



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

MEETING OF THE PARLIAMENT

Thursday 4 February 2016

Session 4

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Scottish Parliament

Thursday 4 February 2016

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

General Question Time

Mental Health Patients (In-patient Facilities)

1. Alex Fergusson (Galloway and West Dumfries) (Con): To ask the Scottish Government what its position is on the retention of locally accessible in-patient facilities for mental health patients. (S4O-05524)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): The Scottish Government provides funding to individual health boards, which are responsible for providing services that meet the physical and mental health needs of their local population. Some in-patient mental health care will always be necessary, but the focus in recent times has been on maximising the provision of appropriate services in the community.

Mental health is an absolute priority for the Scottish Government and we will continue to work closely with our partners, including the national health service, local authorities, the third sector, service users and carers, to ensure that we offer the best quality of life and opportunities for people with mental health problems.

Alex Fergusson: I thank the cabinet secretary for her response and for meeting me recently to discuss the situation regarding the Darataigh facility in Stranraer, which the local health board wishes to close. If it is closed, patients in need of in-patient support will have to be transferred to Dumfries, meaning a round journey of more than 150 miles for the patients, their families and loved ones.

There is widespread public anger about the matter, and there is cross-party support for the retention of an in-patient facility in Stranraer. People's feelings were most recently expressed at a well-attended public rally just last Saturday. Things are getting somewhat heated.

The Presiding Officer (Tricia Marwick): Do you have a question, Mr Fergusson?

Alex Fergusson: It is just coming, Presiding Officer.

Local councillors of all parties are keen to meet the cabinet secretary to discuss the situation. My simple question is whether she is willing to undertake such a meeting.

Shona Robison: As the member knows, the board is now committed to engaging with local stakeholders for six months on the proposed service model, which seeks to maximise the provision of local, community-based care. I have been reassured by the chief executive that he remains personally committed to meeting any elected representatives who wish to discuss the matter.

It is a matter for the board. I am happy to continue to meet Alex Fergusson. I have also met Aileen McLeod on the matter. I can meet any other members of the Parliament who want to discuss the situation at Darataigh.

As for taking forward the consultation on the proposed service change, it is best left to the board to get on with the job of doing that, while consulting local elected members.

NHS Lanarkshire (Meetings)

2. Mark Griffin (Central Scotland) (Lab): To ask the Scottish Government when the Cabinet Secretary for Health, Wellbeing and Sport last met NHS Lanarkshire and what was discussed. (S4O-05525)

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

Mark Griffin: How are NHS Lanarkshire and the Scottish Government responding to the outbreak of H1N1, otherwise known as swine flu, in the Cumbernauld and Kilsyth area? Can the cabinet secretary say whether there is anything that the Government can do to increase uptake of the flu vaccine among the vulnerable groups who would be most at risk from the virus?

Shona Robison: I reassure the member that we have of course been kept fully informed about the issue. There is a very, very low risk to the public, and the situation is being well managed by the local health professionals, as you would expect. I am happy to write to the member with more details on the matter, if he would find that helpful.

As for uptake of the flu vaccine, it is very important that people who are entitled to the vaccine and who would benefit from it, particularly those with health conditions that make them more vulnerable, should take it up.

There has been a lot of promotion of the flu vaccine through the uptake campaign. The vaccine appears to be a better fit this year with the flu that is out there in the community, and that is an important message.

If Mark Griffin would find it helpful for me to write to him with a more detailed response, particularly on the H1N1 issue, I will do that and I will ensure that he is fully apprised of the work that is being done locally on the issue.

Scotland's Schools for the Future Programme

3. Colin Beattie (Midlothian North and Musselburgh) (SNP): To ask the Scottish Government when work will start on the schools that are receiving funding from the recently announced £230 million investment under the Scotland's schools for the future programme. (S4O-05526)

The Cabinet Secretary for Education and Lifelong Learning (Angela Constance): The Government wishes to maintain momentum across Scotland for the future programme and to build on the excellent progress that has been achieved to date.

Councils have already been informed that we expect all 19 of the schools that we announced on 25 January to be delivered and to be open for business by 31 March 2020 at the very latest. Moreover, earlier delivery dates are both expected and encouraged.

As part of the project development work, councils will be working with the Scottish Futures Trust to draw up detailed programmes that capture key milestones and to ensure that the projects will be delivered by the required timeline.

Colin Beattie: Can the cabinet secretary confirm what steps will be taken to ensure that disruption to the education of pupils, such as those at Wallyford primary school, will be kept to a minimum?

Angela Constance: It is of course for education authorities to develop and implement such transition plans. We would hope and expect that any disruption to children's education is kept to an absolute minimum when moving them from an existing school to a new one.

In the case of Wallyford primary school, East Lothian Council has indicated to Government officials that the relocation of the school will require a statutory consultation to be undertaken under the terms of the Schools (Consultation) (Scotland) Act 2010. Under the 2010 act, a council's proposal paper must set out clearly, among other things, how it intends to minimise or avoid any adverse effects that may arise from implementation of the proposal. We understand that East Lothian Council has still to carry out that very important consultation.

John Scott (Ayr) (Con): The First Minister announced last week that funding is now available for rebuilding Queen Margaret academy in my

constituency. Can the cabinet secretary give me details of when that work will start and of the expected completion date of this rebuild project? I hope that it will be before 2020.

Angela Constance: As I indicated in my response to Mr Beattie, as part of the project development work that is rightly being undertaken between councils and the Scottish Futures Trust, they will draw up very detailed programmes capturing all the key necessary steps and mapping out a timeline. It is the intention that all 19 of the schools will be delivered and open for business by 31 March 2020 at the very latest. I can of course write to Mr Scott with more specific information about the envisaged milestones regarding the school in his constituency.

Common Financial Tool (Personal Independence Payments)

4. Fiona McLeod (Strathkelvin and Bearsden) (SNP): To ask the Scottish Government for what reason personal independence payments are included for income assessment as part of the common financial tool in a bankruptcy process. (S4O-05527)

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): The common financial tool determines the level of contribution that a debtor can pay; ensuring the interests of debtors and creditors are considered.

It is absolutely clear both in legislation and guidance that no contribution is appropriate where income is derived solely from benefits. And where there is private income any contribution must not include any element of state benefits that are in payment.

The common financial tool guidance also makes it clear that where personal independence payment or a similar benefit is received, full account must be taken of additional expenditure that is likely to be required for care, mobility or other health related matters.

Fiona McLeod: I thank the Deputy First Minister for that answer, which I know will be of interest to a constituent of mine. How many bankruptcies have involved people in receipt of personal independence payments or similar benefits in the past year?

John Swinney: Since April 2015, 295 bankruptcies have been awarded following a debtor application where income has included personal independence payments, disability living allowance or attendance allowance. A contribution has been applied in one of those cases to the level of private income involved. [*John Swinney has corrected this contribution.*] I hope that that clarifies the issue for Fiona McLeod.

Medical and Home Care (Older People)

5. David Torrance (Kirkcaldy) (SNP): To ask the Scottish Government how it works with the national health service and local authorities to ensure that medical and home care for older people is adequate and sustainable. (S4O-05528)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): Our legislation to integrate health and social care provides a platform for health boards and local authorities, along with the third and independent sectors, to work together to ensure that people are supported to live as independently as possible for as long as possible in their own homes.

The Public Bodies Joint Working (Scotland) Act 2014 places a duty on integration authorities to create a single strategic plan for the integrated functions and budgets that they control. The plan will set out how they will plan and deliver services for their area. The views of clinicians and care professionals, along with those of the independent and third sectors, service users and carers, will be central to shaping the commissioning and planning process.

David Torrance: Can the cabinet secretary clarify what progress has been made between NHS Fife and Fife Council in improving outcomes and supporting service redesign of health and social care integration and the establishment of a new joint board? Further, what share of the Scottish Government integrated care fund for 2015-16 is allocated to Fife?

Shona Robison: Yesterday I attended the formal launch of Fife's health and social care partnership, which was a well-attended event by people of all sectors. It was a very positive event throughout the day.

NHS Fife and Fife Council are making steady progress in relation to the integration of health and social care. I have signed off their integration scheme, which details how integrated arrangements between both organisations will work. The integration joint board was able to be legally established from 3 October 2015.

The partnership recently conducted its consultation on the strategic plan; that ran from 7 October 2015 to 6 January 2016. The consultation is now closed, and the results will be considered by the integration joint board on 10 February.

Finally, the Fife integration joint board received £6.73 million from the integration care fund in 2015-16. It will also get its share of the £250 million announced in the budget by John Swinney—if Fife Council accepts the Scottish Government deal.

Major Trauma Centres

6. Lewis Macdonald (North East Scotland) (Lab): To ask the Scottish Government whether it expects to deliver the commitment that it made on 30 April 2014 that four specialist major trauma centres will be operational from 2016. (S4O-05529)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): Good progress continues to be made in developing the right trauma network for Scotland, but there are differing views among clinicians on just how many major trauma centres Scotland needs. It is extremely important that we get the model of care right.

I have asked the national planning forum to examine what the appropriate balance of centres and responsibilities within a new trauma network would be. The new network will be developed to complement our accident and emergency departments across the country and ensure that the right specialists with the right experience are in place to save more lives in the most difficult of circumstances.

Lewis Macdonald: It is very disappointing to hear that answer, because the Government made a very clear commitment in April 2014 that there would be four specialist major trauma centres. Does the cabinet secretary not understand the impact that it has on the morale of staff and the ability of hospitals to recruit staff when she reneges on that promise? I do not understand, and so perhaps she can explain, why it is that Aberdeen royal infirmary and Ninewells hospital in Dundee are now faced with that uncertainty after a very clear commitment was made by her Government two years ago.

