to acknowledge that duty.

Jim Hume: The minister is correct that the 1978 act, which applies to Scotland, refers to

"improvement in the physical and mental health of the people of Scotland",

but the Health and Social Care Act 2012, which applies to England, refers to improvement

"in the prevention, diagnosis and treatment of physical and mental illness."

It highlights those things separately.

Jamie Hepburn: Of course. I expected that Mr Hume would raise that point, and I am aware that that is what section 1 of the Health and Social

Care Act 2012 says. Presiding Officer, let me read out for you and members in the chamber what section 1 of the National Health Service (Scotland) Act 1978 says:

“It shall continue to be the duty of the Secretary of State—

it is now the duty of Scottish ministers—

“to promote in Scotland a comprehensive and integrated health service designed to secure—

(a) improvement in the physical and mental health of the people of Scotland, and,

(b) the prevention, diagnosis and treatment of illness”.

I say to Mr Hume that that covers both physical and mental illness. I am more than happy to discuss the matter with him, and if he believes or perceives that some form of legislative vehicle would be apposite, I am happy to consider the matter. However, it is fundamentally important that we recognise that there is already parity in legislation between mental and physical health.

I hope that the fact that my portfolio also includes sport and health improvement signals an understanding of how supporting the mind supports the body and how supporting the body supports the mind. I fundamentally believe that improved access to physical activity can make an important difference to a person's sense of mental wellbeing, and I am determined to bring the influence of sport to bear on improving Scotland's mental health.

However, I am also clear that we must improve access to mental health services, because some of us will experience mental health problems just as some of us will become physically unwell. That is why we have developed access targets for psychological therapies and child and adolescent mental health services.

We should recognise that Scotland was the first nation in the UK to introduce a target to ensure faster access to psychological therapies for all ages. The target for boards is for patients to start treatment for psychological therapies within 18 weeks of referral. That is a challenging target and we should recognise the work that boards have been undertaking to try to meet it. The latest data shows that the average adjusted waiting time for psychological therapies is eight weeks and that 81.4 per cent of people were seen within 18 weeks.

Some boards are doing better than others. We are offering boards support to tackle waiting lists, and progress has been made. I recognise, though, that that progress is not significant enough. I expect all boards to meet the target, and that is why we have embedded it in NHS Scotland's local delivery plan guidance for 2015-16.

I turn to CAMHS.

The Deputy Presiding Officer: You are in your final 40 seconds.

Jamie Hepburn: The mental health of our children and young people has been a focus of our efforts to improve Scotland's mental health. We have increased the specialist child and adolescent mental health services workforce by almost 24 per cent since 2009, and the latest data shows that more people are being seen within 18 weeks, with an average waiting time of seven weeks. That is an improvement, but it is still not good enough. Last week, I was in contact with those health boards that did not meet the target in the latest figures, and I have been assured that we will continue to see progress.

The Deputy Presiding Officer: You must close, please.

Jamie Hepburn: Again, I am determined that we meet that target.

Ensuring the prompt treatment of people who are experiencing mental health problems is a key priority for improving Scotland's mental health. I am glad that we have this third opportunity in 2015 to debate mental health and I look forward to keeping a strong focus on the area and to responding to points that are raised in the debate.

I move amendment S4M-12492.2, to leave out from “notes the recent” to end and insert:

“further notes the progress made in improving access to child and adolescent mental health services, with a 57% increase in the number of children and young people starting treatment, but is concerned that the waiting times standards are still to be achieved consistently across Scotland; welcomes the reduction in stigma and the increase in young people who now feel more confident about seeking help for self-harm; commits to supporting further efforts to meet the targets for referral to child and adult mental health services and psychological therapies; believes that every suicide represents a tragedy; notes the 11 commitments in the Suicide Prevention Strategy 2013-16 to continue the downward trend, which has seen a 19% reduction in suicides in Scotland over 10 years; recognises that there must be, and that legislation already reflects, no distinction of importance between physical and mental health; expects the Scottish Government to ensure transparent reporting of progress in meeting the challenges of improving people's mental health, including on the Mental Health Strategy for Scotland 2012-15, and expresses its support for Scotland's dedicated and committed NHS staff and those in the third sector working in this critical area.”

16:13

Dr Richard Simpson (Mid Scotland and Fife) (Lab): I refer members to my declaration of interests. I am pleased to be opening the debate on behalf of Scottish Labour. If members will forgive me, I propose to concentrate entirely on child and adolescent services.

In 2006, the Liberal Democrat and Labour coalition laid out some challenges that were facing CAMHS. They included building the workforce and ensuring that the number of under-18s being admitted to non-specialist units was halved by 2009. Building a workforce takes time, and it is to the credit of both that Administration and the Scottish National Party Administration that, up to 2011, the staffing numbers increased, particularly in psychology and for nursing staff. However, since 2009, the number of full-time equivalent consultants has gone down, vacancies have gone up and the number of family therapists has reduced by a third. Moreover, 28 per cent of all the staff are on temporary contracts. It cannot be good for a service to have that level of temporary contracts.

The 2006 Labour Government's CAMHS framework stated clearly that adequate—I stress that word—staffing required a minimum of 15 per 100,000 population. Today, eight years on, seven boards do not have that staffing level. Among the worst is my board, NHS Forth Valley, where the figure is 8.3.

NHS Forth Valley is also one of the worst-performing boards for waiting times. On closer inspection, we find that its referral figures uniquely exclude tier 2 provision—that is, it reports referral times only for tiers 3 and 4. Anyone who is referred to tier 2 must wait six months for an assessment—and that is not the median wait or the longest wait. Why is that board not being placed under special measures for CAMHS in the same way as the Royal Alexandra hospital and, now, the Western infirmary have been for accident and emergency services? Is that equality between physical and mental health?

Jamie Hepburn: The member raises the fair point that there are vacancies in CAMHS. I recommend that he include that as part of the challenge. I discussed the matter with each of the health boards last week, and he will accept that the health boards are trying to fill those vacancies.

Dr Simpson: Yes, I accept that. However, in 2009, when the Mental Welfare Commission welcomed the fact that the target had been reached, halving the number of admissions to non-specialist units, it emphasised that the progress had to be maintained. Labour had planned new and refurbished in-patient specialist beds to take the number up to 57. Unfortunately, in an answer to a parliamentary question in October, the SNP confirmed that only 42 beds are currently commissioned, with six more to be opened. That is still only 48 beds, and the result is that the number of admissions to non-specialist units reported by the MWC has risen by 40 per cent, from 141 in 2012 to 202 in December. My question to the minister is this: what target has he set for progress

on reducing such admissions, either by providing more beds or by having more of the innovative intensive community services such as we have in Fife?

I always praise the Government when it does something right, and the introduction in 2010 of the UK's first health improvement, efficiency and governance, access and treatment targets for waiting times, of 26 weeks by March 2013 and 18 weeks by December 2014, was welcome. However, last year we saw an increase, from 20 to 226, in the number of patients waiting for more than 52 weeks, and the 26-week target—not the 18-week target—has still not been met by five health boards. The SNP also promised last year that the 10-year follow-up to the 2003 Scottish needs assessment programme report would be published in 2014. When will it be published? It has not yet been published.

I will finish on a concern that, I believe, the Government must investigate. The latest ISD Scotland figures are no longer developmental but are now credible. In the past year, out of 26,800 referrals, 5,100 were “rejected”. When I asked the ISD about that, it said that they were “deemed inappropriate”. One in five referrals was rejected. Once again, and for the first time since the waiting list scandal in NHS Lothian, we see a massive variation in the number of rejections. In one board, the figure was 5.6 per cent; in one of the island boards, it was 0 per cent, but perhaps that is not relevant; and there were clusters in which the figure was between 11 and 13 per cent, which may be more relevant. However, in two boards, more than 27 per cent of referrals were rejected. There are clear guidelines on their websites about what patients are referred for, yet more than one in four patient referrals are being rejected. The cabinet secretary must investigate that extraordinary variation and, more important, what then happens to those rejected children.

The Deputy Presiding Officer: You must close.

Dr Simpson: I welcome the £15 million of support for the mental health programme, but if mental health services had received the same share as they received in 2009, they would currently be £75 million better off every year. They are being short changed.

I move amendment S4M-12492.3, to leave out from “notes the recent” to “missed” and insert:

“while welcoming the HEAT waiting time targets for child and adolescent mental health services (CAMHS), notes that both the 26-week targets for 90% of referrals for March 2013 and the 18-week target for December 2014 were not met for Scotland overall and not met by a number of NHS boards; calls on the Scottish Government to publish the 10-year follow-up to the 2003 Scottish Needs Assessment Programme report, which was promised for 2014; further

calls on the Scottish Government to carry out an independent review of the referrals rejected by CAHMS and explain the substantial variation in these rejections; invites the Scottish Government to report to the Parliament on resumption of progress in eliminating the admission of children and adolescents to non-specialist settings, and notes that the target for adult patients referred for psychological therapies continues to be missed;"

16:18

Nanette Milne (North East Scotland) (Con): I hope that it is a good sign for the many people who are waiting for help to cope with mental health challenges that this is the second parliamentary debate on mental health this year, with a stage 1 debate on the Mental Health (Scotland) Bill to follow next week. It is right that the Parliament should focus on mental health, because one in four of us will have to deal with a mental illness at some time in our lives and mental health is just as important as physical health. Indeed, our physical wellbeing is influenced significantly by our mental and psychological welfare.

The appointment of a minister with specific responsibility for mental health is, I hope, an indicator that the Scottish Government is taking the matter seriously. I welcome the tone of the Government's amendment, which acknowledges that physical and mental health are equally important and accepts that, although progress is being made, there remain significant challenges, particularly in the provision of psychological services for children and adolescents. Moreover, it is widely acknowledged that there is a lack of provision generally, especially in deprived areas and for people with long-term conditions such as dementia, diabetes and heart problems.

With many of the commitments in the mental health strategy to 2015 as yet unmet, there is clearly no room for complacency, and increasing efforts are needed urgently to meet the needs of the many people who require help. In the short time allocated to me, I will focus on just two of the strategy's commitments, which SAMH highlighted in its briefing for the debate.

There has been, quite rightly, a lot of comment in recent weeks on the failure to achieve commitment 13, which is to provide access to psychological therapies within 18 weeks of referral by the end of December last year, with the benchmark of success being that the target should be met in 90 per cent of cases.

In reality, only five health boards met the target. More than 16,000 people are still on the waiting list, of whom 3.9 per cent have waited for between 36 and 52 weeks and 1.5 per cent have waited for more than a year. That is not good enough. Of particular worry, SAMH has told us—although the minister disagrees—that 40 per cent of the GPs whom they contacted said that they have not even

referred people recently for psychological therapies because of the long waiting times. Therefore, we have no idea of the real unmet need.

The Government faces a major challenge if the 18-week target is to be delivered before the end of this year. Beyond that, SAMH is quite right to recommend that talking therapies should be included in the 12-week target in order to put mental health on a par with physical health.

Linked to that is the failure to achieve commitment 15 in the mental health strategy, which is to increase local knowledge of social prescribing opportunities. It is well known how beneficial simple activities such as walking, gardening, art classes and just being able to talk over problems with one's peers can be in coping with mental stress and depression. If the 90 per cent of GPs who told SAMH that they wanted more information on such activities locally had that information, the benefits in terms of early intervention and reduction in prescription drugs would, I am sure, be significant.

The placing of trained mental health link workers in GP surgeries in areas of extreme deprivation, where mental health issues are common, is a promising pilot scheme. Those workers can intervene early and signpost patients to community services and the support that comes from social activities. Now that the pilot has been extended to 2018, I hope that, in time, other GP practices will benefit from the approach, particularly as health and social integration develops and evolves across Scotland.

Jamie Hepburn: I agree. We hold out great hope for the pilot. I presume that the member would agree that we must thoroughly assess the efficacy of the programme before we roll it out further.

Nanette Milne: I absolutely agree. It is a worthwhile pilot.

Increasing social prescribing should not be too difficult to achieve, because many communities have the activities in place that would benefit people with mental health issues. However, improved access to psychological services will require more investment not only in trained psychologists, but in nurses who are trained in cognitive behavioural therapy and who, under good supervision and governance, can help to achieve the Government's HEAT target on access to psychological therapies. With the commitment to caring for people in the community and avoiding the need for hospitalisation whenever possible, such investment, right across the country, is surely the way to go.

Such a short debate gives us little time to deal with the many challenges that stand in the way of

achieving mental wellbeing for people who need help—from children and young adults who are dealing with depression, bereavement, bullying and the many other stresses that can become overwhelming, to the increasing number of older people with chronic ailments or who face the traumas of dementia.

Much work remains to be done, but at least that is now recognised. I hope that the mental health strategy's next phase will focus on what remains to be achieved, with realistic targets that are aimed at putting mental and physical health on an equal footing and helping the hard-working staff in the field to get the results that they desire and which patients deserve.

We will support the motion and the Labour and Scottish Government amendments.