Shona Robison: I do not know whether Lewis Macdonald is suggesting that we just go ahead, regardless of the fact that, at the moment, clinicians do not agree what the model of care should be. Surely it is important that we listen to the clinicians across the whole of Scotland. *[Interruption.]*

The Presiding Officer: Order.

Shona Robison: Maybe Lewis Macdonald does not want to hear the detail of the answer—I think that it is important that he does and that we listen to the clinicians.

As I said, good progress continues to be made with the work to develop the four major trauma centres, which may well transpire to be the right model for Scotland. There is now better data available than there was in 2013, and that is why I have asked the national planning forum to look again at the most appropriate model for Scotland, taking all of that data into account. Until that work

is completed and we get the clinicians to agree on what is the best model for Scotland, I will not make a decision on the number of major trauma centres.

I am happy to keep Lewis Macdonald updated. However, I am quite surprised that, in the face of a lack of clinical agreement on the matter, he wants to push ahead. That speaks volumes about his position on the matter.

Scottish Strategy for Autism

7. Mark McDonald (Aberdeen Donside) (SNP): To ask the Scottish Government what plans it has to review the progress of the Scottish strategy for autism. (S4O-05530)

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): The Scottish strategy for autism is a 10-year strategy, and although progress has been made there is still work to be done.

The Scottish Government reviews the progress of the strategy through quarterly meetings with the national autism governance group, which provides service expertise and strategic leadership and challenges the delivery of the strategy's outcomes, with the aim of improving outcomes for individuals and families who live with autism. The strategy's progress was highlighted at the annual autism conference, which was most recently held in December 2015.

The recommendations of the strategy have been reframed as an outcomes-based approach, with priorities identified for 2015 to 2017. The outcomes focus on improving services so that people with autism can live healthier lives, can have choice and control over the services that they receive, and can be supported to be independent, active citizens.

Mark McDonald: What is the Scottish Government's response to the report of the Mental Welfare Commission for Scotland into the tragic death of Ms MN, who was on the autistic spectrum and who took her own life while in a care home? How will the recommendations from that report inform the autism strategy?

Jamie Hepburn: I read with great sadness the report from the Mental Welfare Commission about Ms MN's death. I accept the recommendations for the Scottish Government. The report and the recommendations will be discussed at the next meeting of the autism strategy governance group, on 11 February, and the group will consider how to take the recommendations forward. Following that, a response from the governance group and the Scottish Government will be sent to the Mental Welfare Commission to advise of actions to be taken forward. Of course, any lessons for the overall strategy will also be taken forward.

NHS Lothian (Chair and Chief Officers)

8. Neil Findlay (Lothian) (Lab): To ask the Scottish Government whether it has confidence in the chair and the chief officers of NHS Lothian. (S4O-05531)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): Yes.

Neil Findlay: At NHS Lothian we have a chairman who arrogantly dismisses hundreds of emails from members of the public who are extremely concerned about the future of the children's ward at St John's hospital, and we have a senior officer who warned that a protracted review would increase the risk of service disruption but then agreed to such a delay, following pressure from civil servants and the cabinet secretary.

How can the public have confidence in anyone in the Scottish Government, when it is playing party politics with the health and wellbeing of children in Lothian?

Shona Robison: A bit of self-awareness from Neil Findlay would not go amiss.

The outcome and timing of the independent review are absolutely a matter for the board and for the Royal College of Paediatrics and Child Health, which confirmed that it has had no discussion with the Scottish Government. The review is an independent review, which NHS Lothian commissioned, the timing of which was due to the availability of experts from the royal college to carry it out.

Neil Findlay asked about the 400 members of the public who have contacted NHS Lothian. I absolutely expect NHS Lothian—whether that is the chair, the chief executive or anyone else in NHS Lothian—to listen to the concerns of those 400 individuals. I have made that clear to the chair of NHS Lothian. I hope that Neil Findlay will accept the assurance that any member of the public should be heard, whether they email, write or attend a local meeting.

The review, which I understand is going well, will be a full process, carried out by the royal college. I hope that Neil Findlay is not casting aspersions on the royal college and its role in this regard, because the royal college is engaged in a full consultation with local people. I hope that Neil Findlay will encourage constituents to attend meetings and take part fully.

The only person who is talking about closing the ward at the moment appears to be Neil Findlay. No one else is talking about that.

Flooding (Barnett Consequentials)

9. Lesley Brennan (North East Scotland)

(Lab): To ask the Scottish Government what proportion of the £12 million funding for flood-hit communities derives from Barnett consequentials and when it will be distributed. (S4O-05532)

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney): Any Barnett consequentials that accrue to the Scottish Government are added to the total funding that is available to the Scottish ministers; it is then for the Scottish ministers to decide how available resources should be allocated.

The First Minister announced a £12 million funding package on 9 January. Confirmation was received from HM Treasury on 18 January that the Scottish Government will receive £14.5 million of resource in 2015-16; that is additional to the Barnett consequentials that were received in December, which support the £4 million aid package that was announced in the budget statement. Local authorities are now actively paying out grants to people who were affected by the recent flooding.

Lesley Brennan: Whatever source the funding comes from, it will certainly go to good use, given the devastating start of the year that a number of communities in my region experienced due to flooding and its aftermath. The problems will continue for some time yet.

I acknowledge the flood recovery appeal, which has reached £300,000, due to the generous support of the public, businesses and funders. That fund is open to applications, over and above the Government funding.

The Presiding Officer: Can we have a question, Ms Brennan?

Lesley Brennan: Does the minister agree that prevention is much better than cure? Given reports that plans for the long-awaited flood prevention scheme for Stonehaven—[*Interruption.*]

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

Lesley Brennan: Given reports that those plans are to be called in by the Scottish Government, can the Deputy First Minister give me an undertaking that the process will avoid significant further delays, while taking full account of the concerns of local residents and traders about the proposed development?

John Swinney: On the point of substance, I agree with Lesley Brennan that it is important that we have a range of flood alleviation measures in place. Some of that involves flood defences, but as the flood management strategies make clear, it

also involves alleviation measures in the hill areas, before the water flows down to coastal areas such as Stonehaven.

I am not familiar with the issues to do with the flood scheme in Stonehaven, but Lesley Brennan will know that all applications of that nature must go through effective public consultation and consideration, and some planning issues might not be able to be resolved in that process. I will explore the rationale for the situation in Stonehaven and write to the member to confirm the details.

First Minister's Question Time

12:00

Engagements

1. Kezia Dugdale (Lothian) (Lab): To ask the First Minister what engagements she has planned for the rest of the day. (S4F-03217)

The First Minister (Nicola Sturgeon): Given that today is world cancer day, I take this opportunity to thank all our health and social care staff and those in the third sector who work tirelessly to deliver our cancer services. I know that every member in the chamber is acutely aware of the devastating impact that cancer has on people here at home and around the world, and it is therefore important for all of us to mark world cancer day 2016.

Later today, I have engagements to take forward the Government's programme for Scotland.

Kezia Dugdale: I associate myself with the First Minister's remarks in their entirety.

Last night, the First Minister voted against Labour's plans to use the powers of this Parliament to stop cuts to education and vital local public services. The Scottish National Party and the Tories stood shoulder to shoulder to impose hundreds of millions of pounds of cuts on schools and communities. That goes against everything that the First Minister has ever told us that she stands for. Last year she said:

"we will use the powers we have in the Scottish Parliament to pursue a different approach",

and she promised to halt the deeply misguided march to further austerity. Yesterday, she had the chance to stop school budgets being slashed and thousands of people losing their jobs. Why did she not take it?

The First Minister: Presiding Officer—*[Interruption.]*

The Presiding Officer (Tricia Marwick): Order.

The First Minister: In this chamber, we have a Labour Party that wants to increase taxes for low-income and middle-income earners, and a Tory party that wants to cut taxes for high earners. They are both wrong, and they are as bad as each other.

Last night, I and my colleagues voted against a proposal that would have seen every single person in Scotland who earns above £11,000 a year paying more tax. That is a fact, whether Labour likes it or not. One could argue that, in doing so, I was only following the advice of Kezia

Dugdale herself. She stood up at her party conference last October and said that

"A fairer Scotland isn't one where everyone pays more tax" and that we must

"stop ... tax rises on working families."

I will concentrate on protecting—*[Interruption.]*

The Presiding Officer: Order.

The First Minister: I will concentrate on protecting our vital public services and delivering pay rises for people across Scotland. I will leave the Labour Party to defend why somebody on £11,000 a year should be paying more tax.

Kezia Dugdale: Of course, the First Minister did not stand shoulder to shoulder with the Tories in the chamber only yesterday; she was in the newspapers this week using phrases such as "tax grab" and "punitive tax rises". What about punitive service cuts and punitive job losses? She imposed £500 million-worth of cuts on local communities across Scotland yesterday.

It is always the same with the SNP: "It can't be done," and "We don't have the power"—the same pathetic excuses that we heard when the party was pressed on tax credits.

The reality is this: it can be done, and we have the power. The budget process has a long way to go. We can still stop these SNP cuts to schools. At the stroke of a pen, the First Minister could stop hundreds of millions of pounds-worth of cuts and thousands of job losses. She says that education has been protected, but it was revealed this week that spending on children in our primary schools has been cut by £561 per child since she was re-elected. That is before the latest round of cuts. If she will not stop cuts to local school budgets, how on earth can she claim that education is her priority?

The First Minister: In point of fact, total revenue spending on schools has risen under this SNP Government by at least £208 million, or 4.5 per cent. That is the reality.

However, let us just focus on what Kezia Dugdale is proposing. Local authorities in the next financial year are facing a reduction of £350 million, which is offset by an investment in social care of £250 million. Instead of saying to local authorities, "Let us work together to find a 1 per cent reduction in a budget of £15 billion," Labour wants to increase tax for every single person in Scotland who is earning more than £11,000. That is the reality.

Let me spell out to Kezia Dugdale what that means to a public sector worker. Someone who is working in our national health service right now—*[Interruption.]*

The Presiding Officer: Order.

The First Minister: —and earning £21,000 is looking forward to a £100 increase in the minimum pay rise as a result of John Swinney's decision. That minimum pay rise will go up from £300 to £400 in April. Every single penny of that extra £100 will be taken away by Labour's proposals. As Gordon Brown once said, there is hardly a nurse, teacher, policeman, or council worker who will not be hit hard by an increase in the basic rate of tax.

Therefore, we will continue to take the decisions—even though the Tories are cutting our budget—to protect our NHS, to invest in social care, to pay a living wage to every social care worker in our country, to maintain teachers in our schools, to invest in attainment and to protect household budgets. I will leave Labour to defend why low-paid workers in this country should pay Labour's extra tax.

Kezia Dugdale: Every one of the arguments that the First Minister just deployed was used by David Cameron at Prime Minister's questions yesterday—every one of them. It is true.

The First Minister stands there and says that Labour's plans are unfair and workable. She should explain why union after union has come out over the past few days to say that they are fair, and council leader after council leader has come out to say that they are workable.

In the limelight of the general election, Nicola Sturgeon sent a reassuring message to voters in England. She said:

"We will demand an alternative to slash-and-burn austerity."

Let us take a look at what one of her old advisers had to say about that today. Alex Bell said—*[Interruption.]* He is one of their own!

The Presiding Officer: Order. Let us hear Ms Dugdale.

Kezia Dugdale: Alex Bell said:

"If you spend your life shouting 'fire, fire', at some point you have to use the extinguisher. If not, then you just look like an arsonist."

The First Minister, who built her celebrity on being the anti-austerity alternative, is now leading the attack on the only alternative to austerity. *[Interruption.]* Faced with the choice between using the powers of this Parliament and hundreds of millions of pounds' worth of cuts, why did the First Minister choose austerity?

The Presiding Officer: Order.

The First Minister: Do you know what? Tax rises on the lowest paid in our society is not—*[Interruption.]*

The Presiding Officer: Sit down. There is far too much shouting across the chamber. Please let us hear the First Minister, and please let us hear Ms Dugdale.

The First Minister: Tax rises on the lowest paid in our society is not standing up to Tory austerity; it is transferring the burden of Tory austerity on to the shoulders of those who can least afford it.

Kezia Dugdale wants to trade advisers. Well, let me give her one. I was struck by the comment earlier this week by an economist who was commenting directly on Kezia Dugdale's proposals and who said that she disagreed with them and that tax rises are just "another name for austerity." That economist was Ann Pettifor. She is a member of Jeremy Corbyn's economic advisory committee, and that is her view. Labour is not proposing an alternative to austerity but transferring the burden and proposing austerity by another name. We would not—*[Interruption.]*

The Presiding Officer: Order.

The First Minister: The reality—the reality that Scottish Labour cannot and never will escape—is that we would not be facing Tory cuts right now if it had not campaigned with the Tories to keep us locked into Tory cuts.

I see Iain Gray sitting next to Kezia Dugdale. *[Interruption.]* Let me remind the people of Scotland what Iain Gray told them before the referendum: if Scotland was independent, John Swinney would have to increase taxes. Thanks to Labour, the Tories are in charge of our budget and now we have Labour proposing an increase in taxes. They are an utter disgrace. *[Interruption.]*

The Presiding Officer: Kezia Dugdale. *[Interruption.]* Ms Dugdale. *[Interruption.]* Let us hear Ms Dugdale.

Kezia Dugdale: Experts from the University of Stirling, the Institute for Fiscal Studies, the House of Commons library and the Scottish Parliament information centre all say that Labour's policy is fair because the poorest are protected and the richest pay the most. That matters, because Nicola Sturgeon has built her career on telling us that more powers would mean fewer cuts but she refuses to use the powers that she has when it really matters. She has staked her reputation on improving education but she cuts school budgets rather than using those powers. She has sold herself as the radical alternative to Tory austerity but yesterday she sold out the people who needed her the most.

This is the week that Nicola Sturgeon was found out. People throughout Scotland are left asking why, with all her power, the First Minister could not just do the right thing.

The First Minister: There is a difference here. It is clear that Kezia Dugdale thinks that making somebody who earns £11,000 a year pay the price of Tory austerity is the right thing to do. I do not; I think that giving those people a pay rise and getting them on to the living wage is the right thing to do.

Kezia Dugdale says that her proposals are fair. She cannot explain the detail of her proposals, as we saw very clearly from Jackie Baillie. Apparently, the rebate, which is a total con, has all been worked out. I do not even know whether Kezia Dugdale knows how much it costs to administer housing and council tax benefit schemes every year. [*Interruption.*]

The Presiding Officer: Order.

The First Minister: A scheme that caters for half a million applicants costs £41 million, yet Labour expects us to believe that a scheme that would have to deal with a million applicants will cost £1 million. It is absolute incompetence.

Kezia Dugdale says that her proposals are fair. Under Labour's proposals, the amount of tax that I pay would go up by 2.7 per cent, but the amount of tax that a nurse, a teacher or a care worker would pay would go up by 5 per cent. That is not fair in the slightest. [*Interruption.*]

The Presiding Officer: Order.

The First Minister: I leave Labour to argue for tax rises for the low paid to compensate for the Tory cuts that they kept us locked into. I will continue to argue for fairness, pay rises and the protection of our public services. That is the difference between us.

Prime Minister (Meetings)

2. Ruth Davidson (Glasgow) (Con): To ask the First Minister when she will next meet the Prime Minister. (S4F-03215)

The First Minister (Nicola Sturgeon): I have no plans to do that at present.

Ruth Davidson: Let us try this from a different angle. The new powers that are coming to the Parliament have already changed the debate in Scotland. The Labour Party is going into the election threatening to put up taxes for every worker in Scotland. The Lib Dems are also going into the election threatening to put up taxes for every worker in Scotland.

The Scottish Conservatives want to protect people's pay cheques and believe that workers in Scotland should not have to pay more than those in the rest of the United Kingdom pay. We will also try to lower taxes when it is affordable to do so.

The Scottish National Party alone keeps us guessing. There are no tax rises this year, but who knows after that? I ask the First Minister to give me a straight answer. Does she believe that Scottish workers, no matter which end of the pay scale they are at, should never have to pay more tax than workers in the rest of the UK pay?

The First Minister: For completeness, I say that the Tories are also going into the election arguing for more tax on low-paid people, because they would bring back prescription charges and make people pay for education. Let us not pretend that the Tories are not proposing some pretty hefty tax rises as well. The difference is that they want to cut taxes for people who are at the highest end of the income scale.

I will continue to argue for fairness. In advance of the election, we will put forward the sensible policies that protect our public services and household incomes. We reject the approach of Labour and we reject the approach of the Tories. Do you know what? Probably, Scotland will too.

Ruth Davidson: It looks as if I am going to have to wait a wee while for a proper answer.

A lot of the decisions that we are talking about hang on the successful conclusion of the talks between our two Governments on a sustainable fiscal framework. I believe that there is an agreement to reach and that it is in the interests of both Governments and, more important, of the people of Scotland. The Secretary of State for Scotland has made it clear that no arbitrary deadline should be set to cut the discussions short. People need to know ahead of the election what they are voting for. The talks should continue beyond the artificial February deadline if extra time is needed to hammer out the deal. Does the First Minister agree?

The First Minister: It is up to this Parliament to decide the amount of time that it needs to scrutinise any deal that is agreed. I want a deal to be agreed as quickly as possible and we will do everything that we can to reach that deal. I want the new powers, however limited they might be.

Presiding Officer, let me tell you the difference between me and Ruth Davidson. I will stand up for Scotland at the talks. I will not accept a deal that gives Scotland more powers only at a big cost to our budget. If Ruth Davidson wants a deal as well, I suggest that she gets on the phone to her colleagues today and tells them to stop arguing for a deal that would strip billions of pounds out of Scotland's budget.

The Presiding Officer: We have a constituency question from Murdo Fraser.

Murdo Fraser (Mid Scotland and Fife) (Con): The First Minister should be aware of the anger

and dismay that Fife businesses have felt this morning on being told that it will now be mid-March before the Forth road bridge fully reopens to heavy goods vehicles. She will recall that we were promised that the bridge would reopen fully first in early January and then in mid-February, and now we are being told that it will be in mid-March. What confidence can we have that the new date will be met, given that the two previous deadlines were not met? Given the on-going losses that Fife businesses are suffering, what further assistance can the Scottish Government offer them?

The First Minister: As Murdo Fraser and everybody else knows, the bridge is open—and has been open since before Christmas—to 90 per cent of all traffic. What was announced this morning is a partial reopening of the bridge to HGVs so that overnight, weather permitting, a limited number of HGVs—but nevertheless some—will be allowed to cross.

There has been a delay to the full completion of the works. That is partly down to something that I hope everybody recognises—the weather conditions, and particularly the high winds that we have been facing—but it is also down to the need to do further strengthening to particular parts of the bridge, which is why the mid-March date has been given by the Minister for Transport and Islands today. Some contingency is built into that to take account of possible bad weather conditions over the next few weeks.

We are working hard to get the bridge fully reopened to all HGVs and to facilitate as much traffic across the bridge as we can. We will continue, as we have been doing, to work with the haulage industry to support it as much as we can during this period.

Cabinet (Meetings)

3. Willie Rennie (Mid Scotland and Fife) (LD): To ask the First Minister what issues will be discussed at the next meeting of the Cabinet. (S4F-03212)

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

Willie Rennie: I start on a rare point of consensus. The First Minister is right about the Conservatives, who have £140 million-worth of stealth taxes planned, as the hole in their budget plans reveals.