16:23

Bruce Crawford (Stirling) (SNP): I, too, start my speech on this important debate by recognising and paying tribute to the outstanding work done in this area by hard-working health professionals across the country.

As we all know, mental illness is one of the major public health challenges in Scotland. Although much has been achieved, there is much work to be done as we constantly strive to improve the services offered in this field. I hope to illustrate some of the challenges faced by those working in this area and also some of the work being done to overcome those very challenges.

Jim Hume's motion notes that one in four people will experience a mental health problem during their lifetime. I think that we know that, no matter what the statistics tell us, the reality is that many more than one in four of our population will suffer from a mental health illness at some time in their life. We can also say with some certainty that the level of demand on the health service to provide help to those who are suffering from a mental health illness is likely only to grow.

Much of that increase in demand is being driven by the hardships of modern life and, in particular, by financial challenges and poverty. I do not want to get into the impact that the UK Government's welfare reforms and the rise in the use of food banks is having on people's mental health and their families, but we cannot simply ignore those matters.

Our job is to debate in a responsible way what we can do to improve services for those who have a mental health illness and have decided to seek professional help. We face a growing challenge, because although we have a budget that is still rising significantly it is not able to keep pace with the sheer scale of the increasing demand. We see

that challenge across the health sector in its widest sense. Frankly, we simply cannot continue to throw resources at it, because we all know how limited our capacity to do so will become as a result of further public expenditure cuts.

As Richard Simpson mentioned, it is clear that in the Forth Valley NHS Board area child and adolescent mental health services and psychological therapy services are under significant pressure. The statistics do not make comfortable reading, but that only serves to emphasise the scale of the challenge that we face.

The debate is not about statistics and numbers on a page; it is about the quality of life of individuals and their families, and what health boards, the Government and we as a Parliament can do to make improvements. No Government or health service sets out to create such conditions. They are usually the result of a range of complex circumstances that cannot easily be resolved—but resolve them we must.

To help me to understand the specific challenges that Forth Valley NHS Board faces, I asked the board to let me know what action it is taking to resolve them. It informed me that it is facing significant workforce challenges in both CAMHS and psychological therapy services. It told me that it is committing an additional £0.5 million a year on a recurring basis to that area, that recruitment is now under way for two nurses and two consultants, and that further staffing changes are being made for CAMHS.

In the area of psychological services, the board intends to recruit a new head of service and to fill five additional posts in the near future, as well as introducing additional clinics. That will depend on what the recruitment market can provide; the board faces a significant challenge in that regard. In addition, it intends to implement a number of waiting time initiatives to help improve the efficiency and productivity of its mental health services. I sincerely hope that the actions that the board is taking will have the desired impact and will lead to significant improvement.

Those with a mental health illness who rely on our health service deserve a debate that is focused on how improvement plans can help deliver change for the better. I recognise the tone of Jim Hume's motion and Richard Simpson's amendment, but I think that the minister's amendment is better in capturing a sense of where we are and the context, so I will be supporting it at decision time.

16:28

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): Like other members, I am full of

praise and admiration for those who work in mental health services.

As far as the Government's actions are concerned, I acknowledge the continuity of policy, in general terms, between the current Administration and the previous one, and the progress that has been made in several areas, but it is right in debates such as today's that we highlight the problems that exist. I hear of those problems in my capacity as a constituency MSP, but people also draw my attention to various issues because I am co-convenor of the cross-party group on mental health.

Therefore, I am bound to be concerned about the figures for referral for child and adolescent mental health services that came out last week. Only 54 per cent of young people in Lothian who are referred are accepted within 18 weeks, and only 63 per cent are accepted within 26 weeks, which is not much higher, so it is clear that there are big issues. That is the case not just in Lothian; I pay tribute to the Scottish children's services coalition, which said:

"We are at a crisis point and high level strategic management is required in order to get a grip on the situation."

The question of unmet need has come up. Richard Simpson talked about the referrals that are rejected. We cannot assume that, in those health board areas in which 27 per cent of referrals are rejected, there is not a need for a service for those people. We have not heard that GPs are not referring young people because of the number of young people who are waiting for CAMHS, but we should remember the quote that Jim Hume read out and the evidence of SAMH on adult services. We can argue about the percentages, but the fact of the matter is that SAMH quoted a GP who said:

"GPs feel under pressure not to refer people to already stretched services".

That is a very striking comment on the situation.

We are also concerned, as Richard Simpson emphasised, about children and adolescents in non-specialist settings. That issue was legislated for in the Mental Health (Care and Treatment) (Scotland) Act 2003, and perhaps we can revisit it when we return to the Mental Health (Scotland) Bill next week, as progress seems to have stalled.

The preventative agenda is clearly important, involving early intervention and projects such as Place2Be, which operates in Forthview primary school in my constituency, as well as educational psychologists, which we debated recently. The issue that I highlighted at health questions is also relevant, because the mental health problems of women around the time of birth are clearly a massive problem for them and for their children. I

paid tribute at question time to the specialist perinatal community team in Lothian, but we know that many areas of Scotland lack perinatal mental health services, which are important for young people as well.

We debated eating disorders last week. Again, that is a massive mental health issue for young people. Since last week's debate, I have had a consultation with a mother who told me that her daughter got quite a good CAMH service for eating disorders but that as soon as she turned 18 her case fell off the cliff—I am currently taking up with NHS Lothian what is available for her now that she is designated as an adult.

Clearly, the wider preventative agendas are important. The choose life and see me campaigns have been mentioned, and I was pleased to be associated with those great campaigns when they started, but more needs to be done there too. In the previous mental health debate, I paid tribute to Laura Nolan from Edinburgh, who was nominated as one of the *Evening Times* women of the year, and the work that she is doing to help those at risk of suicide by providing services for them and by spreading awareness of mental health in schools.

This should be a collaborative exercise. Mental health is an issue for everyone, and I hope that we will all follow the great example of Laura Nolan and do our bit, as well as urging the Government to fulfil its responsibilities.

16:32

John Mason (Glasgow Shettleston) (SNP): I very much welcome the return to mental health as a subject for debate. There is a lot of agreement across the chamber that we need to put more emphasis on mental health, but we may not be entirely clear about how to do that. Stigma has been mentioned in previous debates and again today. It is partly a question of the time that it takes for attitudes to change, but that does not mean that we should not keep talking about it and so help to change those attitudes.

As I have mentioned before, a new care home was built in my constituency and everyone was quite happy about it until it transpired that the residents would have mental health issues. That provoked quite a reaction from part of the local community. I have been to visit, and they would be delighted if either the First Minister or Mr Hepburn was able to visit or open the home.

I am interested in some of the words and phrases that appear in the Lib Dem motion. First, there is mention of the "targets", which we are all familiar with. Just this morning at the Finance Committee, we were discussing preventative spending and the need to shift resources in that direction. Targets are not necessarily in

contradiction to preventative spend, but there is a certain danger with targets that they focus on what is easily measured in the short term. Although, in this case, the targets focus on psychological therapies, which we can accept are preventative, it is worth noting that targets can sometimes take our eye off the long-term goals.

Secondly, the motion uses the phrase:

“adequately resource mental health services”.

What does that actually mean? Does it mean reducing the resources for physical health? There could be an argument for that, but we should be open about it if the plan is to reduce the number of hospitals for physical health and to cut down availability of accident and emergency services. One could argue for that, but it should be spelled out.

Thirdly, there is the phrase:

“parity is enshrined in law”.

What does that mean? Does it mean equal amounts of money spent on mental and physical health? Does it mean an equal number of in-patient beds for mental health and physical health? I understand that that used to be the case in the 1970s, when I used to visit patients in Lennox castle, Gartloch and elsewhere, and surely it is not desirable that we go back to that situation. It is much better to have more help in the community.

Jim Hume: Will the member give way?

John Mason: Very quickly.

Jim Hume: There has been some discussion about the two different acts—the 1978 act, which covers Scotland, and the 2012 act. To make it clear, I point out that the 1978 act, with which the minister seems to be content, talks about

“improvement in the physical and mental health of the people of Scotland”,

whereas the Health and Social Care Act 2012—

John Mason: I am sorry, but Jim Hume is taking far too long.

The Deputy Presiding Officer: I agree. Please continue, Mr Mason.

John Mason: I agreed to take a short intervention, but I am sorry about that.

I am also intrigued by the term “zero suicide ambition”. I agree with that ambition and I welcome the reduction in recent years, but I suspect that zero suicides is incredibly difficult to achieve.

I also wonder how that fits in with the concept of assisted suicide. That shows up one of the problems with assisted suicide, which is that there

is often a link with mental health issues. The Parliament's actions can be symbolic and, if we say that assisted suicide is acceptable, we also make a strong statement that, when someone faces problems in life, suicide is a valid way out. I do not think that we want to send out that message.

16:35

Roderick Campbell (North East Fife) (SNP):

As Jim Hume's motion rightly acknowledges, mental health issues are universal. Few families will be untouched by the need for professional help at some stage in their lives.

Mental health is clearly a major public health challenge, and mental disorders are more common in socioeconomically deprived areas and regions. Indeed, we have only to look at Greece in the past few years to understand the impact of austerity on the mental health of that society. In its briefing, Inclusion Scotland suggests that there is significant evidence that people with mental health conditions have been disproportionately hit by sanctions from jobseekers allowance and employment support allowance.

Public perception also remains vital. In the past, people who were unfortunate enough to suffer from mental illness were too often stigmatised and excluded by society. With the sterling work of the see me campaign, which was launched in 2002 and internationally recognised as an example of best practice, we have moved a long way. Today, there is more openness, and celebrities such as Stephen Fry talk openly about bipolar disorder.

Of course, mental disorders are not uniform: women are more likely to suffer from depression than men, and the association between poor mental health and disability is clear. However, suicide is disproportionately male. It particularly affects young men and, in Scotland, we have high rates of suicide compared with the European average. The reasons for that high rate are clearly complex. Self-esteem, family breakdown, relationship difficulties and drug use in particular all play a part, as do economic factors. Indeed, some academics and researchers call it “the Scottish effect”.

The suicide rate in 2012 was among the lowest for 25 years, although it increased the next year. It will be interesting to see whether, in 2014, a downward trend was established again. We know for sure that suicide rates are strongly related to deprivation. Nevertheless, we need to encourage individuals not to suffer in isolation. At least speaking openly to a friend or family member is becoming a less feared encounter as a result of a better understanding and awareness of the importance of mental health. Initiatives such as the

see me campaign, the choose life campaign and the Scottish recovery network are important.

Among competing financial pressures, the Government recognises the need to invest in mental health. The figures on psychological therapies for some boards are disappointing but we should not forget that the shortage of cognitive behavioural therapists is itself an issue. There is clearly a demand that cannot be met with the stroke of a pen, which is why it is important that other approaches, such as the use of online technology, be explored.

The nature of our society means that the demand for services for children and young people is not slowing down. It is disappointing that half the health boards are not achieving their targets, but I am encouraged that those boards have action plans in place to address that issue and I have no doubt that they will recognise the need to respond to concerns.

Let us also not forget that improvements in general health by changing people's diets, encouraging physical activity, reducing smoking, tackling levels of drug and alcohol dependency, and raising awareness of the threats from new psychoactive substances all play a part.

16:39

Mary Scanlon (Highlands and Islands) (Con):

I thank members for some excellent speeches and a tone that befits the topic.

I remind some of the newer members that six years ago Audit Scotland produced a report called "Overview of mental health services". At that time, 142 children had been referred to adult wards. The Scottish National Party made a commitment then, but instead of 142, we now have 202. I am sorry to have to say that everything that was recommended in that report has been raised as a problem again today, so I hope that our new minister will take time to read it, because there is a fair bit of déjà vu.

Jamie Hepburn: Will Mary Scanlon give way?

Mary Scanlon: No. I have less than four minutes and the minister will have a chance to sum up.

I will start with psychological services, because 16,000 people are on the waiting list. If the Government is serious about inequalities, it should start with mental health, given that 43 per cent of people on benefits have a mental health issue.

On psychological therapies, the minister would do well to read Scottish intercollegiate guidelines network guideline 114—"Non-pharmaceutical management of depression in adults". It was published in January 2010 and was due to be

considered for review two years ago, but that did not happen, either. Paragraph 9.1 of the guideline describes the provision of psychological therapies, which I think every member has mentioned, as

"patchy, idiosyncratic and largely uncoordinated".

That was five years ago. The Scottish Government has had five years to address the

"patchy, idiosyncratic and largely uncoordinated"

services and it has failed absolutely. The guidelines also stated five years ago that

"NHS Education for Scotland is working in partnership with the Scottish Government, NHS Boards and other service providers to increase the capacity within the current NHS workforce to deliver psychological therapies".

Where is that increased capacity? Every member from every party in the chamber has mentioned the lack of workforce planning and the lack of capacity in the workforce. Now we have a situation, five years later, where local doctors do not even bother referring patients because there is nothing to refer them to. That is certainly a good way of managing a hidden waiting list: no referral, no waiting list.

It is also appalling that there is no general SIGN guideline on depression; there are only non-pharmaceutical guidelines for therapies that do not exist. With one in three patients presenting at GPs for problems relating to stress, anxiety or depression, Scotland does not even have a SIGN guideline for GPs.

As other members have done, I pay tribute to SAMH, Penumbra and the many others that help people with mental health issues. However, the SNP always likes to compare us with England. In England, the National Institute for Health and Care Excellence does have recommendations for treatment of depression, including mindfulness-based cognitive therapy, which is a NICE-approved treatment that is based on sound research and has been in place since 2004. We are still waiting for a guideline. MBCT is proven to cut relapse rates in half for people who experience more than two episodes of depression, and has the strongest evidence base. John Mason should understand that the reduction in costs for antidepressants would more than pay for that therapy and the benefit would be not only to the patient but, as Bruce Crawford mentioned, to the family. I welcome the fact that Bruce Crawford mentioned the family. The benefit for the patient and the family would be far greater than that from a daily dose of pills.

I googled the "Scottish Medicines Consortium" and "depression" for the SMC equivalent of the NICE guidelines. I found a list of drugs, but no psychological therapies. We should not be surprised by the situation; the guidelines are

simply not in place, because there is no commitment from this Government.

16:43

Rhoda Grant (Highlands and Islands) (Lab): I, like others in the debate, pay tribute to the hard-working staff who provide services in hospitals and in our communities with very limited resources. Malcolm Chisholm was right to say that we have to draw attention to the problems of those services or we would be remiss in our duty.

More than 200 young people have waited for more than a year to access mental health services. That is unacceptable. Young people are having their life chances damaged due to a lack of services at a really important time when they need to make decisions. Malcolm Chisholm also quoted the Scottish Children's Services Coalition. The SCSC went on to say:

"Families usually experience months of waiting even before a referral to CAMHS. The consequent delay in diagnosis and appropriate support can result in crisis and the need for costly extra resources."

That delay is not a cost-saving measure; it ends up costing more, because people's conditions deteriorate and they need more intervention than they would have needed if they had been seen more timeously.

Specialist services are few and far between. Jim Hume talked about people from Aberdeen needing to go to Dundee. People from the Highlands and Islands also have to go to Dundee, which for many people is a huge distance to travel, especially people from low-income families who cannot visit often. It must have a real impact on young people's mental health to be separated from family and friends for so long.

I reiterate Dr Richard Simpson's point about referral rejections and the need to investigate why the number of rejections is so high in some areas. What is happening to those who have been rejected? What support are they receiving, and where are they receiving it? Has any cognisance been taken of their outcomes? What is happening to them in the long term? Are they receiving appropriate support when they require it? I would welcome the minister's comments on those questions.

The minister, John Mason and a number of other members talked about the stigma that is associated with mental health issues and how that can impact on provision of services in the community. The minister mentioned self-stigmatisation as a result of people being unwilling to speak out, but I add a note of caution to that. It is very difficult for people to speak out because of the stigma, especially when they are at their most vulnerable. It would, in normal circumstances, take

a very brave person to speak out and share their experience. If they face a backlash, the situation becomes even more difficult for them, especially if they are currently experiencing mental ill health.

A number of members spoke about physical activity. I agree with that approach: we need to do an awful lot more to show how physical activity of any kind—things like gardening as well as marathon running and the like—can help people's mental health. I have read of people who were able to come off medication because they had an exercise regime that helped them to do so.

Those approaches are recognised, but they are not often offered as credible options. We need, rather than simply focusing on drugs, to consider prescribing access to leisure centres, sporting facilities and the like in order to get people more active if physical activity is proved to help them.

A number of members mentioned self-harm and that incidence of it has doubled. A young person spoke to me very recently about her self-harming and the fact that she needed to go to A and E to be stitched. It is clear that we need to train staff in A and E to deal with people who self-harm; she was refused anaesthetic while her arm was being stitched because she was told that she had done the damage to herself without anaesthetic in the first place. We need to deal with those issues and ensure that people are trained to help those who are in such situations.

The Deputy Presiding Officer: You must close.

Rhoda Grant: We need to hear about the review of SNAP, and I look forward to the minister telling us when that will be available, and when we will have an investigation into rejected referrals.

16:47

Jamie Hepburn: I welcome the fact that we have had the debate. I agree with Mary Scanlon that the tone of the debate has, by and large, been very good. It is more important than it might be for most other debates that in this debate, given the subject matter, we strike the right tone.

Bruce Crawford said that the debate is not about statistics but about people's quality of life. I very much agree with that perspective. That will always be my starting point. Delivery of person-focused health care will be a priority for this Government.

Bruce Crawford also mentioned the challenges in relation to CAMHS for NHS Forth Valley in his constituency. I know that he had hoped to raise that issue at question time earlier today, but unfortunately time ran out before we reached his question. I hope that he will be reassured that I have contacted NHS Forth Valley and the other six

boards in which the CAMHS referral target has not been reached.

Nanette Milne and Rhoda Grant raised the issue of social prescribing, of which I recognise the importance. Work is under way through NHS Health Scotland to promote awareness of and access to social prescribing, and I will be happy to report back to Parliament on that later.

John Mason invited me to come and visit a care home in his constituency. I would be happy to do so. There was an exchange between Jim Hume and John Mason regarding parity between physical and mental health; I will touch briefly on that issue. I am happy to discuss it further, but I need to emphasise a point in response to Mr Hume's suggestion that there is a fundamental difference between what we have here in Scotland and what exists in England. He mentioned that the National Health Service (Scotland) Act 1978 sets out that we have a duty to promote a

"service designed to secure ... the prevention, diagnosis and treatment of illness".

However, before that, illness is defined in relation to "physical and mental health". It is already there. I am not quite sure what the issue is, but I am happy to discuss the matter further with Mr Hume.

Jim Hume: The 1978 act mentions "illness", but the Health and Social Care Act 2012, which is from south of the border, actually specifies mental illness. It talks about

"the prevention, diagnosis and treatment of physical and mental illness."

Jamie Hepburn: I literally have that in front of me and I can read it. However, although the 1978 act is not in the same order, it talks about improving

"the physical and mental health of the people of Scotland".

That is how illness is defined.

On the prescribing issue that Mary Scanlon raised, I make the point that prescribing is, of course, a clinical decision. I refer Ms Scanlon and others to the comments of John Gillies, who is a past chair of the Royal College of General Practitioners, who said:

"As the stigma attached to mental health has declined, more patients raise problems such as depression with their GPs. There is good evidence that GPs assess and treat depression appropriately."

That includes prescribing of medicines.

Jim Hume also raised the issue of research funding. It is not the case that there has been a reduction in mental health research funding for NHS boards. There are various sources of funding. Of course, funding relies on bids being made.

Malcolm Chisholm referred to a GP who feels under pressure not to refer patients to specialist services. I say clearly that that is not my expectation. If GPs believe that they should refer a person to specialist services, they should do that. I have to say that the figures do not suggest that there is a problem with the number of referrals; there has been a 60 per cent increase in referrals to CAMHS in the past two years.

Dr Simpson: The problem is that the percentage has not risen. The rejections have gone on for years, despite the fact that the guidance is there.

Jamie Hepburn: I was about to touch on rejected referrals because, as Dr Simpson knows—or as he should know, as his colleague Patricia Ferguson raised the issue with me in Parliament—referral might be rejected for a number of reasons, such as the person not meeting the criteria for access to CAMHS. However, where a child does not meet the criteria, we expect the service to signpost the child to the most appropriate service. I recognise the importance of the issue and I undertake to look at it further, particularly in relation to regional variation. I will be happy to report back to Parliament on that.

Many other areas were touched on in the debate, although I probably do not have time to touch on them. Jim Hume mentioned the report on the Sandra Grant review. Work is under way to assess that further. Good progress is being made, and we hope to report back soon.

I welcome the debate and look forward to returning to the subject. I hope that members can acknowledge that progress has been made, just as I accept that further progress still has to be made.

16:53

Liam McArthur (Orkney Islands) (LD): It is 12 months since the Scottish Liberal Democrats last used our debating time to focus on mental health. I am proud of that consistency and of the commitment across Parliament to keep mental health towards the top of the political agenda. As expected, the debate has been constructive. I thank all those who have participated and empathise with those who did not have the time to fully develop their arguments.

Although I do not support the Government's amendment, I welcome the tone that the minister adopted in his opening remarks and acknowledge the progress that has been made. The mental health strategy is good and I welcome the HEAT targets for treatment of people who suffer mental ill health. The fact remains, however, that, as a number of members have pointed out, progress on

meeting those has been patchy and in some cases we appear to be moving in the wrong direction. The effect of that, particularly in relation to child and adolescent mental health services, is a genuine concern, as Dr Simpson and Malcolm Chisholm pointed out.

Dr Simpson: Will Liam McArthur give way on that point?

Liam McArthur: I am afraid that I will struggle to give way. I am sorry.

As my colleague Jim Hume highlighted in opening the debate, only half of health boards are meeting the new 18-week target for treatment, and five are failing to meet the old 26-week target. Meanwhile, the availability of educational psychologists is below what is needed and, again, adult psychological services are falling short of the targets that have been set.

In practice, that means that interventions for those who need help—that might involve putting in place support, identifying coping strategies or whatever—are delayed, potentially with serious consequences. As SAMH warns,

“the later individuals engage with health services, the more complex their treatment and recovery will be”.

Let me be clear: this is not a criticism of the people who are on the front line in our healthcare and third sectors. Without the contribution that they make, which invariably goes above and beyond anything that we have a right to expect—as Jim Hume and the minister emphasised—the situation for people who have poor mental health would be profoundly worse. That is why the Scottish Liberal Democrats prioritised mental health in our recent budget negotiations with ministers and why in 2013 we called for additional support to boost underresourced psychological therapies.

It is little wonder that pressures exist, given the number of people who are affected. The range of conditions may be wide, and some people move in and out of ill health, but it is not a niche. As Nanette Milne pointed out, the latest social attitudes survey confirms that one person in 4 has personal experience of mental ill health in their life.

The impact, though, stretches far wider. In this and previous debates, members have spoken passionately from direct personal experience, either of themselves, a family member or a close friend. I can think of few other debates in this chamber in which similar insight and empathy have been brought to bear. That impact is one—although only one—of the reasons why we must elevate the importance that we attach to tackling poor mental health and encouraging good mental health. Scottish Liberal Democrats firmly believe it is now time for Scotland to follow the lead that has

been taken south of the border, and to legislate to afford equal treatment to mental and physical health. Progress has been made here and measures are in place to go further, but they fall short of putting mental health on an equal footing with physical health, which matters. As the head of the Orkney Blide Trust, Frazer Campbell, explained to me recently:

“too often mental health services are way down the list in terms of budget allocation and other resources (for example, hospital space and room design etc).”

That is why Frazer wants to see equality in service provision.

In passing, I briefly record my gratitude to those who helped raise about £12,500 for the Blide Trust at the “Strictly Come Dancing” show last Friday night—particularly the dozen souls who risked life, limb and reputation on the dance floor. As well as raising money, I hope that the event brought the work of the Blide Trust, and the needs of people in Orkney who suffer poor mental health, to a wider audience. The issues of stigma and a reluctance to seek help are known to be more prevalent in smaller communities, especially rural ones.

Whatever other steps we take, I agree with Rod Campbell that we in this country need to be more open and honest about mental health. However, if mental health is something that people find hard to talk about openly, it is as nothing compared to the taboo surrounding suicide. Obviously not everyone with a mental health issue considers taking their own life, but the numbers who do and who succeed remain high, despite a reducing trend in recent years. In 2013, 795 people died by suicide in Scotland. Male suicides run at three times the rate for females, and according to the Samaritans suicide is now the leading cause of death of under-35s in Scotland. That last statistic is truly shocking. That people who have most of their life ahead of them and who have so much still to experience and to contribute conclude that they cannot bear to continue living is truly appalling and demands recognition of depression for what it really is.

When I spoke in the last debate on mental health, I talked about Andy Harrison, who was a friend, work colleague and flatmate from my days working in Westminster. Andy took his own life four years ago after a long battle with depression. To this day, I find it hard to accept or understand such a tragic loss of talent, vitality and decency. Andy’s wicked sense of humour and generosity of spirit, which made him such a privilege to know, masked a deep-rooted despair that ultimately killed him.

Since then, I have learned of others who have found themselves wrestling with many of the same demons as Andy. In my Orkney constituency, there has been a spate of suicides over the past

six months or so. Although apparently those deaths are not out of keeping with statistical averages, nevertheless in a community of the size and character of Orkney they have touched people profoundly. I learned recently that someone whom I was at school with took their own life last year—I can still remember the shock at being told.

Even though we know that each suicide involves an individual, with their own personality and their own circumstances, and that their suicide represents that person's own tragedy, we are guilty of seeing the statistic rather than the person. In truth, very often, even those who are closest to them do not realise the full extent of the risk until it is too late. Again, that is why we must create the conditions whereby issues of mental health, including depression, can be talked about without fear of stigma and judgment.