The First Minister has choices, yet the SNP is imposing cuts on schools and council services. She has strong-armed councils into making those cuts, with fines if they fail to obey her, and she is refusing to use the income tax powers that she now has. She is no longer leading but is frozen on the spot, incapable of protecting our once-proud

Scottish education system. Instead of blaming everyone else, will she step up and use the powers that she now has?

The First Minister: I am really surprised that Willie Rennie can bring himself to look a single Scottish voter in the eye. I remind him of what he was telling people in Scotland just a year or so ago, and this is a direct quote:

“Liberal Democrats in the UK government”—

just to remind him, they were in coalition with the Conservatives—

“are building a stronger economy ... here in Scotland with lower taxes ... This is”

what

“the broad UK shoulders enable us to deliver.”

Having misled the Scottish people that the only way to avoid tax rises was to vote no, Willie Rennie now turns round and tells people that they have to pay higher taxes anyway to pay for the cuts that his party helped the Tories to impose on us for the past five years.

Willie Rennie should be utterly ashamed of himself. He should be begging the Scottish people for forgiveness, not handing out sanctimonious lectures to the rest of us—[*Interruption.*]

The Presiding Officer: Order. Let us hear the First Minister.

The First Minister: —on how to deal with Tory cuts that he bears so much responsibility for.

Willie Rennie: There she goes again, blaming absolutely everyone else—[*Interruption.*]

The Presiding Officer: Order.

Willie Rennie: I remind her that it was the Liberal Democrats who cut taxes for those on low and middle incomes, and that she opposed those tax cuts in this chamber and at Westminster—[*Interruption.*]

The Presiding Officer: Let us hear Mr Rennie.

Willie Rennie: She is not interested in those on low or middle incomes; it is all about posturing and blaming everyone else while never accepting responsibility herself. [Interruption.]

The Presiding Officer: Order, Mr Stewart.

Willie Rennie: The First Minister has not grasped this properly. We can choose to invest £475 million to have a transformational effect on our education system. We can stop the cuts to schools, repair the cuts that the SNP has imposed on our colleges, expand nursery education and invest in a pupil premium.

With a penny for education, we can give every child the chance to get on, provide the skills for

our economic progress and get Scotland's education back to being the world's best. Does she not see the opportunity in any of that?

The First Minister: We are protecting our national health service, we are investing in social care, we are paying a living wage to every social care worker in our country, we are maintaining the number of teachers in our schools, we are investing in improving attainment and we are protecting household budgets because, unlike Willie Rennie, I do not think that people on incomes as low as £11,000 a year should be paying more tax to compensate for the Tory cuts that he helped the Tories to impose.

I know that Willie Rennie is desperate to forget the five years when his party propped up the Conservatives in government—

Liam McArthur (Orkney Islands) (LD): Or the four years that you did.

The First Minister: —but, do you know what? The Scottish people are not going to forget the Tory-Liberal Democrat coalition.

Jim Hume (South Scotland) (LD): Four years.

The First Minister: If it is possible for Willie Rennie to sink any lower at the coming election, he sure as hell will do it.

The Presiding Officer: Mr McArthur and Mr Hume, that is just enough.

Drug Assessments (Review)

4. Roderick Campbell (North East Fife) (SNP): To ask the First Minister what the Scottish Government's position is on the review of national health service drug assessments. (S4F-03222)

The First Minister (Nicola Sturgeon): I am pleased that Dr Brian Montgomery has agreed to undertake an independent review of the Scottish Medicine Consortium's assessment processes. His review will help us to take forward further reforms in relation to access to new medicines, building on the positive progress that has been achieved already.

Although the SMC's reforms in 2014, together with other reforms and our own £90 million new medicines fund, have already benefited more than 1,000 families through access to life-saving and life-extending drugs, we want to ensure that the assessment system continues to evolve in order to deliver effectively for patients and the NHS.

Roderick Campbell: I welcome the review and I also welcome the 26 new medicines that have been approved under the new system. However, in 2014, the then Cabinet Secretary for Health and Wellbeing, when announcing the proposals, indicated that it was anticipated that new

medicines would be made available more quickly. Will the First Minister advise whether the review will evaluate that as well as whether timescales can be further improved for the many patients for whom these medicines are a lifeline?

The First Minister: The overarching aim of the review is to provide safe and timely access to clinically effective medicines at a fair price. We think that improvements can still be made, for example by working with the pharmaceutical industry to get companies' best offer on price earlier than sometimes happens. That will be one of the issues that the review takes into account.

All of this is about ensuring that these often very difficult decisions about access to drugs are taken as fairly as possible and that we can ensure that as many people as possible can access life-saving and life-extending drugs.

Breast Cancer

5. Patricia Ferguson (Glasgow Maryhill and Springburn) (Lab): To ask the First Minister what action the Scottish Government is taking to stop deaths from breast cancer. (S4F-03218)

The First Minister (Nicola Sturgeon): We recently announced a £450,000 joint partnership with Breast Cancer Now. That will allow more Scottish-led research into breast cancer development to take place, which will help to enhance our knowledge and treatment of the disease.

In addition, our £39 million detect cancer early programme is focused on diagnosing cancer at an early stage, when the chances of survival are higher, so that we can help to save more lives every year. Currently, the number of people in Scotland who live for at least five years after a cancer diagnosis has reached a record high.

We are also committed to publishing a new cancer strategy to ensure that real improvements are made to services, and we are currently working with stakeholders and patients to develop that by spring this year. That will include further investment in cancer services.

Patricia Ferguson: The First Minister will be aware of the 2050 challenge campaign that was launched this week by Breast Cancer Now. As a breast cancer survivor myself, I know how crucial that campaign is. However, I am one of the lucky ones. The First Minister will have seen earlier this week Colin Leslie's heart-breaking account of the loss of his fiancée, Sharon, to breast cancer. No one should have to go through what he has been through, but thousands will, and for years to come, if we do not act now.

Will the First Minister agree to meet me, Colin Leslie and other campaigners to discuss how the

Scottish Government can further support efforts to stop by 2050 women and men dying from breast cancer?

The First Minister: Yes. I thank Patricia Ferguson for her question, and I obviously acknowledge the personal experience that she brings to bear on the issue. I am happy to meet her and campaigners.

This is something that we have to work together on. If we are going to tackle not just breast cancer but all cancers, and improve survival rates, we need to do more to detect cancer earlier, which is what we are seeking to do.

I hope that my colleague Richard Lochhead will not mind my saying that I know that his wife has in the past weeks and months been promoting checking for and acting on early signs. That is important, but it is also important that we have the best cancer services to treat people as effectively as possible and—going back to the previous question—that we give people access to life-saving and life-extending drugs as often as possible. We all desperately want real progress on that: after all, I am sure that not a single one of us in the chamber has not in some way, shape or form experienced the devastation of cancer.

I am committed to making sure that we do everything that we can to make progress, and I would be delighted to have Patricia Ferguson's expertise to help us with that.

Fiscal Framework (Discussions with United Kingdom Government)

6. Jim Eadie (Edinburgh Southern) (SNP): To ask the First Minister what recent discussions the Scottish Government has had with the United Kingdom Government regarding the fiscal framework. (S4F-03224)

The First Minister (Nicola Sturgeon): The Deputy First Minister met the Chief Secretary to the Treasury on Monday to continue negotiations, and they will meet again on Monday coming.

My position on the matter remains the same as it was when I responded to Ruth Davidson: I want Scotland to get the additional powers that we were promised, but they should not come at a cost to Scotland's budget. I will not, as First Minister, sign up to a deal that is detrimental to Scotland, nor will I ask Parliament to approve the Scotland Bill if a fair fiscal framework has not been agreed. There remain significant differences in our views, but the Scottish Government is determined to ensure that we secure a deal that is consistent with the intentions of the Smith commission and delivers fairness for Scotland now and in the future.

Jim Eadie: The First Minister will be aware that the Smith commission and the Devolution (Further

Powers) Committee of the Parliament have both agreed that the fiscal framework that will underpin the new powers coming to Parliament must not be to Scotland's detriment. Will she give a clear commitment that any Government that she leads will never short-change the people of Scotland—and certainly not to the tune of £3.5 billion over the next decade, as is currently being proposed by the UK Treasury?

The First Minister: The whole point of the Smith commission proposals was to give us powers and for us then to bear the risk or, indeed, to reap the benefits of our decisions to use them. There should be no detriment to Scotland either now or in the future simply from the transfer of those powers, and that issue is at the heart of the discussions about the block-grant adjustment. Other issues have still to be resolved in the discussions but, as I have said, that is the issue at the heart of the block-grant adjustment.

We will not sign up to any agreement or deal that will see billions of pounds—or, for that matter, any money—taken, regardless of the decisions that this Government takes, out of Scotland's budget. We will not sell Scotland short, but will continue to work as hard as we can to get a deal that is fair for everyone.

The Presiding Officer: Before I end First Minister's questions, I want to say to all members that some of the behaviour in the chamber today has been quite unacceptable. I suggest that members review the footage of First Minister's question time and consider whether they showed themselves and Parliament in the best light.

New Global Goals

The Deputy Presiding Officer (John Scott):

The next item of business is a members' business debate on motion S4M-15261, in the name of Iain Gray, on new global goals—leave no one behind. The debate will be concluded without any question being put.