I firmly believe that one way of helping to achieve that is through setting an ambition of zero suicides. To John Mason I say that that is not the same as setting a target, nor is it inconsistent with the objectives underlying the Assisted Suicide (Scotland) Bill. It is about setting an aspiration and changing the mindset about how people with mental health issues are cared for. Evidence from elsewhere shows that it can have dramatic and positive effects. Mersey Care NHS Trust, in Liverpool, has a programme involving improved training for staff who work with parents, patients and families to develop a personalised safety plan. It also has a dedicated safe from suicide team that provides advice, support and monitoring, and works closely with partners including the Samaritans. In Detroit, which is signed up to such a commitment, the area that is covered by the programme has reported no suicides in more than two years.

Again, this is not a criticism of existing schemes, such as choose life, but a plea to go further—to aspire to something even more ambitious. If we fall short in that ambition, let us at least get closer than we currently are.

As I said in closing the debate last year, this is an issue that needs to be discussed openly, taken seriously and addressed effectively. It is not a second-class condition, and ultimately there is no good health without good mental health. One year on, it is truer now than ever. I urge colleagues across the chamber to support the motion.

Business Motion

The Presiding Officer (Tricia Marwick): The next item of business is consideration of motion S4M-12495, in the name of Joe FitzPatrick, on behalf of the Parliamentary Bureau, setting out a business programme.

Motion moved,

That the Parliament agrees the following programme of business—

Tuesday 10 March 2015

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Topical Questions (if selected)

followed by Scottish Government Debate: Action Needed to Support the Oil and Gas Sector

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Wednesday 11 March 2015

2.00 pm Parliamentary Bureau Motions

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

followed by Scottish Labour Party Business

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 12 March 2015

11.40 am Parliamentary Bureau Motions

11.40 am General Questions

12.00 pm First Minister's Questions

followed by Members' Business

2.30 pm Parliamentary Bureau Motions

followed by Scottish Government Debate: Local Government Finance (Scotland) Amendment Order 2015

followed by Stage 1 Debate: Mental Health (Scotland) Bill

followed by Financial Resolution: Mental Health (Scotland) Bill

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

Tuesday 17 March 2015

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions
followed by Topical Questions (if selected)
followed by Scottish Government Business
followed by Business Motions
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time
followed by Members' Business

Wednesday 18 March 2015

2.00 pm Parliamentary Bureau Motions
 2.00 pm Portfolio Questions
 Education and Lifelong Learning
followed by Scottish Government Business
followed by Business Motions
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time
followed by Members' Business

Thursday 19 March 2015

11.40 am Parliamentary Bureau Motions
 11.40 am General Questions
 12.00 pm First Minister's Questions
followed by Members' Business
 2.30 pm Parliamentary Bureau Motions
followed by Scottish Government Business
followed by Business Motions
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time—[*Joe FitzPatrick.*]

The Presiding Officer: James Kelly has indicated that he wishes to speak against the motion.

17:01

James Kelly (Rutherglen) (Lab): I oppose the Government business motion on the basis that the Government has refused a request from the Scottish Labour Party for a statement on the future of Prestwick airport. I am aware and supportive of the importance of Prestwick airport not only to Ayrshire but to the wider Scottish economy. However, it is a duty of Parliament to hold the Government to account for its actions on Prestwick. The Audit Scotland report that was published last week noted that the costs from the public purse have doubled to £40 million from the previously stated figure of £21 million. Audit Scotland also called for clear and robust plans to be spelled out.

It is against that background that Labour has asked for a parliamentary statement. Given the scale of the issue, it is staggering that the only Government-initiated statement to the full chamber has been on 8 October 2013, from the then

Cabinet Secretary for Infrastructure, Investment and Cities, Nicola Sturgeon, to indicate that negotiations were under way to take the airport into public ownership. It is completely unacceptable that, in a year and a half, we have not had a minister come of the Government's own accord to make a statement and be accountable to Parliament on this important issue.

In light of the Audit Scotland report, there continue to be questions about the on-going costs involved, the projected passenger numbers and the business plan. That is why we need a statement. It is simply not good enough for the Government to adopt the attitude that it cannot be bothered to come and speak to us. The Government needs to take Parliament seriously. The workforce at Prestwick deserves answers and the public deserve answers, and the Parliament is a platform for those answers. That is why the Labour Party will continue to call for a statement on Prestwick's future and will oppose the business motion.

17:03

The Minister for Parliamentary Business (Joe FitzPatrick): Mr Kelly confuses a loan facility with money expended. He probably needs to check a few more of his facts.

The Audit Scotland report vindicates the actions taken by the Scottish Government. It shows that we made the right decision to safeguard 3,200 jobs and secure a vital infrastructure asset that contributes more than £61 million annually to the Scottish economy. If we had not stepped in, Glasgow Prestwick airport would have closed.

James Kelly: Will the minister take an intervention?

Joe FitzPatrick: If the Labour Party—

James Kelly: Will the minister take an intervention?

The Presiding Officer: Mr Kelly, the minister is not taking an intervention.

Joe FitzPatrick: If the Labour Party wanted to question the safeguarding of 3,200 jobs, its deputy leader had the opportunity to do so at First Minister's question time last week, and she will have a further opportunity tomorrow. Alternatively, if Labour wants a longer discussion, it can use its own Opposition business time next week.

I am sure that the irony of Labour opposing Labour business next week will not escape the majority in the chamber. That is taking opposition for opposition's sake a bit too far.

The Presiding Officer: The question is, that motion S4M-12495, in the name of Joe FitzPatrick, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Central Scotland) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Allard, Christian (North East Scotland) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Biagi, Marco (Edinburgh Central) (SNP)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Burgess, Margaret (Cunninghame South) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Campbell, Roderick (North East Fife) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Eadie, Jim (Edinburgh Southern) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hume, Jim (South Scotland) (LD)
 Hyslop, Fiona (Linlithgow) (SNP)
 Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
 Johnstone, Alison (Lothian) (Green)
 Keir, Colin (Edinburgh Western) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Central Scotland) (SNP)
 MacAskill, Kenny (Edinburgh Eastern) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 MacKenzie, Mike (Highlands and Islands) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McArthur, Liam (Orkney Islands) (LD)
 McDonald, Mark (Aberdeen Donside) (SNP)
 McInnes, Alison (North East Scotland) (LD)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLeod, Aileen (South Scotland) (SNP)
 McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McMillan, Stuart (West Scotland) (SNP)
 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)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)

Thompson, Dave (Skye, Lochaber and Badenoch) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Yousaf, Humza (Glasgow) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brown, Gavin (Lothian) (Con)
 Buchanan, Cameron (Lothian) (Con)
 Carlaw, Jackson (West Scotland) (Con)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Davidson, Ruth (Glasgow) (Con)
 Dugdale, Kezia (Lothian) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Findlay, Neil (Lothian) (Lab)
 Goldie, Annabel (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Griffin, Mark (Central Scotland) (Lab)
 Henry, Hugh (Renfrewshire South) (Lab)
 Hilton, Cara (Dunfermline) (Lab)
 Johnstone, Alex (North East Scotland) (Con)
 Kelly, James (Rutherglen) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 Macdonald, Lewis (North East Scotland) (Lab)
 Macintosh, Ken (Eastwood) (Lab)
 Malik, Hanzala (Glasgow) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 McCulloch, Margaret (Central Scotland) (Lab)
 McDougall, Margaret (West Scotland) (Lab)
 McGrigor, Jamie (Highlands and Islands) (Con)
 McMahon, Michael (Uddingston and Bellshill) (Lab)
 McMahon, Siobhan (Central Scotland) (Lab)
 McNeil, Duncan (Greenock and Inverclyde) (Lab)
 McTaggart, Anne (Glasgow) (Lab)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Murray, Elaine (Dumfriesshire) (Lab)
 Pearson, Graeme (South Scotland) (Lab)
 Pentland, John (Motherwell and Wishaw) (Lab)
 Rowley, Alex (Cowdenbeath) (Lab)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Drew (Glasgow) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)

The Presiding Officer: The result of the division is: For 70, Against 51, Abstentions 0.

Motion agreed to.

Parliamentary Bureau Motions

17:06

The Presiding Officer (Tricia Marwick): The next item of business is consideration of five Parliamentary Bureau motions. I ask Joe FitzPatrick to move motions S4M-12497, S4M-12500, S4M-12502 and S4M-12505, on the approval of Scottish statutory instruments, and motion S4M-12506, on the draft Local Government Finance (Scotland) Amendment Order 2015.

Motions moved,

That the Parliament agrees that the Firefighters' Pension Scheme (Consequential Provisions) (Scotland) Regulations 2015 [draft] be approved.

That the Parliament agrees that the National Health Service Pension Scheme (Consequential Provisions) (Scotland) Regulations 2015 [draft] be approved.

That the Parliament agrees that the Police Pensions (Consequential Provisions) (Scotland) Regulations 2015 [draft] be approved.

That the Parliament agrees that the Teachers' Pension Scheme (Consequential Provisions) (Scotland) Regulations 2015 [draft] be approved.

That the Parliament agrees that the Local Government Finance (Scotland) Amendment Order 2015 [draft] be considered by the Parliament.—[Joe FitzPatrick.]

The Presiding Officer: The questions on the motions will be put at decision time.

The next item of business is consideration of motion S4M-12504, in the name of Joe FitzPatrick, on behalf of the Parliamentary Bureau, on the approval of a statutory instrument—a section 30 order on the franchise.

Motion moved,

That the Parliament agrees that the Scotland Act 1998 (Modification of Schedules 4 and 5 and Transfer of Functions to the Scottish Ministers etc.) Order 2015 [draft] be approved.—[Joe FitzPatrick.]

17:07

Bruce Crawford (Stirling) (SNP): I am pleased to make a short speech as convener of the Devolution (Further Powers) Committee.

One hundred and ten thousand—that is the size of the population of citizens of Scotland who will have the chance to become enfranchised if, in the coming months, the Scottish Parliament passes the necessary legislation. I hope that the Parliament will tonight approve the draft order to transfer powers to the Scottish Parliament and allow that legislation to be brought forward once the Privy Council has given its approval.

I am delighted to report that all five political parties that are represented on my committee unanimously agreed to do just that and to recommend that we give our approval tonight at decision time. That will add Parliament's approval to the agreement of both houses of the United Kingdom Parliament—although the agreement of one chamber there was given a little more reluctantly than that of the other.

For me, the prize—and what a prize—is another step towards creating a modern democracy, building on the historic reforms that delivered votes for the ordinary person, not just the rich and privileged few, and votes for women, which were reforms that characterised the previous century.

In the work that my committee has undertaken, we have felt the palpable desire of Scotland's young people to be involved in the decisions that affect their lives. We have been to Fort William and Levenmouth as part of Parliament days, we have spoken to more than 200 16 to 17-year-olds and we have surveyed a further 1,000. The results of that activity can be summarised by saying simply that the overwhelming majority want and are ready for the change.

One comment from a young man from Fort William with whom we discussed voting in the recent referendum sticks in my mind. He said, "Why should an older generation get to decide our future when it's our future you are all voting for?" I could not agree more with that.

I look forward to the work that comes next to scrutinise the bill that the Scottish Government is set to introduce. We will endeavour to carry out the detailed scrutiny that would be expected of us and allow the Parliament the chance to get the legislation on the statute book by the summer recess to ultimately give those 110,000 young people of Scotland the right that every other citizen of Scotland expects in a modern democracy: the right to vote.

17:09

Lewis Macdonald (North East Scotland) (Lab): We support and welcome the order for three reasons. First, it gives effect to part of the Smith agreement. Of course, the agreement belongs to all the parties that signed it, and all of them have supported the devolution of the power that the order confers. For our part, Scottish Labour is keen for the agreement to be delivered in accordance with last year's timetable, and this early action more than delivers on that commitment.

Secondly, as Bruce Crawford made clear on the committee's behalf, we welcome votes for 16 and 17-year-olds; that is Labour policy not just for the Scottish Parliament and local government but

across the United Kingdom. Last year's referendum engaged young voters on both sides of the argument on the basis of votes at 16. When Harold Wilson's Government delivered votes at 18 in the 1960s, the move became, like every other extension to the franchise, irreversible as soon as it was made. The same will be true here, and we want the extension of the franchise to be followed by wider democratic and constitutional reform across the UK—not least the abolition of the House of Lords and the creation of a senate of the nations and regions of the UK.

Thirdly, passing the order will allow work on implementing votes at 16 to be taken forward in good time for next May's Scottish Parliament elections. By then, many of those who voted as 16-year-olds last year and all the 17-year-olds who voted will be over 18, and a whole new cohort of young voters will have to be added to the electoral register. There is a job to be done in engaging those new voters and, if they are to be as fully informed and engaged as we want them to be, that job has to start as soon as possible.

For those reasons, we welcome the order, and we look forward to the introduction of a bill in the next few weeks to extend the franchise accordingly.

17:11

Annabel Goldie (West Scotland) (Con): This section 30 order is historic and represents the first legislative change to be brought about following the Smith commission's report. The order is the forerunner of a major package of powers being brought forward by the UK Government that will make this Parliament one of the most powerful devolved legislatures in the world.

In itself, the order powerfully refutes the proposition peddled by the yes campaign in last year's referendum that no new powers would flow to the Parliament in the event of a no vote. Today, that bogus assertion has been laid bare; the new powers, which are based on cross-party consensus, have indeed begun to flow. The draft provisions for a new Scotland bill have been published, and the UK Government is focused on final revisions to them and on launching various strands of public engagement.

However, the order is more than a mere taster. Today, we have a devolved and developed proposal for a new power that is substantial in itself. The order proposes a significant change to the franchise in Scotland and it represents an important development for 16 and 17-year-olds that reflects the impressively high levels of interest, engagement and awareness that we witnessed from that age group during the referendum.

In 1928, women were given suffrage on an equal status to men; in 1969, the franchise was lowered from 21 to 18; and today we see a further exciting development. We in the Conservative Party welcome this first piece of post-Smith agreement UK legislation. It is a significant step in the process of delivering to the Parliament the new powers to which all the parties in the chamber have agreed. I support the motion.

17:13

Tavish Scott (Shetland Islands) (LD): I should start by saying that I misheard Lewis Macdonald. I thought that he said that he wanted to demolish the House of Lords, by which I thought he meant the building rather than anything else.

We, too, support the order before Parliament for a couple of reasons—not least the fact that it gives effect to the Smith agreement. I thank Bruce Crawford for his careful handling of the committee proceedings—although this issue is rather easier than some that the committee is dealing with—and the cabinet secretary for dealing with ministerial aspects. I am sure that the Government will recognise that the Secretary of State for Scotland moved the matter on very quickly to fulfil the overwhelming desire expressed in politics in Scotland for the measure to come into effect in time for the Scottish general election in 2016.

As others have said, this is about young people. Two weeks ago, I visited a junior high school in my constituency with two members of the Scottish Youth Parliament, who told the class that was cross-examining us that having votes at 16 was one of the campaigns that got them into politics. Sometimes this place is all noise and not enough action; today, we will take action that will really make a difference to people.

17:14

Alison Johnstone (Lothian) (Green): I am delighted to take part in this short debate and to speak in favour of the order to devolve the power to extend the franchise to 16 and 17-year-olds, which will deliver the Scottish Green Party's long-standing policy at least in Scottish Parliament and local government elections.

Many individuals and organisations, such as the National Union of Students, the Scottish Trades Union Congress, Barnardo's and Unison, have campaigned on the issue. The Scottish Youth Parliament campaigned diligently on it, and it proved, as all young Scots who took part in the referendum did, that young people are indeed ready, motivated and totally qualified to vote.

Enabling our young people to vote takes us a step closer to the kind of Scotland that we want Scotland to become: an inclusive Scotland that

empowers its citizens by fully involving them in the decision-making process. That is not just about voting, of course, but a vote helps young people to ensure that local government and national Government listen to what they have to say.

During the referendum campaign, we all took part in debates in school and church halls across the land. The questions that we received from our youngest voters were wholly relevant to the debate, and the interest of our youngest voters was intense. Their contribution to the debate broadened it, and their involvement made it more meaningful to more of our citizens.

Patrick Harvie's members' business debate two weeks ago explored how beginning to vote from the age of 16 can help to develop a habit and can help to involve people in politics throughout their lives.

I look forward to future local and national Government elections in which 16 and 17-year-olds will continue to contribute in the articulate, challenging and thought-provoking way in which they were able to contribute in the referendum.

17:16

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): I thank members of all political parties for their comments in this short debate. I also thank Mr Crawford and the Devolution (Further Powers) Committee for their scrutiny of the order, which is now before Parliament for approval.

It is not beyond exaggeration to say that one of the triumphs of the referendum campaign was the decision that the Parliament took to attach a priority to enabling 16 and 17-year-olds to participate in the referendum last September. It was a measure of the capacity and capability of the young people of Scotland that they exercised that responsibility in such an effective and dignified way in every part of the country and seized the opportunity to take part in shaping the future of our country.

The fact that the Scottish Government and the United Kingdom Government have been able to recognise that and to co-operate to bring forward the order that is before us pays due respect to the capability and strength of the young people in Scotland who were able to make that contribution in the referendum. By our actions today and the further scrutiny that will take place when the Government introduces the necessary legislation to Parliament very shortly, we will ensure that 16 and 17-year-olds in Scotland are able to participate in the Scottish Parliament elections in 2016 and the local authority elections in 2017.

There is, of course, a great deal more agreement in the chamber today than when the question of 16 and 17-year-olds being able to vote was first brought forward. I am delighted that the Conservatives have reached the position of supporting the right of 16 and 17-year-olds to vote in elections. We will work very hard to persuade the Conservatives of other ways in which they can change their position to support the Scottish Government's arguments in the years to come.

Annabel Goldie made one of her usual creative contributions to the debate with her reflections on the referendum. I say to her as one of her fellow members of the Smith commission that, although there are welcome enhancements to the powers of the Scottish Parliament as a result of the Smith commission, the Scottish Government does not believe that that addresses the democratic deficit of our country. We will continue to work to secure the further powers that will enable us to deliver on the future of our country.

I simply say to Lewis Macdonald that members of the Labour Party would be slightly more credible on the question of House of Lords abolition if they were not so enthusiastic about trying to get into the institution in the first place. We look forward to the Labour Party's decisions in that respect in the years to come.

Lewis Macdonald: Will the Deputy First Minister take an intervention?

John Swinney: If this is an application, then certainly.

Lewis Macdonald: Clearly, there are no sinecures that I can offer Mr Swinney or he can offer me, but will he offer me today the support of his party for Labour's proposal for a senate of the nations and regions in place of the House of Lords?

John Swinney: I say to Mr Macdonald that there will be no more enthusiastic supporters of the abolition of the House of Lords than the members of the Scottish National Party. I close by adding that there will be no more enthusiastic supporters of the abolition of the House of Commons—and, into the bargain, the establishment of the full range of independent powers that this Parliament should have—than the Scottish National Party.

Decision Time

17:20

The Presiding Officer (Tricia Marwick): There are nine questions to be put as a result of today's business. The first question is, that amendment S4M-12491.2, in the name of John Swinney, which seeks to amend motion S4M-12491, in the name of Willie Rennie, on privacy and the state, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Central Scotland) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Allard, Christian (North East Scotland) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Biagi, Marco (Edinburgh Central) (SNP)
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 Campbell, Roderick (North East Fife) (SNP)
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 Dornan, James (Glasgow Cathcart) (SNP)
 Eadie, Jim (Edinburgh Southern) (SNP)
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 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
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 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
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 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McDonald, Mark (Aberdeen Donside) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLeod, Aileen (South Scotland) (SNP)
 McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McMillan, Stuart (West Scotland) (SNP)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)

Robertson, Dennis (Aberdeenshire West) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Salmond, Alex (Aberdeenshire East) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Thompson, Dave (Skye, Lochaber and Badenoch) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Yousaf, Humza (Glasgow) (SNP)

Against

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

Smith, Drew (Glasgow) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)
 Urquhart, Jean (Highlands and Islands) (Ind)
 Wilson, John (Central Scotland) (Ind)

The Presiding Officer: The result of the vote is:
 For 64, Against 61, Abstentions 0.

Amendment agreed to.

The Presiding Officer: The next question is, that amendment S4M-12491.1, in the name of Richard Simpson, which seeks to amend motion S4M-12491, in the name of Willie Rennie, on privacy and the state, as amended, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brown, Gavin (Lothian) (Con)
 Buchanan, Cameron (Lothian) (Con)
 Carlaw, Jackson (West Scotland) (Con)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Davidson, Ruth (Glasgow) (Con)
 Dugdale, Kezia (Lothian) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Ind)
 Goldie, Annabel (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Griffin, Mark (Central Scotland) (Lab)
 Harvie, Patrick (Glasgow) (Green)
 Henry, Hugh (Renfrewshire South) (Lab)
 Hilton, Cara (Dunfermline) (Lab)
 Hume, Jim (South Scotland) (LD)
 Johnstone, Alex (North East Scotland) (Con)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Rutherglen) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 Macdonald, Lewis (North East Scotland) (Lab)
 Macintosh, Ken (Eastwood) (Lab)
 Malik, Hanzala (Glasgow) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McCulloch, Margaret (Central Scotland) (Lab)
 McDougall, Margaret (West Scotland) (Lab)
 McGrigor, Jamie (Highlands and Islands) (Con)
 McInnes, Alison (North East Scotland) (LD)
 McMahon, Michael (Uddingston and Bellshill) (Lab)
 McMahon, Siobhan (Central Scotland) (Lab)
 McNeil, Duncan (Greenock and Inverclyde) (Lab)
 McTaggart, Anne (Glasgow) (Lab)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Murray, Elaine (Dumfriesshire) (Lab)
 Pearson, Graeme (South Scotland) (Lab)

Pentland, John (Motherwell and Wishaw) (Lab)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Rowley, Alex (Cowdenbeath) (Lab)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland Islands) (LD)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Drew (Glasgow) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)
 Wilson, John (Central Scotland) (Ind)

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)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Burgess, Margaret (Cunninghame South) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Campbell, Roderick (North East Fife) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Eadie, Jim (Edinburgh Southern) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 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)
 McDonald, Mark (Aberdeen Donside) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLeod, Aileen (South Scotland) (SNP)
 McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McMillan, Stuart (West Scotland) (SNP)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Robertson, Dennis (Aberdeenshire West) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Salmond, Alex (Aberdeenshire East) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)

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

The Presiding Officer: The result of the vote is:
 For 60, Against 65, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The next question is, that motion S4M-12491, in the name of Willie Rennie, on privacy and the state, as amended, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Central Scotland) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Allard, Christian (North East Scotland) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Biagi, Marco (Edinburgh Central) (SNP)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Burgess, Margaret (Cunninghame South) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Campbell, Roderick (North East Fife) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Eadie, Jim (Edinburgh Southern) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 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)
 McDonald, Mark (Aberdeen Donside) (SNP)

McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLeod, Aileen (South Scotland) (SNP)
 McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McMillan, Stuart (West Scotland) (SNP)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Robertson, Dennis (Aberdeenshire West) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Salmond, Alex (Aberdeenshire East) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Thompson, Dave (Skye, Lochaber and Badenoch) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Urquhart, Jean (Highlands and Islands) (Ind)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Yousaf, Humza (Glasgow) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brown, Gavin (Lothian) (Con)
 Buchanan, Cameron (Lothian) (Con)
 Carlaw, Jackson (West Scotland) (Con)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Davidson, Ruth (Glasgow) (Con)
 Dugdale, Kezia (Lothian) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Ind)
 Goldie, Annabel (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Griffin, Mark (Central Scotland) (Lab)
 Harvie, Patrick (Glasgow) (Green)
 Henry, Hugh (Renfrewshire South) (Lab)
 Hilton, Cara (Dunfermline) (Lab)
 Hume, Jim (South Scotland) (LD)
 Johnstone, Alex (North East Scotland) (Con)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Rutherglen) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 Macdonald, Lewis (North East Scotland) (Lab)
 Macintosh, Ken (Eastwood) (Lab)
 Malik, Hanzala (Glasgow) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McCulloch, Margaret (Central Scotland) (Lab)
 McDougall, Margaret (West Scotland) (Lab)
 McGrigor, Jamie (Highlands and Islands) (Con)
 McInnes, Alison (North East Scotland) (LD)
 McMahon, Michael (Uddingston and Bellshill) (Lab)
 McMahon, Siobhan (Central Scotland) (Lab)
 McNeil, Duncan (Greenock and Inverclyde) (Lab)
 McTaggart, Anne (Glasgow) (Lab)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Murray, Elaine (Dumfriesshire) (Lab)

Pearson, Graeme (South Scotland) (Lab)
 Pentland, John (Motherwell and Wishaw) (Lab)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Rowley, Alex (Cowdenbeath) (Lab)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland Islands) (LD)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Drew (Glasgow) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)
 Wilson, John (Central Scotland) (Ind)

The Presiding Officer: The result of the vote is:
 For 65, Against 60, Abstentions 0.

Motion, as amended, agreed to,

That the Parliament notes the Scottish Government's consultation on amendments to the National Health Service Central Register (Scotland) Regulations 2006 and the concerns of privacy campaigners about those proposals; believes that these issues merit full parliamentary scrutiny, and therefore calls on the Scottish Government to report back to the Parliament on its response to the consultation before outlining the further steps that it intends to take on this matter, consistent with its adherence to privacy principles and the Local Electoral Administration and Registration Services (Scotland) Act 2006.

The Presiding Officer: In relation to the debate on mental health, I remind members that, if the amendment in the name of Jamie Hepburn is agreed to, the amendment in the name of Richard Simpson falls.