Motion moved,

That the Parliament believes that 2015 was a critical year for people and for the planet, the year that countries around the globe committed to adopting what it considers an ambitious new development agenda that builds on the success of the Millennium Development Goals (MDGs); understands that the 17 sustainable development goals (SDGs) constitute a promise to leave no one behind and place a deadline on global commitments, including goals to eradicate poverty, reduce inequality and tackle climate change by the year 2030; congratulates the worldwide campaign, Action/2015, on what it sees as its continued advocacy of the importance of SDGs, its success in securing ambitious SDGs and calling on politicians to commit to them; commends Heather Cameron, an Action/2015 ambassador from Dunbar Grammar School, on her campaign to promote commitment to and understanding of Scotland's role in meeting the SDGs; recognises that young people can be important ambassadors for the achievement of the goals in Scotland, and recognises that the Parliament, businesses, schools and communities can all work together to achieve them.

12:36

Iain Gray (East Lothian) (Lab): I was asked to lodge this motion by one of my constituents, Heather Cameron, who was one of the leading action 2015 ambassadors.

Heather Cameron comes from Dunbar grammar school, and throughout last year in her ambassadorial role she campaigned tirelessly to promote a commitment to, and understanding of, Scotland's role in meeting the 17 United Nations sustainable development goals. Those were adopted by the UN at the 70th regular session of the general assembly in New York last September, committing members to the 2030 agenda for sustainable development.

I welcome Heather and her classmates to the Parliament this afternoon. Heather was one of 15 15-year-old ambassadors who helped in the United Kingdom's launch of action 2015 in London, meeting politicians including Ed Miliband and Nick Clegg, and also delivering a petition to the Prime Minister at 10 Downing Street. The launch mirrored similar launches of action 2015 by young people all over the world.

Heather then organised a light the way march in East Lothian with fellow Dunbar grammar school pupils and local community leaders. That took place on the eve of the UN summit meeting at which the development goals were discussed, as

part of a final call for commitment from politicians to support those goals.

Heather met Kezia Dugdale towards the end of last year to ask for this Parliament to consider a motion, which we are now doing this afternoon.

I have always been proud of the UK's significant contribution to global aid and supporting those around the world who need our support the most. Britain is a significant contributor, and last year it became the first country in the G7 to honour its commitment to ring fence 0.7 per cent of gross national income for foreign aid.

Through the support of successive UK Governments for the millennium development goals—the predecessor goals from the UN—we know that every year 17,000 fewer children are dying for reasons of poverty and that nine out of 10 children in developing countries now attend primary school. That is a significant improvement in education globally, but it is unacceptable that over 1 billion people still live on \$1.25 a day or less. That is not just about Government; in fact, in some ways it is not about Government at all.

Many years ago I worked as a teacher in Mozambique, and for 12 years I worked for Oxfam. In those jobs I have seen the impact of poverty through war, drought, famine, dictatorship and even genocide, in countries as far apart as Cambodia, Chile, Rwanda and Zimbabwe. What I learned was this: no matter how difficult the circumstances, even in situations where I confess that I would have given up long before, there will always be people who will work together to find a way to improve lives for themselves, their families, their communities and their countries. It is those people who will deliver the sustainable development goals.

Our obligation is to support those people, individually, in Government and in international bodies such as the UN. That is the importance of the UK aid budget and, indeed, the Scottish Government development programme in countries such as Malawi. However, the problem is neither small, nor is it far away.

The first sustainable development goal is to end poverty in all its forms, everywhere. Heather Cameron is passionate about explaining to people that that means ending poverty here too. One in five children in Scotland lives in poverty, tens of thousands of our fellow citizens depend on food banks, and about a third of our households are fuel poor.

When I worked years ago in Mozambique in a rural school, young people from all over the country came to school and lived in the most basic conditions despite war and famine. Why? Because they believed that education was their route out of poverty. That theme runs through those

sustainable development goals, and it is as true for Scotland as it is for anywhere in the world.

The most shameful of the statistics about Scotland's poverty is that someone's success at school still depends more on how much their parents earn than any other factor—their talent, how hard they work or which school they go to. That is why we agree across the chamber that the attainment gap in our schools must be closed. That is the greatest single step that we can take to end poverty and deliver the sustainable development goals in Scotland.

In closing, I draw attention to another theme that runs through the sustainable development goals. It is summed up in the goal that calls for urgent action to combat climate change. Around the world, we see the impact of climate change in droughts and floods. We even see it in changing weather patterns here, which have an impact on agriculture.

It is appropriate to draw attention to that point. It was a previous pupil from long ago in Dunbar's schools, John Muir, who was the first to recognise and understand that, to end the impoverishing of humanity, it is necessary also to end the impoverishing of nature. John Muir would approve of the sustainable development goals. I am sure that he would be proud of Heather Cameron and her classmates from his home town of Dunbar. I certainly am.

12:43

Kenneth Gibson (Cunninghame North) (SNP): First, I thank Iain Gray for lodging the motion and securing the debate, which will undoubtedly help to raise more awareness of the UN sustainable development goals.

Exchanges in the chamber often revolve around details of very specific policy issues. It makes a welcome change to take a step back and to look at the much bigger picture elsewhere. I am pleased to speak in a debate that takes us back to what motivated many of us in the Parliament to become involved in politics—making the world a better place, even in a small way.

When the UN set its eight millennium goals 16 years ago, it directed its efforts at eradicating extreme poverty or at least reducing it significantly across the world by 2015. The millennium development goals rightly focused on matters such as education, maternal health, reducing child mortality and improving debt sustainability as separate goals alongside eradicating extreme poverty. That more holistic approach has contributed massively to their relative success. I say "relative" because, as Iain Gray has pointed out, despite the enormous progress that has been made there is still a long way to go.

As we know, civil war and anarchy in countries such as Libya, Syria and Yemen at the moment make it increasingly difficult for those countries to sustain the development progress that they had made; indeed, they are already slipping backwards.

To truly empower people's lives takes much more than simply keeping them alive. The keys to sustainable improvement are peace and development. The outcome described in the 2015 report on the millennium development goals that struck me most is that the number of out-of-school children of primary school age worldwide has nearly halved during the programme from 100 million in 2000 to an estimated 57 million last year. That was achieved at the same time as a significant decline in the number of people living in extreme poverty from 1.9 billion in 1990 to 836 million in 2015. However, as Iain Gray has pointed out, the fact that almost a billion people are in extreme poverty is still horrific. People are desperately trying to eke out a daily existence in a world that has more than enough to go round.

Of course, millennium development goals have now been succeeded by the all-encompassing 17 sustainable development goals. I am proud that the Scottish Government takes its role in that extremely seriously, and that it is determined to be at the forefront of achieving the new goals.

Last July, Scotland received praise for being one of the first countries in the world to sign up to the UN's sustainable development goals. The UN goals tie in with Scotland's development goals—which were already in place—and include the national performance framework and Scotland's national action plan on human rights. That has allowed Scotland to hit the ground running when it comes to implementing, measuring and reporting progress.

Much of the support that Scotland provides for developing countries is provided to Malawi—a country that many people in Scotland have a strong emotional attachment to because of the historical connections.

One of the key priorities in the Scottish Government's proposed budget for next year is the delivery of the objectives and outcomes set out in the national performance framework. For Europe and external affairs, it also contains a commitment to continue working across ministerial portfolios to support international aims, including water management, climate justice, the UN sustainable energy for all initiative and the new UN sustainable development goals.

It is important to acknowledge—as Iain Gray has already done—that poverty does not exist only beyond our shores but that there is also poverty consistently within Scotland, although not be to the

same degree. That is why I am pleased that, whereas the millennium development goals focused strictly on developing countries, the sustainable development goals apply to all countries, including Scotland. There is inequality and poverty in Scotland, and addressing those issues remains a priority for the Scottish Government.

There is much more work to be done towards meeting sustainable development goals both internationally and here in Scotland. I am hopeful that Governments, organisations and individuals—such as Heather Cameron—will continue to work towards those goals so that, in 2030, we can look back at an even more successful campaign than was achieved by the millennium development goals.

12:47

Kezia Dugdale (Lothian) (Lab): I congratulate Iain Gray on securing this debate, and I welcome Dunbar grammar school to the chamber. I also thank Save the Children for providing a briefing for the debate.

To state it bluntly, I am here today because Heather Cameron asked me to be here. She is such a persuasive young individual that I am defying what is—in a way—a parliamentary convention that party leaders do not participate in members' debates. It is a pleasure to do that.

I want to share how I met Heather Cameron. When I became leader of the Labour Party in Scotland, we organised a competition called "My Scotland". We wrote to every secondary 5 and 6 pupil and invited them to take part in an essay competition to share their vision for the future of Scotland—whether that be in 10, 15 or 20 years.

Heather Cameron made it into the final of that competition by writing an essay about how important the sustainable millennium goals were, not just to Scotland but to countries around the world. Her passion and dedication brought her to our attention.

The 10 finalists of that competition came together one day and were put through a number of training exercises. They were exposed to some leading journalists in Scotland, including Lindsay McIntosh from *The Times*, and Patrick McGuire from Thompsons Solicitors. They helped each of the finalists to develop their ideas and their campaigning abilities, so that they could come up with new ways to communicate what they believe and what they stand for. Heather's talents shone through on that occasion.

I want to commend Heather, not just for the work she has done to highlight the work of action 2015 and all that she has done on leading

marches through Dunbar, but also for never giving up on making the case—on a day-to-day basis—for why this issue is so important.

I will refer in detail to the UN sustainable development goals. There are 17 in total. I will not go through all of them, but three stand out to me:

"Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all",

"Achieve gender equality and empower all women and girls",

and

"To promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all".

I know that many of us stand for all of those things.

In preparation for today's debate, I reflected on my views on gender equality and how important they are to my politics. I have stood in the chamber many times to talk about the need to progress gender equality. If we do not do that, we will lock women and girls out of the jobs of the future and in to low-paid, low-skilled work. It is very important that we tackle that issue in Scotland, but it has to be set against the context—which Iain Gray set out in his opening remarks—of the circumstances in which women and girls find themselves in so many countries around the world, where they are still fighting for the right to go to school. That is what is so important about the work that Heather Cameron is doing and the work that all of the ambassadors involved in action 2015 are taking part in on a daily basis.