The next question is, that amendment S4M-12492.2, in the name of Jamie Hepburn, which seeks to amend motion S4M-12492, in the name of Jim Hume, on mental health, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Central Scotland) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Allard, Christian (North East Scotland) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Biagi, Marco (Edinburgh Central) (SNP)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Gavin (Lothian) (Con)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Buchanan, Cameron (Lothian) (Con)
 Burgess, Margaret (Cunninghame South) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Campbell, Roderick (North East Fife) (SNP)
 Carlaw, Jackson (West Scotland) (Con)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Davidson, Ruth (Glasgow) (Con)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)

Eadie, Jim (Edinburgh Southern) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Finnie, John (Highlands and Islands) (Ind)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Goldie, Annabel (West Scotland) (Con)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
 Johnstone, Alex (North East Scotland) (Con)
 Keir, Colin (Edinburgh Western) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Central Scotland) (SNP)
 MacAskill, Kenny (Edinburgh Eastern) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 MacKenzie, Mike (Highlands and Islands) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McDonald, Mark (Aberdeen Donside) (SNP)
 McGrigor, Jamie (Highlands and Islands) (Con)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLeod, Aileen (South Scotland) (SNP)
 McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McMillan, Stuart (West Scotland) (SNP)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Robertson, Dennis (Aberdeenshire West) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Salmond, Alex (Aberdeenshire East) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Thompson, Dave (Skye, Lochaber and Badenoch) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Urquhart, Jean (Highlands and Islands) (Ind)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Wilson, John (Central Scotland) (Ind)
 Yousaf, Humza (Glasgow) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Dugdale, Kezia (Lothian) (Lab)

Fee, Mary (West Scotland) (Lab)
 Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Griffin, Mark (Central Scotland) (Lab)
 Henry, Hugh (Renfrewshire South) (Lab)
 Hilton, Cara (Dunfermline) (Lab)
 Hume, Jim (South Scotland) (LD)
 Kelly, James (Rutherglen) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Macdonald, Lewis (North East Scotland) (Lab)
 Macintosh, Ken (Eastwood) (Lab)
 Malik, Hanzala (Glasgow) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McCulloch, Margaret (Central Scotland) (Lab)
 McDougall, Margaret (West Scotland) (Lab)
 McInnes, Alison (North East Scotland) (LD)
 McMahon, Michael (Uddingston and Bellshill) (Lab)
 McMahon, Siobhan (Central Scotland) (Lab)
 McNeil, Duncan (Greenock and Inverclyde) (Lab)
 McTaggart, Anne (Glasgow) (Lab)
 Murray, Elaine (Dumfriesshire) (Lab)
 Pearson, Graeme (South Scotland) (Lab)
 Pentland, John (Motherwell and Wishaw) (Lab)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Rowley, Alex (Cowdenbeath) (Lab)
 Scott, Tavish (Shetland Islands) (LD)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Drew (Glasgow) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Stewart, David (Highlands and Islands) (Lab)

Abstentions

Harvie, Patrick (Glasgow) (Green)
 Johnstone, Alison (Lothian) (Green)

The Presiding Officer: The result of the division is: For 81, Against 42, Abstentions 2.

Amendment agreed to.

The Presiding Officer: The amendment in the name of Richard Simpson falls.

The next question is, that motion S4M-12492, in the name of Jim Hume, on mental health, as amended, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Central Scotland) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Allard, Christian (North East Scotland) (SNP)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Biagi, Marco (Edinburgh Central) (SNP)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Gavin (Lothian) (Con)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Buchanan, Cameron (Lothian) (Con)
 Burgess, Margaret (Cunninghame South) (SNP)

Campbell, Aileen (Clydesdale) (SNP)
 Campbell, Roderick (North East Fife) (SNP)
 Carlaw, Jackson (West Scotland) (Con)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Davidson, Ruth (Glasgow) (Con)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Dugdale, Kezia (Lothian) (Lab)
 Eadie, Jim (Edinburgh Southern) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Fee, Mary (West Scotland) (Lab)
 Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Ind)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Goldie, Annabel (West Scotland) (Con)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Griffin, Mark (Central Scotland) (Lab)
 Harvie, Patrick (Glasgow) (Green)
 Henry, Hugh (Renfrewshire South) (Lab)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hilton, Cara (Dunfermline) (Lab)
 Hyslop, Fiona (Linlithgow) (SNP)
 Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
 Johnstone, Alex (North East Scotland) (Con)
 Johnstone, Alison (Lothian) (Green)
 Keir, Colin (Edinburgh Western) (SNP)
 Kelly, James (Rutherglen) (Lab)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Central Scotland) (SNP)
 MacAskill, Kenny (Edinburgh Eastern) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Macdonald, Lewis (North East Scotland) (Lab)
 Macintosh, Ken (Eastwood) (Lab)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 MacKenzie, Mike (Highlands and Islands) (SNP)
 Malik, Hanzala (Glasgow) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McCulloch, Margaret (Central Scotland) (Lab)
 McDonald, Mark (Aberdeen Donside) (SNP)
 McDougall, Margaret (West Scotland) (Lab)
 McGrigor, Jamie (Highlands and Islands) (Con)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLeod, Aileen (South Scotland) (SNP)
 McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McMahon, Michael (Uddingston and Bellshill) (Lab)
 McMahon, Siobhan (Central Scotland) (Lab)
 McMillan, Stuart (West Scotland) (SNP)

McNeil, Duncan (Greenock and Inverclyde) (Lab)
 McTaggart, Anne (Glasgow) (Lab)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Murray, Elaine (Dumfriesshire) (Lab)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Pearson, Graeme (South Scotland) (Lab)
 Pentland, John (Motherwell and Wishaw) (Lab)
 Robertson, Dennis (Aberdeenshire West) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Rowley, Alex (Cowdenbeath) (Lab)
 Russell, Michael (Argyll and Bute) (SNP)
 Salmond, Alex (Aberdeenshire East) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Drew (Glasgow) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, David (Highlands and Islands) (Lab)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Thompson, Dave (Skye, Lochaber and Badenoch) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Urquhart, Jean (Highlands and Islands) (Ind)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Wilson, John (Central Scotland) (Ind)
 Yousaf, Humza (Glasgow) (SNP)

Against

Hume, Jim (South Scotland) (LD)
 McArthur, Liam (Orkney Islands) (LD)
 McInnes, Alison (North East Scotland) (LD)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Scott, Tavish (Shetland Islands) (LD)

The Presiding Officer: The result of the division is: For 120, Against 5, Abstentions 0.

Motion, as amended, agreed to,

That the Parliament notes that one in four people will experience a mental health problem during their lifetime; considers that providing appropriate treatment and support is critical to improving people's wellbeing; further notes the progress made in improving access to child and adolescent mental health services, with a 57% increase in the number of children and young people starting treatment, but is concerned that the waiting times standards are still to be achieved consistently across Scotland; welcomes the reduction in stigma and the increase in young people who now feel more confident about seeking help for self-harm; commits to supporting further efforts to meet the targets for referral to child and adult mental health services and psychological therapies; believes that every suicide represents a tragedy; notes the 11 commitments in the Suicide Prevention Strategy 2013-16 to continue the downward trend, which has seen a 19% reduction in suicides in Scotland over 10 years; recognises that there must be, and that legislation already reflects, no distinction of importance between physical and mental health; expects the Scottish Government to ensure transparent reporting of progress in meeting the challenges of improving people's mental health, including on the *Mental Health Strategy for Scotland 2012-15*, and expresses its support for Scotland's dedicated and committed NHS staff and those in the third sector working in this critical area.

The Presiding Officer: I propose to ask a single question on motions S4M-12497, S4M-12500, S4M-12502 and S4M-12505, on the approval of Scottish statutory instruments. If any member objects to a single question being put, they should say so now.

As nobody objects, the next question is, that motions S4M-12497, S4M-12500, S4M-12502 and S4M-12505, in the name of Joe FitzPatrick, on the approval of Scottish statutory instruments, be agreed to.

Motions agreed to,

That the Parliament agrees that the Firefighters' Pension Scheme (Consequential Provisions) (Scotland) Regulations 2015 [draft] be approved.

That the Parliament agrees that the National Health Service Pension Scheme (Consequential Provisions) (Scotland) Regulations 2015 [draft] be approved.

That the Parliament agrees that the Police Pensions (Consequential Provisions) (Scotland) Regulations 2015 [draft] be approved.

That the Parliament agrees that the Teachers' Pension Scheme (Consequential Provisions) (Scotland) Regulations 2015 [draft] be approved.

The Presiding Officer: The next question is, that motion S4M-12506, in the name of Joe FitzPatrick, on the referral of the draft Local Government Finance (Scotland) Amendment Order 2015 to the Parliament, be agreed to.

Motion agreed to,

That the Parliament agrees that the Local Government Finance (Scotland) Amendment Order 2015 [draft] be considered by the Parliament.

The Presiding Officer: The next question is, that motion S4M-12504, in the name of Joe FitzPatrick, on approval of the section 30 order on the franchise, be agreed to.

Motion agreed to,

That the Parliament agrees that the Scotland Act 1998 (Modification of Schedules 4 and 5 and Transfer of Functions to the Scottish Ministers etc.) Order 2015 [draft] be approved.

The Presiding Officer: The Parliament has agreed to approve the transfer of powers to enable legislation to be brought forward to reduce the minimum voting age in Scotland. [*Applause.*]

Marie Curie Cancer Care

The Deputy Presiding Officer (Elaine Smith):

The final item of business today is a members' business debate on motion S4M-12136, in the name of Linda Fabiani, on Marie Curie Cancer Care's 2015 great daffodil appeal. The debate will be concluded without any question being put.

Motion debated,

That the Parliament welcomes Marie Curie's Great Daffodil Appeal, which runs throughout March 2015; applauds what it considers the substantial contribution that this makes toward the over £4 million raised in Scotland every year by Marie Curie to support its services across Scotland; understands that the charity supports over 7,000 terminally ill people in Scotland to get free care at home with the help of Marie Curie nurses or in the community in their Glasgow or Edinburgh hospices; recognises the vital role that volunteers play in supporting the work of the charity; acknowledges the launch of the charity's new five-year strategy, which will see Marie Curie increase the number of people it supports in Scotland, and welcomes its vision of a better life for people with a terminal illness and their families.

17:29

Linda Fabiani (East Kilbride) (SNP): It is pleasant that, after the two contentious debates that we have had this afternoon, in which no agreement was reached, we are now talking about a subject on which everyone will be in accord. We all recognise the great work that is done by the charity that is Marie Curie, and we welcome the 2015 great daffodil appeal. It is a great pleasure for me to have been given the privilege of leading the debate, as I am a huge supporter of the work that the charity carries out.

It is fascinating how much money the daffodil appeal makes—it has really caught the public imagination. We are all going about with daffodil badges on, and there is a host of golden daffodils sitting up in the public gallery—I am sure that those people have not just wandered in off the street; I am pretty certain that they are our volunteers, and I look forward to welcoming them all at the reception later. I hope that my colleagues will also be able to come along to the reception. Since it first started in 1986, the appeal has raised more than £80 million across the United Kingdom, so it is a very worthwhile annual initiative. The money supported 30,000 hours of nursing care and emotional support in 2014.

I think that everyone knows what Marie Curie does. It provides expert care and emotional support, research and guidance, a helper service, an information service and bereavement support. I deliberately left out the word "cancer", because people automatically assume that Marie Curie's services are all about cancer. That is the case to a large degree—we all know how many people are

affected by cancer in life—but a lot of people do not realise that Marie Curie nurses and the charity's services are for any terminal illness, and people with all different kinds of conditions and troubles are helped by Marie Curie.

Marie Curie has come out with a new five-year strategy, part of which is about raising awareness of exactly what the charity does. It sets out how to reach more people who are living with a terminal illness to offer vital care and support. It is about new services, caring for more people through the services and hospices, research, the development of health policy and significant investment in the infrastructure so that the care and support can be more extensive, both indirectly and directly.

There are certain key issues relating to terminal illnesses in Scotland. Since the early days of the Scottish Parliament, in lobbying—in the best sense—members of the Parliament, Marie Curie has spoken about the issues relating to dying in Scotland. One of the first campaigns that made me aware of Marie Curie was its campaign on the right to die at home, and that important campaign is still going. I do not want to dwell on the figures, but more than 54,000 people die in Scotland every year and that figure will rise. Close to 60 per cent of people die in hospital, yet the vast majority of people would prefer to die at home, so the Marie Curie campaign is on-going. It is something that we should all bear in mind. Surely, if people want to die at home we should give them all the necessary support and palliative care to allow that. After all, we have an ageing population.

It often seems that there is inequality of access to palliative care of the type that the suffering person wishes to receive and their family wants them to get. Support is not just given to the person who requires palliative care; it goes wider than that and is given to the family and friends of that person as well. The Scottish Government has committed to publishing a new strategy—a national framework for action—and it would be good if that strategy could address the inequities that exist in care across diseases and settings. We need to get a clear picture of what is required through the publication of data and the setting out of a plan to help people.

The Scottish Government's 2020 vision, which is generally agreed to be a good document and a good strategy and vision to be aiming for, has no reference to terminal illness, dying or death. The plan is being refreshed, so I would ask that the minister, when she takes that back to her colleagues, ensures that that point is taken on board and considered. We need honest and open conversations about death and dying; we need to tackle the taboos. We must also give support to initiatives such as good life, good death, good

grief, which is about supporting and seeing carers and family members as an integrated unit.

In the short time that I have left, I want to say how delighted I am that this evening we have with us so many Marie Curie volunteers from right across the country. Each year, more than 4,000 people in Scotland volunteer. They help to raise and collect funds, help patients, act as patrons and advisers, support services in hospices and work in shops.

I have a group in East Kilbride that started only a few years ago. I do not know whether its members are here this evening; I hope that they are. It seems as though they have been there for ever, working away hard. They are always saying, "You can come and do this or do that." Some of it seems really hard. When I look through the Marie Curie fundraising booklet, I see all the things that people are doing, including marathons, treks and walks, and I think, "My goodness—I do not want to do anything like that." Can I say that with the volunteers here? I quite fancy the tea party. I certainly do not fancy standing in East Kilbride shopping centre in one of those big yellow top hats like my friend, the Minister for Public Health, did in her constituency last year, although I understand that she helped to raise lots of funds.

I say directly on behalf of myself and my colleagues—even the ones who are not here, because many members would like to be here but have others matters to which they must attend—a massive thank you to those who volunteer on behalf of Marie Curie. They do so on our behalf as they do for everyone else in the country. Thank you very much. *[Applause.]*

17:37

Patricia Ferguson (Glasgow Maryhill and Springburn) (Lab): I congratulate Linda Fabiani on securing the debate. I add my welcome to hers to all the volunteers and the staff who are with us for this evening's debate and reception.

It was a great privilege to attend the new Marie Curie hospice's official opening in Springburn following its completion in 2010, because many of us who live in the north of the city have reason to be grateful for the work of the Marie Curie staff and for the services that they provide at the hospice and in the community.

Last year alone there were 1,076 new referrals to the Glasgow hospice. It occurred to me when I was researching for the debate that talking about 1,076 referrals or 146 outpatients would not do justice to the approach of the Marie Curie staff, so I thought that we should look at the matter in another way. Put simply, the Marie Curie organisation helps people at some of the most difficult times any family ever has to go through.

Some people stay at the Marie Curie centre and are looked after by a team of caring professionals who know exactly what is needed by that individual. The care includes help to manage pain, emotional and spiritual support, physiotherapy and complementary therapies. Those who do not need to stay in the hospice might access day care, discuss their care needs or get help with their benefits. Of course, others are cared for in their own homes with support and care provided to them and to their loved ones.

For the next year at least, a new service will also be available: the child and young people's bereavement support project. The project, which is funded by the Margo Young Foundation, will offer care and support to young people who have suffered a bereavement. The foundation was established by Margo's son, Alan Young. Margo sadly died when Alan was just 14, and he felt that he had little or no support at that time. The project aims to make the situation better for children who will become bereaved in the future. It is an extremely important project, and it is a fitting tribute to Margo Young.

It is estimated that between 35,000 and 40,000 people who die each year could benefit from palliative care, but not everyone who needs it gets it. Indeed, eight out of 10 non-cancer patients with a terminal illness either do not get palliative care or access it very late in the development of their condition. That chimes with what Linda Fabiani said about Marie Curie being associated mostly with cancer. There is perhaps the idea that palliative care is something that is provided only to cancer patients, which is not the case.

I understand that the Scottish Government will publish a new strategy this spring, which of course is to be welcomed, but if it is to be helpful, it must focus on addressing the inequalities in care that exist across diseases, which Linda Fabiani mentioned, and it must ensure that data is collected in a way that allows progress to be tracked and adjustments to be made.

As we know, Marie Curie hospices care for people with a range of terminal illnesses such as cancer, dementia, motor neurone disease, heart disease and renal failure—to name but a few. They do so with great care, great compassion and real professionalism. The Marie Curie hospices are funded by a combination of NHS funding and generous donations from the public. That is why we are celebrating daffodil week.

I want to pay my own tribute to all those who fundraise for Marie Curie. The people who organise and arrange the fêtes, the dances, the marathons, the bingo nights and the bake sales all do a remarkable job. Last week, I had the opportunity to visit the Springburn Marie Curie shop. It is a lovely bright and welcoming place. It

was truly inspiring to hear the manager Caroline Costello and her staff and volunteers talk so passionately about what they do, and to see the excellent relationship that they have with their customers.

The staff of the Marie Curie hospices do a marvellous job and we can never thank them enough, but I am sure that they would be the first to say that they could not do their job without people such as Caroline, her team of volunteers and staff, and everyone who raises money during daffodil week and throughout the year. Let us hope that this year's fundraising is successful and that it allows the staff of the Marie Curie hospices to continue the great work that they have been doing in communities such as mine for more than 60 years.

17:42

David Torrance (Kirkcaldy) (SNP): I thank Linda Fabiani for lodging the motion. I greatly appreciate having the chance to speak about Marie Curie Cancer Care's great daffodil appeal, and I welcome the representatives and volunteers from Marie Curie.

Marie Curie is a charity like no other. In 2014, it supported 7,400 terminally ill people in Scotland in their homes or in one of its hospices in Edinburgh or Glasgow. Because of the hard work that it does throughout the year, it is of great importance that we take time to honour its achievements.

Marie Curie aims to

"deliver the right care, in the right place, at the right time."

To deliver the right care, the organisation works constantly to improve services by involving patients and getting feedback from families who use its services. It has recently made £1 million available for research that aims to enhance communication around terminal illness, prognosis and dying; bereavement; and symptom control.

The right place is often a patient's home. That is the environment in which the terminally ill usually feel most comfortable. In a survey in 2012, 81 per cent of respondents stated that they would prefer to die at home, but only 23 per cent were able to do so.

Supporting those who are suffering from a terminal illness is no easy task. Marie Curie takes pressure off carers and family members while aiming to provide high-quality care. It does so at a time when it is crucial not only to help to relieve pain for those who are terminally ill, but to ensure that they are provided with quality end-of-life care.

The future will bring greater demands, given that people are expected to live longer with more complex illnesses. Marie Curie works constantly to

enhance its services. An aim of the organisation's strategic plan is to raise £20 million by 2020, and it will invest substantial funds in research. The helper service, which provides terminally ill people with companionship and emotional support, is now running in eight areas, and it is projected to run in four more areas in the future. In addition, a new website that is easier for patients, families and volunteers to access was launched in December last year.

Of course, one of Marie Curie's biggest successes is the annual great daffodil appeal. Last year, the countrywide campaign raised £8.26 million. The 2015 daffodil appeal will be even bigger. Marie Curie aims to raise £8.7 million, which will amount to an additional £500,000 compared with 2014. Considering that, for every £20 collected, the organisation can provide one hour of nursing care to a patient, those numbers are tremendous.

However, it is important to remember that Marie Curie's work and the great daffodil appeal would not be possible without the dedicated help of many volunteers. This year, the organisation has set itself a target of recruiting 26,000 voluntary staff. Collector recruitment started in January through social media channels, and volunteers are now able to register online with the help of the new campaign management software.

I extend particular gratitude to all Marie Curie volunteers in my constituency of Kirkcaldy in Fife. During the 2014 great daffodil appeal, collectors from Perth, Kinross, Fife and Stirling raised an incredible £44,179, which allowed Marie Curie to care for 856 terminally ill people in Mid Scotland and Fife. Every March, it is my pleasure to join volunteers in their fundraising activities, and it is truly inspiring to see their tireless commitment. I also look forward to holding another tea party, as I did last year, to raise funds for the organisation.

In addition to this year's great daffodil appeal, Marie Curie has been selected as a charity to benefit from the swimathon the world's biggest annual fundraising swimming event, which will take place in April. As of last week, 13,866 people had signed up throughout the United Kingdom to participate in the event. Earlier this year, I was fortunate enough to be able to assist local Marie Curie fundraising co-ordinators in promoting the swimathon, and I am positive that it will be a great success.

Apart from those fantastic fundraising activities, the helpers programme, which was launched in Fife in 2014 by the Minister for Public Health, now delivers additional services to patients and their families. Terminally ill people are visited for several hours a week by specially trained volunteers who offer one-to-one support, ranging

from helping with small tasks to making a cup of tea.

I have talked about Marie Curie's remarkable accomplishments in Scotland, including in my local area, but I want to raise awareness of the work that is still necessary to meet the challenge of the future. People will live longer: 1.2 million people will surpass 90 years of age by 2033, and the number of people dying will increase by 5 per cent over the next 15 years. Simultaneously, people will be faced with more complex illnesses.

Given those statistics, it must remain a priority to ensure that everyone receives the care that they deserve. Scotland, in partnership with organisations such as Marie Curie, needs to ensure that terminally ill people and their families and loved ones will continue to receive the care that they deserve. To use Marie Curie's words, we must deliver

"the right care, in the right place, at the right time".

Finally, I want to encourage all fellow Scots to wear a daffodil and show support for Marie Curie's invaluable services to our country.

17:48

Jamie McGrigor (Highlands and Islands) (Con): As a long-time patron of Marie Curie Cancer Care, I congratulate Linda Fabiani on securing today's debate, in which I am delighted to participate. I well remember the fun that I had a few years ago compiling a book of MSPs' favourite recipes, which eventually raised some £18,000 for Marie Curie. I never had any complaints about any of the recipes either, thank goodness.

I am pleased that our Parliament is taking the opportunity to highlight this month's annual daffodil appeal, and I encourage constituents to support it and wear their daffodils with pride. The money raised in the 2014 appeal funded more than 30,000 hours of nursing care and emotional support. I have a collection box in my office if anyone still needs a daffodil.

It is also right that we pay tribute to the excellent work undertaken by Marie Curie staff in Scotland—nurses, doctors, hospice staff, campaigners and policy staff—and that we commend all the volunteers and fundraisers who are the bedrock of the charity. Marie Curie's dedicated and caring nurses offer invaluable practical and emotional support to so many of our terminally ill constituents across the country, and to their families and friends.

In my region, the Highlands and Islands, in 2013-14, Marie Curie carried out 12,675 visits to 2,518 constituents with terminal illness. Its support ensured that the vast majority of terminally ill patients in the Highlands and Islands were able to

die in the place of their choice. I support the charity so that it can help to ensure that every patient is able to make that choice.

Nurses in my region often have the additional challenge of covering a wide geographical area. Staff such as Marie Curie nurses Phyllis McKirdy, who does sterling work in Bute and Cowal, or Nadine Archibald from Strathclyde, who works across Caithness and Sutherland, regularly travel 100 miles for a shift. They are an example to us all, and I am delighted that, in 2013, they both won a prestigious Peacock nursing award in the above and beyond category for always going the extra mile.

Like other members, I welcome Marie Curie's new strategy for 2014 to 2019, which sets out plans to reach even more people living with a terminal illness. The strategy deserves the backing of all MSPs and the Government. We need to face the reality that Marie Curie Cancer Care's services will be needed more than ever in the future, as the number of people aged 75 and over is expected to increase by 86 per cent by 2057.

In previous debates on the subject, I have referred to the extraordinary bravery of Marie Curie and her husband, who were pioneers in radiation and sacrificed their own lives so that others could benefit from the scientific advances that they developed. It is right that her name lives on through the charity. It also lives on through the European Union's Marie Skłodowska-Curie research funding, which I noted—slightly to my horror—from a recent European and External Relations Committee briefing faces a cut of €100 million.

I have checked with Marie Curie Cancer Care and am relieved that the cuts to that EU funding stream will not affect the charity's vital funded research. However, it seems a retrograde step for the EU to cut back on support for research when it is of such importance not only to human health but to the EU's economy. Investment in cutting-edge medical research is crucial if the EU wants to maintain competitiveness in the face of international challenges from India and the far east.

I am delighted to take part in the debate and wish the great daffodil appeal a record success in 2015. I encourage everyone to give generously to support the appeal and back the world-class efforts of our Marie Curie nurses.

17:52

Liam McArthur (Orkney Islands) (LD): I, too, thank my good friend Linda Fabiani for securing the debate and, importantly, for bringing it to my attention that somewhere on the internet there might be a picture of the minister dressed as a

daffodil. I will certainly be away to look at YouTube later on.

The timing of the debate is opportune. It allows us to acknowledge the phenomenal fundraising effort that goes into the daffodil appeal, which is central to allowing Marie Curie to do what it does on behalf of terminally ill people and their families. The briefing from Marie Curie suggests that in 2014 the money that was raised in Scotland funded more than 30,000 hours of nursing care and emotional support.