On that note, it is a pleasure to participate in the debate, and I wish Heather and all her colleagues the very best with the campaign ahead of them.

12:50

Mary Scanlon (Highlands and Islands) (Con): I thank Iain Gray for what I thought was an excellent speech. I should probably thank Heather Cameron for securing the debate.

I had my own debate on millennium development goals 4 and 5 on international midwives day in 2009, which called for more to be done to tackle infant mortality and poor maternal health in Scotland and overseas. Looking back, I remember that I also spoke on millennium development goals in a members' business debate by Labour's Des McNulty back in 2005.

As Iain Gray said, the millennium development goals are proving that when the international community works together, we can tackle some of the world's most pressing problems. I put on the record that my party fully agrees that education is,

without a shadow of doubt, the route out of poverty.

At Westminster, the Government has taken a leading role on the post-2015 framework in working alongside other UN member states to secure international agreement on the ambitious and compelling sustainable development goals, which are centred on eradicating poverty. The UK was the second largest Organisation for Economic Co-operation and Development donor of overseas development aid in 2014, spending £11.7 billion, which was an increase of 2.6 per cent on the previous year. In fact, the foreign aid programme even drew praise from the Scottish National Party at Westminster. Mhairi Black, on a visit to Kenya last week, said:

“Britain is one of the better countries in terms of commitment to foreign aid ... having seen the difference it makes to people’s lives, I think it’s highly important that we maintain that level of support.”

As Iain Gray said, the UK enshrined the 0.7 per cent commitment to overseas development aid in law when the International Development (Official Development Assistance Target) Act 2015 received royal assent in March last year.

The work of Heather Cameron has deservedly been commended by Iain Gray. I have no doubt that she would not have been as successful if it were not for the support of Dunbar grammar school. As an MSP for the Highlands and Islands, I would also like to take this opportunity to congratulate the pupils of Forres academy in Moray, whose human rights day petition I signed last week. Among other things, the pupils are campaigning for the right to education for the 57 million children worldwide who have no access to education.

Millennium development goal 5 is to support pregnant women through to birth and reduce maternal mortality. More than 1 million children are left without mothers due to maternal death, and 20 million women experience potentially fatal complications during childbirth. In 2005, in East Africa, only 34 per cent of births were attended by skilled health attendants. Millennium goal 5 set the target to reduce maternal mortality by 75 per cent and to achieve universal access to reproductive health by 2015. The conclusion is that progress has been made, but it has been too slow to achieve all the goals. Nonetheless, I think that we should acknowledge the progress that has been made. Fewer children under five are dying from preventable causes.

However, given that about 800 women die from pregnancy or childbirth-related complications around the world every day, we also need to be aware of the campaign to end fistula. I am sorry that Richard Simpson is not in the chamber because he is hugely supportive of the campaign.

Fistula is a rupture in the birth canal that occurs during prolonged obstructed labour. It leaves women incontinent, isolated, socially excluded and ashamed. It is estimated that, for every woman who dies of maternity-related causes, at least 20 women experience a maternal morbidity, one of the most severe forms of which is obstetric fistula. Given that nine out of 10 fistulas can be successfully repaired, that issue also needs to be addressed.

In my final minute, I want to mark two other areas of progress. One is that global measles immunisation coverage is now at 84 per cent among children between 12 and 23 months, which has to be acknowledged. The second is that, in Afghanistan, between 2002 and 2012, the mortality rate for under-fives dropped from 257 to 97 deaths for every 1,000 live births. I mark that progress. I thank Iain Gray for securing the debate and I appreciate that more needs to be done.

12:56

The Minister for Europe and International Development (Humza Yousaf): I thank Iain Gray for bringing the motion to Parliament. I also thank Dunbar grammar school and Heather Cameron, whom I look forward to meeting, if I can, after the debate. I have not met Heather before, but from what everybody has said so far and from her emails in my inbox, one of which I received yesterday, which provided additional briefing, she seems like a force of nature.

I agree with Iain Gray and Kezia Dugdale that it is incredible to see our young people taking forward such initiatives, because it gives us great hope for the future. We can often be downcast because of the scale of the challenge, but when young people like Heather Cameron—there are many more across our constituencies, including in Forres—take forward such initiatives and are not defeated by the scale of the challenge, it provides hope where there is often not much hope at all, and that drives us. To give credit where it is due, I say that if Heather had not approached Kezia Dugdale and Iain Gray, who knows whether we would be discussing the sustainable development global goals at all? Heather might be a future politician in the making. Who knows? By the way, that was meant as a compliment and not an insult, as some might perceive it.

It is a pleasure to talk about the sustainable development goals. I was struck by what Kenny Gibson said in his opening sentences; he is absolutely right that this is why most of us went into politics in some way, shape or form. If we cast our minds back to when the seed was planted in our heads about entering front-line politics, whether as a councillor, an MP or an MSPs—whatever our position was—we will remember that

we talked to our partners, friends and family about it and reflected on it internally, but I am sure that we all chose to go into politics, ultimately, because we wanted to make the world a better place, whether in Scotland or the world at large. It is good to be reminded of that, because it can get lost in the robust debates that we have in Parliament about things that are, of course, important but are not quite on the scale of importance of the global goals that we want to achieve.

It is worth re-emphasising and reiterating the point that the global goals are unique, not just in themselves but because they apply to all countries across the world. In that regard, they are different from their predecessors—the millennium development goals—which just apply to the developing world. That is exceptionally important, given that we in Scotland have poverty and inequality that we must challenge, too. Therefore, I was delighted that, in the summer of 2015, the First Minister was one of the first leaders in Europe to commit, in an article that she wrote for the *Sunday Herald*, to definitely incorporating the sustainable development goals in our national economic strategies and so on. There is work to be done on that. How will we do it? We are already working on our national performance framework to see how we can incorporate the goals in our legislation and our practices in Government.

I want to touch on a couple of the goals—I will not go through all 17 of them. There are goals that we are already helping to take on through the Scottish Government's international development fund.

Mary Scanlon seems to have been surprised—I was not—when Mhairi Black praised the UK Government's efforts. I do not think that I have been anything other than effusive in my praise for the DFID's work. Although I often have different views on how that work should be carried out, that is incidental in the grand scheme. Successive UK Governments have had a good record when it comes to their commitments on international development. We should support the UK Government where we can. We should also be proud of the non-governmental organisations, the schools and the public agencies that do international development work. Regardless of how small the scale of their work may seem, the impact is undoubtedly huge.

On our work in Scotland, we have a £9 million international development fund spread over seven countries. Malawi is probably the primary relationship because of the people-to-people links that exist. We work together on tackling a number of the goals. Members have spoken about goal 5, which is on achieving gender equality. That is

hugely important, because we all recognise that we get more bang for our development buck if we are helping to tackle and reduce the inequality gap between men and women. We know that if we educate a man, we educate a single individual, but that if we educate a woman, the chances are that we will educate an entire family and then a nation, as a result of that. A lot of work must be done to reduce gender inequality; we are committed, through our international development fund, to doing that.

Iain Gray touched on climate energy, climate justice and climate change. Goals 7 and 13 are particularly pertinent to those issues. I reiterate that, from a Scottish Government perspective, we are committed to ensuring that we tackle climate change and take on climate justice. I have been to Malawi a couple of times, and I have been struck by what a difference renewable and sustainable energy can make to people's everyday lives. For example, I viewed a micro hydroelectric project in which power that is obtained from the Mulange mountains is being provided to villages in the area, which has led to a woman being the first in her village to give birth in a room with a light bulb. Incredibly, that was in 2013. When I visited villages in Malawi more recently, I saw that, instead of having paraffin or kerosene lamps, people have a sustainable solar-panel lit energy-efficient light bulb, which means that the children can study for longer and are not inhaling smoke. I was struck by how the small things can make a huge impact.

I will finish with two points. Going back to Heather Cameron and the pupils at Dunbar, it is so important that we teach our young people about the challenges that the world faces. Any country can lose itself by being too insular; Scotland is not immune to that, so we must teach our young people about the challenges. We can do that through the curriculum for excellence, which has a global citizenship module. I have seen the development education centres in action, teaching our teachers how they can make an impact through that module. We have to do that, because too often I read newspapers, blogs and Twitter and Facebook posts that ask why, when we have challenges here, we are giving money to other countries across the world that are suffering. We must communicate to our young people why it is important that we continue to tackle those issues.

My last point is about a point that was well made by Iain Gray in his excellent speech, when he spoke about his own experiences. He made the point that we should never lose hope. That is an important point. I, like many other members here, watch a constant news cycle. It would be easy, with all the challenges that the world faces, to commit ourselves to a downwards spiral, but Iain

Gray was correct when he said that as long as we have good people—people like Heather Cameron and the many others who are always willing to stand up against injustice and for humanity and compassion—and those people outweigh the bad people, we do not need to be in a downwards spiral. There will always be hope. There will always be goodness. That was a great point and a good one to end on.

I again thank Iain Gray for securing the debate. My special thanks go to Heather Cameron and Dunbar grammar school, and all the good people across Scotland and beyond, wherever they may be, who are working to promote the global goals.

13:05

Meeting suspended.

14:00

On resuming—

Business Motion

The Deputy Presiding Officer (Elaine Smith):

Good afternoon. The first item of business is consideration of business motion S4M-15562, in the name of Joe FitzPatrick, on behalf of the Parliamentary Bureau, setting out a timetable for the stage 3 consideration of the Carers (Scotland) Bill.

Motion moved,

That the Parliament agrees that, during stage 3 of the Carers (Scotland) Bill, debate on groups of amendments shall, subject to Rule 9.8.4A, be brought to a conclusion by the time limit indicated, that time limit being calculated from when the stage begins and excluding any periods when other business is under consideration or when a meeting of the Parliament is suspended (other than a suspension following the first division in the stage being called) or otherwise not in progress:

Groups 1 to 5: 45 minutes

Groups 6 to 9: 1 hour 40 minutes

Groups 10 to 14: 2 hours 15 minutes.—[*Joe FitzPatrick.*]

Motion agreed to.

Carers (Scotland) Bill: Stage 3

14:00

The Deputy Presiding Officer (Elaine Smith): The next item of business is stage 3 proceedings on the Carers (Scotland) Bill. In dealing with the amendments, members should have the bill as amended at stage 2, SP bill 61A; the marshalled list, SP bill 61AML; and the groupings, SP bill 61AG.

The division bell will sound and proceedings will be suspended for five minutes for the first division of the afternoon. The period of voting for that division will be 30 seconds, and thereafter I will allow a voting period of one minute for the first division after a debate. Members who wish to speak in the debate on any group of amendments should press their request-to-speak buttons as soon as possible after I call the group.

Jackson Carlaw (West Scotland) (Con): On a point of order, Presiding Officer. Unusually, I am not sure whether your microphone is on. I am having considerable difficulty hearing you, which might be a bit awkward as the afternoon progresses.

The Deputy Presiding Officer: Thank you, Mr Carlaw. I will take the muffler off my microphone; apparently I am usually very loud. I will try to speak more into the microphone, and perhaps members could do that as well. We will also ask for the sound to be checked.

Section 2—Meaning of “young carer”

The Deputy Presiding Officer: Group 1 is on the meaning of “young carer”. Amendment 21, in the name of Rhoda Grant, is the only amendment in the group.

Rhoda Grant (Highlands and Islands) (Lab): Thank you, Presiding Officer. I would never have dreamed of putting a muffler on your microphone.

Amendment 21 was lodged because of concerns from the Scottish Youth Parliament and organisations that support young carers. Currently, if a young carer reaches the age of 18 while they are at school, the support that they receive as a young carer continues until the end of the school year. Thereafter they move to adult services.

That is not the case for young carers who are in further or higher education. The amendment would ensure that young carers who are receiving support while in college or university will continue to receive it for the academic year in which they turn 18. It is very important that young carers do not face disruption in college or university while they are learning and caring at the same time. The

amendment would provide them with a degree of stability at that point.

I move amendment 21.

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): The definition of young carer that is presently on the face of the bill aligns with the named person service provisions as set out in the Children and Young People (Scotland) Act 2014. Ms Grant’s amendment would extend the definition of young carer beyond the age of 18 and in some cases to the age of 22, 23 or older, depending on when their course ends, which would take the young carer well into adulthood.

Extending the definition of young carer in the Carers (Scotland) Bill will create a misalignment with other legislation. For example the Children and Young People (Scotland) Act 2014 makes no statutory provision for the continuation of the child’s plan after the age of 18.

Having spoken with Ms Grant, I understand that her amendment is motivated by a shared aspiration. I recognise the need to manage effectively the transition between young carer statements and adult care support plans. That is why there is a safeguarding provision in section 16. It provides that, where a young carer statement is in place, it will continue after the age of 18 until an adult carer support plan is provided. That provision provides young carers with the knowledge that their support will continue in advance of any adult carer support plan being put in place.

I want to ensure that the transition from young carer to adult carer and, accordingly, from a young carer statement to an adult carer support plan, is not unduly delayed, with a negative impact on the young carer. Therefore I envisage using the regulation-making powers in section 14 to set a trigger for a review of the young carer statement in the period approaching the young carer’s 18th birthday, but also, crucially, to take account of the need not to cause duress to the young carer. Where, for instance, a young carer is in the middle of their school examination period, it is important that they face no disruption as a consequence of the review.

I am committed to ensuring that regulations reflect that. I expect the review also to include consideration of the young carer’s ability and willingness to sustain the caring role as they move into further or higher education. My ambition is that we support carers to achieve their full potential, just as we aspire to do that for all Scotland’s young people. That being the case, and given that amendment 21 would result in inconsistent arrangements with other legislation, I

respectfully ask Ms Grant to withdraw amendment 21.

Rhoda Grant: Given the reassurances that regulations will cover the point that amendment 21 would deal with, I would like to withdraw it.

Amendment 21, by agreement, withdrawn.

Section 6—Duty to prepare adult carer support plan

The Deputy Presiding Officer: Group 2 is on the exercise of functions and taking account of equalities matters. Amendment 1, in the name of Rhoda Grant, is grouped with amendments 3, 5, 7 and 15.

Rhoda Grant: These amendments arose from evidence about the needs of carers from different ethnic backgrounds. The way in which support is provided to carers has sometimes proved to be a barrier to those from different cultural backgrounds. Sensitivities with regard to culture and religious beliefs must be factored in. With an ageing population, we need to be aware of language difficulties. Stay-at-home parents, who often are caregivers, might not have had the opportunity to develop their use of the English language, so we need to ensure that they get information in a way that is accessible to them.

I am grateful to the minister for working with me on these amendments, and for the guidance and support of MECOPP—the Minority Ethnic Carers of People Project—which was keen that the bill should recognise the special needs of those with protected characteristics.

I move amendment 1.

Jamie Hepburn: I thank Ms Grant for lodging the amendments. As she said, we worked together between stages 2 and 3 to ensure that the amendments reinforce the importance of taking into account the needs of those in protected groups and make a meaningful difference to adult or young carers with one or more of the protected characteristics that are set out in the Equality Act 2010.

The amendments to sections 6 and 11 will mean that local authorities will need to consider whether the practical arrangements that they put in place for the preparation of adult carer support plans and young carer statements take into account any particular needs that the carer has as a result of having one or more of the protected characteristics. For example, a hearing impaired carer might need alternative arrangements to conducting by telephone the discussion on the adult carer support plan or the young carer statement discussion, and a carer with mobility limitations might need a home visit.

The amendments to sections 7 and 12 relate to the process of identifying a carer's personal outcomes and needs for support. The amendments require the local authority to take into account the potential impact that having one or more of the protected characteristics might have on the carer. A carer with mobility limitations who assists a cared-for person with washing, for example, might have different needs from those of a carer who provides similar care but does not have mobility limitations.

Amendment 15 to section 31 will require the local authority to identify, as part of the information and advice service, information and advice that is likely to be of particular relevance to carers in protected groups.

I am pleased to support the amendments in this group and I thank Ms Grant for lodging them.

Rhoda Grant: I thank the minister for those comments. These amendments are very important.

Amendment 1 agreed to.

The Deputy Presiding Officer: Group 3 is on the preparation of adult carer support plans and young carer statements in relation to the delegation of functions. Amendment 22, in the name of Rhoda Grant, is grouped with amendment 25.

Rhoda Grant: Amendments 22 and 25 make it possible for a local authority to allow a voluntary organisation or indeed any other organisation to complete the adult carer support plan or the young carer statement. That would mean that the organisation that was working most closely with the carer and which has the best insight into their situation could prepare the plan or statement. That would be particularly helpful to young carers who have a support worker or who take part in a young carers support group. It would also be helpful to those with protected characteristics who could have an organisation that understands their personal situation complete the plan or statement.

I move amendment 22.

Jamie Hepburn: I fully support the intention behind the amendments. I see great merit in carer centres and other third sector organisations being involved in the preparation of adult carer support plans and young carer statements. Rhoda Grant set out a couple of examples of why that might be appropriate. It should be said that such organisations are already doing a good job of carrying out carers assessments in some areas. I should of course add that local authorities more often than not do a good job in relation to those processes, too.

Having said that I support the intention behind the amendments, I have to say that there is no

need for them. That is because section 35, “Assistance by voluntary organisations etc”, already allows local authorities to make arrangements with organisations that can assist with the carrying out of those functions. It does that by way of an amendment to section 4 of the Social Work (Scotland) Act 1968. That provision allows local authorities to make arrangements with voluntary organisations, other people or other local authorities to assist in the performance of listed functions. Section 35 of the bill amends the list of functions in section 4 of the 1968 act in order to cover functions under parts 2 and 6 of this bill, including the preparation of adult carer support plans and young carer statements.

Crucially—this is why I oppose the amendments and hope that Rhoda Grant will withdraw them—amendments 22 and 25 would cast doubt on a local authority’s ability to make similar arrangements with the third sector in relation to other functions under the bill, or, indeed, other social care functions. For example, the responsible local authority might want the third sector to be involved in the establishment and maintenance of an information and advice service and the provision of support to carers. If we emphasise the third sector’s role in one area alone, that could lead to a danger of a legal interpretation that concluded that that was the only area in which the Parliament wanted functions to be delegated to the third sector. I do not believe that that is the outcome that Rhoda Grant hoped for.

I certainly appreciate that there are concerns about delegation and conflicts of interests and about whether the third sector can offer the self-directed support options and so on. It is my intention to issue comprehensive guidance on the matter. The national carers organisations, local authorities, the Convention of Scottish Local Authorities and others will, of course, be involved in the production of the guidance.

Having said that I support the intention behind the amendments, I hope that Rhoda Grant will recognise the potential dangers behind the amendments, accept the concerns that I have set out and agree to withdraw amendment 22 and not move amendment 25.

Rhoda Grant: I have listened carefully to what the minister has said. Given his reassurance that section 25 covers the matter, I seek leave to withdraw amendment 22.

Amendment 22, by agreement, withdrawn.