It has been said already, but I record my personal thanks to Marie Curie, its staff and volunteers, many of whom are in the gallery. They all wandered in just as I was preparing to deliver my closing speech in the debate on mental health, so for a moment I thought that I might be more of a crowd puller than I am generally given credit for. The work that they do nationally, regionally and locally really deserves credit and our gratitude.

Colleagues will be aware of my support for the Assisted Suicide (Scotland) Bill. It came up in the debate on mental health and it is worth putting on record again the fact that I have always made it clear that I do not see any contradiction between my support for that bill and my absolute commitment to ensuring that we invest properly and progressively in palliative care. It is not an either/or situation.

I am conscious that in debates such as this members can cover a lot of the same ground, so I will hastily retreat to my constituency and describe what is happening in Orkney, where Marie Curie is a relatively recent arrival. The challenges that the charity faces are significant. There is an ageing population—that is the case everywhere else, but it is particularly so in the islands. There are also the complex illnesses and the complexity of delivering such services across a dispersed island population. The charity is also dealing with the challenge of perception, which it faces everywhere. There still is a bit of a lag effect in understanding that its work goes beyond simply treating people who are affected by cancer.

I am delighted to see Dr Andy Trevett and the Stromness practice taking a lead in delivering services, alongside their colleagues in the Dounby practice, through the west mainland of Orkney. The patient numbers are relatively small, but the impact has already been significant. The feedback to date from patients and their families has been hugely positive.

The support from the wider community—reflecting what we see nationally—has been unbelievable. Last year, £21,000 was raised in Orkney, which represents more than £1 for every man, woman and child in the constituency. I would like to acknowledge major contributors including

Giffy Leslie and the West End hotel, through a production of “Sound of Music” and a vintage car rally, but there are many contributors, so it is perhaps invidious to draw out just those two examples.

I thank Barbara Todd for her efforts. I had a missed call earlier, during the afternoon debates, which suggests that she might not have been able to make it down from Orkney, which would be a real shame. Her efforts in supporting the group of volunteers and making the case for rolling out Marie Curie services in Orkney have been truly phenomenal. Discussions are on-going with NHS Orkney about a possible roll-out. I know that it is not straightforward and that the board will wish to be reassured about the impact on other services. However, the work that has already been done demonstrates the value of the service, so I hope that progress can be made on that.

I congratulate Linda Fabiani once again and offer my thanks and gratitude to all the Marie Curie nurses and staff, and, of course, the volunteers, whom I look forward to meeting later this evening at the reception. I thank them for the truly wonderful work that they do, which allows people to die with dignity and in the place of their choice.

17:57

Rhoda Grant (Highlands and Islands) (Lab):

I, too, congratulate Linda Fabiani for securing the debate, which marks the start of the great daffodil appeal and pays tribute to the work of Marie Curie Cancer Care, which provides care at home or in one of its hospices to more than 5,500 patients who are suffering from terminal illnesses in Scotland. I have seen first-hand the wonderful work that Marie Curie does in supporting family members and in looking after their terminally ill relatives. I and my family are very grateful for that.

I want to use my time tonight to highlight the need for palliative care to be made available and accessible to everyone who has a terminal illness. Palliative care is not included in the Scottish Government’s 2020 vision for health, so it is important that we get it included as soon as possible because too many people are dying in hospital—almost 50 per cent. In many cases, hospital is an inappropriate place for them to die. It is really sad that people who are in the last weeks or months of their lives are in hospital wards, when they should be at home or in a homely setting, with their family and loved ones around them, living their last days to the full and savouring every minute.

We also need to provide good-quality palliative care throughout our communities, especially in rural areas. It is difficult to access such care if people are away from core services unless a lot of

thought is put into how that care can be delivered. I know that Marie Curie supports that ambition and also helps to design rural services. It is important that services meet the needs of patients and are deliverable where patients live.

It is also important to acknowledge the work of community nurses and general practitioners in remote communities because they are often at the forefront of delivering such care and in many cases work very hard to support people at home. However, care should not be delivered in a way that is dependent on the good will of those dedicated staff—they need flexible back-up to assist them in providing those services. That back-up is something that Marie Curie provides.

Research has shown that 65 per cent of those who suffer from a terminal illness would prefer to die in their own homes, but only 25 per cent of them do that currently.

Palliative care at home is often not seen as an option for many terminally ill patients. There is an urgent need to consider new and improved models of care, especially for people who live in rural and scattered communities. All over Scotland, too many people are receiving palliative care packages far too late, usually in the last eight weeks of their lives. As Patricia Ferguson said, as many as eight out of 10 people who have a non-cancer terminal illness do not receive any palliative care at all.

Marie Curie Cancer Care provides care to as many terminally ill people as possible. We need to support the great daffodil appeal, and help Marie Curie to continue that valuable work, but we also need to work with the charity to design palliative care services in every community. We should aspire to deliver high-quality palliative care to everyone who has a terminal illness.

18:00

George Adam (Paisley) (SNP): I thank Linda Fabiani for bringing the debate to the chamber. I recognise the great work of Marie Curie and its volunteers, who we can see are in the public gallery in great numbers tonight.

I wanted to speak in the debate for a couple of reasons. One reason is very personal, and the other one—if you will indulge me, Presiding Officer—is a very Paisley-centric reason, because when it comes to fundraising, no buddie does it better. [*Laughter.*] Do members see what I did there? That was quite good.

Linda Fabiani: This is my debate, and it is people from East Kilbride who are up in the public gallery tonight.

George Adam: Along with the representatives of Scotland's largest town, Paisley.

My personal reason for wanting to speak in the debate is that my mum died of a cancer-related illness a couple of years ago. That maybe shows that I was, am and always will be a bit of a mammy's boy.

Traditionally, as has been said, Marie Curie supports families like mine. It did so in my mum's case, and the idea was that she would have her last days in her space in the world: in her house, with her things and her family round about her. Unfortunately for us, things moved on a bit faster, but the fact that we had the opportunity—as other families can have the opportunity—to spend time in our own wee place in the world made all the difference.

I will never forget the conversation that took place when the doctor said that my mum was dying. We said, "Mum, you're dying," and the first thing that she said was, "When am I getting home, son?" All that she wanted to do was to go back to her place. The support that is offered in that respect by charities such as Marie Curie is extremely important to families throughout Scotland.

I mentioned the fundraising, which is really about the people who are involved in it. The daffodil days, or weeks, are just one aspect of the many fundraising events that take place throughout the country all the time. Only a couple of weeks ago, I did a fire walk: I walked over fire. I have not quite got as far as water yet, but fire is okay.

It was great seeing everyone together at that event—all the people involved, including those whose families had used Marie Curie's services—raising funds and ensuring that they could make a difference and get that extra bit of money.

So far, £9,000 has been raised from that one event: the fire walk. The Marie Curie representatives from Paisley who are in the public gallery are probably here to chase me up for my money, because as yet I have not given it all in. I will be getting round every member in the chamber tonight to ensure that they give me some sponsorship money for the time that I spent walking on fire, because it was quite difficult.

The guy who ran the event said something quite funny. He said, "George, I can tell you've done it before, because you started taking your time as you walked over fire. That's quite dangerous—don't do that again." That is just one example of all the fun events that are held throughout the country and the money that is raised.

I would say that everything—Marie Curie, politics—is about people. It is about people raising funds for their charities; people using the Marie Curie services; and people becoming aware of the many issues that are involved. People such as

Lynn Wilson, Julie McGuire and Jayne Evans are part of the Paisley group, which has been going only since August 2012 and has already raised £47,000 for the charity. That demonstrates the level of commitment that people have. Some of them have family members who have had to use the services, which just shows how much people want to give back at a time of need.

One of the important things that Marie Curie brought up in its briefing paper was the need to discuss as a nation how we deal with palliative care and how we talk about death when it comes to that difficult time when someone says that a member of the family is terminally ill. We have to have that discussion about what we do. As I said, my mum's first thought was just to get back home, but she was almost kidding herself on that it was not true and was not happening. We have to deal with all that and ensure that the support mechanisms, such as Marie Curie and others, are available for families to be able to do that.

I am happy to congratulate Marie Curie on all its efforts and I am proud to be debating the issue. I am also proud of my colleagues in Paisley who have raised so much money and who are committed to the cause.

18:05

The Minister for Public Health (Maureen Watt): I am pleased to close this interesting and, in parts, light-hearted debate. I thank Linda Fabiani for bringing it to the chamber, and I thank Marie Curie Cancer Care for having a stall in the members' lobby and for the reception later this evening to allow members to learn more about its work. I, too, welcome the people in the public gallery from Marie Curie Cancer Care. With their colleagues, they play a pivotal role in community settings across Scotland, working in partnership with people and their families in the final stages of their lives to provide person-centred, safe and effective care.

For Marie Curie, events such as the great daffodil appeal in March are key to raising funds to continue to provide care for families across Scotland who need support at a very difficult time. Of course, the daffodil appeal is the major part of Marie Curie's fundraising but, as Jamie McGrigor reminded us, there is also a recipe book—I had not forgotten the book, but I had forgotten that it raises funds for Marie Curie. I did not know that George Adam had been fire walking to raise funds. I note that one of the other fundraising events is a trek in Cambodia. Linda Fabiani has not asked me to join her on that, but maybe that is because George Adam is going to undertake that as his next fundraising event. I thank the thousands of volunteers across Scotland who raise funds.

On Monday, I was in Stobhill hospital where, in the foyer, there were some grandparents with their grandchildren badgering people for funds. People across Scotland raise funds. All the members who have spoken have mentioned the fundraising and services in their constituencies. I recognise my local fundraiser, Carolyn Snedden, the community fundraiser for Marie Curie in the office in Aberdeen. As Linda Fabiani said, she badgered me to spend an afternoon fundraising at Asda in Portlethen. We raised a fair amount of money in that afternoon's work and, yes, I will send Liam McArthur the link to the picture of me in my daffodil hat at that event.

Linda Fabiani mentioned the Scottish Government's 2020 vision for health and social care. The Scottish Government is committed to high-quality palliative and end-of-life care for all. The need for a clear shared vision on the future of palliative and end-of-life care is widely agreed by the Scottish Government, NHS boards and the range of stakeholders in end-of-life and palliative care.

We have established a new national advisory structure, refreshed stakeholder engagement and put in place detailed plans to support our commitment to publish a strategic framework for action. The focus is on future priorities, to ensure high-quality palliative and end-of-life care for everyone in Scotland. The framework will link more clearly to the 2020 vision for health and social care and it will reflect our commitment to quality measurement and improvement. It is for that reason that we have agreed to the national advisory group's request to extend the process in support of our strategic framework for action, to allow for a further focused period of dialogue and consultation, with a final framework to be approved by the end of this year.

We want to achieve improvement by working with people. We want to develop services that are founded on a joint agreement on what is needed and it is important that the people of Scotland understand where we are going and why. That is why the Scottish Government is dedicated to working with clinical and care professionals, the third sector and people such as those in Marie Curie Cancer Care who have direct experience of the issues that matter most when time becomes shorter due to a diagnosis of an incurable condition. The strategic framework for action will provide a concrete platform and will focus on palliative and end-of-life care. It will also create the setting for continuous improvement.

The Scottish Government's ambition is to ensure that all services are co-produced with the communities that they serve, build on people's assets and support the health and wellbeing of the whole person and their family. Patricia Ferguson

was right to mention support services for children and young people, which are so crucially needed by so many families. I am glad that there is the service that she talked about in Glasgow. It needs to be rolled out so that it is available throughout Scotland.

The integration of health and social care and the legislative changes that we have introduced with regard to that set in place a new framework for how services are organised that will be central to the provision of palliative and end-of-life care. We are working closely with acute and community health services, social work services and the third sector, including Marie Curie Cancer Care, to ensure that we get the balance right for the provision of palliative and end-of-life care.

In taking forward that ambitious approach, we fully recognise that we need to address the taboo that exists in Scotland on discussing the issues around death and dying. We are supportive of the good work that is being undertaken to help people to talk about death and deal with related issues constructively, rather than avoiding the difficult conversations. Achieving that vision will prevent unnecessary suffering and financial and practical complications to do with dying intestate, for example; prevent the absence of advanced care planning, which can lead to inappropriate admissions and futile and distressing medical interventions; and prevent the isolation of the very ill and bereaved when people are uncomfortable about what to say.

We recognise that most people want to plan care, to support them to be at home with their families at the end of their lives. Anticipatory care planning is now central to health and care in Scotland and is growing through its inclusion in new quality indicators in the GP contract.

By working together with organisations such as Marie Curie Cancer Care, we have made great progress in the provision of palliative and end-of-life care. However, we cannot be complacent and we recognise that more needs to be done. We remain committed to delivering high-quality palliative and end-of-life care in Scotland.

I am sure that this year's daffodil appeal will be an even greater success than last year's, and that Marie Curie Cancer Care's services will continue to work with us in partnership, to ensure that anyone who requires it gets high-quality end-of-life care. I am sure that everyone in this chamber agrees that that is not only required but truly deserved.

Meeting closed at 18:13.

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