Section 6A—Adult carers of terminally ill cared-for persons

The Deputy Presiding Officer: The next group of amendments concerns timescales for the

preparation of adult carer support plans and young carer statements. Amendment 2, in the name of the minister, is grouped with amendments 23, 6 and 26.

Jamie Hepburn: Amendments 2 and 6 are designed to provide absolute clarity about our intentions: they replace “may” with “must” in sections 6A and 11A, so that those sections will read:

“The Scottish Ministers must by regulations prescribe timescales for the preparation of”

adult carer support plans and young carer statements in relation to carers of terminally ill cared-for persons.

It has always been my intention to bring forward such regulations, since we amended the bill at stage 2, but I hope that those regulations put beyond doubt the sincerity of such intentions. There will, of course, be a consultation on the draft regulations, which will be subject to the affirmative procedure. Again, I give a commitment to ensure that relevant stakeholders—COSLA, local government, carers and their representative organisations—are involved in that process.

14:15

The effect of amendments 23 and 26 to sections 6A and 11A respectively, combined with the effects of the existing provisions, would be that the Scottish ministers would be required to set timescales for all adult carer support plans and young carer statements and would be allowed to make different provision for plans and statements when the cared-for person was terminally ill. I understand the intention behind the amendments but, as I set out at stage 2, I am not persuaded that setting general timescales for the preparation of all adult carer support plans and young carer statements is appropriate. Doing so could result in local authorities having to devote a disproportionate amount of their resources to preparing plans in order to meet the timescales, which could limit the resources that might otherwise be available for the provision of support. There is also a risk that local authorities’ focus might shift away from the completion of good-quality plans. Because of the timescales set for some carers, the preparation of a plan will be an iterative process rather than a one-off intervention.

Nevertheless, I understand that carers will want an indication of approximately how long it will take to prepare an adult carer support plan or young carer statement. There is, therefore, already provision in the bill, in section 28(2)(f), that a local carer strategy must set out the authority’s intended timescales for preparing adult carer support plans and young carer statements. That provision has been in the bill since it was first presented to

Parliament. I therefore ask that amendments 23 and 26 not be moved.

I move amendment 2.

Rhoda Grant: I welcome the Government's amendments, which strengthen the wording in the bill. My amendments 23 and 26 make it clear that the Scottish Government can set timescales for the preparation of adult carer support plans and young carer statements. I have listened to what the minister said in moving amendment 2 about the strategy having to include timescales. The real concern is that those timescales might not provide the support that carers and young carers require when they need it. I ask him what steps he will take if the strategies that come forward contain timescales that are not really helpful to carers. What will he do to make sure that carers have statements and plans in a timely fashion?

Jamie Hepburn: I thank Rhoda Grant for her question, which is a fair one. I re-emphasise the point that I made in my opening remarks, that, since the bill was first presented to Parliament, there has been provision in the bill that, in each area, as part of the local carers strategy, carers should have an indication of how long the assessment process will take. I understand the point that Rhoda Grant makes but I hope that I have been clear, throughout stages 1 and 2, that much of this can be covered in the guidance that we issue. There will be different requirements, given the different circumstances that carers find themselves in, and local authorities will have to take account of that fact in prioritising those who have to be seen promptly, ensuring that the support is in place quickly thereafter. I think that guidance can cover a lot of that.

As I said in my opening remarks, a blunt instrument such as is proposed in these amendments—for very good reasons; Rhoda Grant's intention is clear—could lead to a disproportionate amount of resources being allocated to meeting timescales instead of providing support, and that is the last thing that any of us in this chamber would want. I hope that I have been able to reassure Ms Grant. For all the guidance that we issue under the bill, there will be a co-operative process that will involve the carers and their representative organisations, ensuring that their voice is heard.

Amendment 2 agreed to.

Amendment 23 not moved.

Section 7—Adult carers: identification of outcomes and needs for support

Amendment 3 moved—[Rhoda Grant]—and agreed to.

Section 8—Content of adult carer support plan

The Deputy Presiding Officer: Group 5 is on information about future arrangements, including bereavement support. Amendment 4, in the name of Rhoda Grant, is grouped with amendments 24, 8, 27 and 14.

Rhoda Grant: Amendments 4 and 8 seek to allow for the planning statement to contain information on the future care arrangements for a cared-for person. We will all have casework from elderly parents looking after adult offspring who are likely to outlive them, and we will have heard their concerns and worries about who will look after their children once they are gone or when they are no longer fit to provide care. The same is true of young people who reach a transitional time in their lives. What will happen when they go to college or university or when they decide that they need to leave home? In order for a carer to plan and prepare for the future, those aspects of their role need to be covered in their plan or the statements.

Amendments 24, 27 and 14 deal with support for carers who suffer bereavement. Carers often tell us about the impact of the death of their loved one; not only do they have to suffer that bereavement, but they find that the support that had been there disappears almost immediately. Some who have been caring for a very long time have stopped working and neglected friendships, and they therefore find themselves very isolated. Their carers allowance stops, and they are often in financial difficulties. It is important that, as bereavement comes closer, plans and statements reflect that fact and ensure that some preparation is made in that respect.

We must also ensure that there is appropriate support for the carer when bereavement happens, and amendment 14 ensures that advice and information centres also provide carers with bereavement support.

I move amendment 4.

Nanette Milne (North East Scotland) (Con): I speak in support of amendments 14, 24 and 27. When a carer loses a loved one or someone to whom they have become emotionally attached through caring for them through a terminal illness, the experience can be devastating and leave the carer feeling quite abandoned and bereft. There are many practical as well as emotional issues to cope with after such a loss, including dealing with financial matters, navigating the benefits system and perhaps getting back into employment, and being able to discuss such matters and getting ready access to available information can make the transition from a life of caring to a normal life easier and less stressful. The amendments in

question will facilitate that by requiring local authorities to include bereavement support as part of the adult carer support plans and young carer statements, so I am happy to support them.

Johann Lamont (Glasgow Pollok) (Lab): I want to highlight the importance of carers centres in providing continued support to carers who have suffered bereavement. Many of those centres, including south-west Glasgow carers centre in my constituency, provide that service and support instinctively, and I have seen for myself evidence of carers who have continued to be supported by them. The question is how those centres can be fully supported to do the work that they know needs to be done, and that is not just a matter of legislation, but a question of giving them support.

Secondly, I seek some reassurance. There is no doubt that elderly parents with a child who has, for example, a learning disability know that there will come a time when they are not there, and they will want support for their child or loved one. Too often, however, dealing with that issue is left until a death happens and there is a crisis. What steps can be taken to ensure that such planning is done early and that there is provision in which parents can have the confidence that allows an individual to move into different kinds of supported accommodation while their parents are still around to support them in that change? Too often it feels that we respond to the crisis that arises instead of planning for the inevitability of the event, and I think that it would reassure a lot of elderly carers if that intervention happened earlier.

Jamie Hepburn: I thank Ms Grant for lodging these amendments. I recognise that future care planning is just as important as emergency care planning to a carer's health and wellbeing. Carers might not be able to provide care in the long term, perhaps as a result of illness, old age or a change in circumstances, including the circumstances that members have touched on in which an elderly person, aware that they will pass on, is concerned about the future arrangements for their loved one.

The knowledge that future care plans are in place for a time when the carer can no longer care can bring peace of mind. Amendments 4 and 8 therefore make provision in sections 8 and 13 that the adult carer support plan and the young carer statement must contain information about whether the adult or young carer has arrangements in place for the future care of the cared-for person. On that basis, I am delighted to support the amendments, which mirror existing provisions in the bill on emergency care planning,

On amendments 24 and 27, in Rhoda Grant's name, on bereavement support, it is difficult and even devastating when the carer's role comes to an end. The focus of the bill is on assessing need and providing support to current carers and those

who intend to care in the near future. The bill takes a personal outcomes approach to assessment of need for, and provision of, support. Therefore, if a carer anticipates a need for bereavement support in advance of the demise of the cared-for person—as can often be the case, depending on circumstances—that can be considered as part of the adult carer support plan or the young carer statement process. That could be appropriate in circumstances in which the cared-for person has a terminal illness, for example.

The carer may also be affected by the prospect of the cared-for person's death such that their own health and wellbeing suffer and they cannot care. Counselling before the cared-for person's death could help the carer to prepare and so be in a better position to provide care while the cared-for person is still alive. Such support can already be considered in the context of the adult carer support plan and young carer statement under the bill, so on that basis I do not believe that amendments 24 and 27 are necessary.

There is also an issue in respect of the definition of the term "carer". Section 1 defines a carer as

"an individual who provides or intends to provide care for another individual (the 'cared-for' person)".

Rhoda Grant's amendments 24 and 27 are intended to introduce to the assessment process the provision of information and advice on support that is available to former carers after bereavement. That is not possible under the current definition of carer, because the carer ceases to be a carer when the cared-for person dies. To accept the amendments we would need to widen the definition of carer, which would fundamentally change the nature and scope of the bill, and its focus, from the assessment of the needs of and provision of support to the carer so that the carer can sustain the caring role, to include assessment of need and provision of support to people who are no longer carers.

Johann Lamont: Does the minister recognise that there is a continuum for a person who has cared for, cares for and then loses someone? Because they are living with the consequences of having been a carer, support for that person should continue to the point at which he or she is ready to move on. Caring does not just stop at the point of the cared-for person's passing; there are ramifications that can go on for longer. We would be concerned if it is being suggested that that is a logical cut-off point. I do not think that it is unreasonable to say that the amendments simply acknowledge that there is a time after bereavement when the person is, in effect, still the carer because they are dealing with the consequences of loss.

Jamie Hepburn: I absolutely agree with the point that Johann Lamont has made. I suppose that my point is that we are not just expressing sentiments, but are making the law. There could be problems with the workability. The issue that I raised previously in relation to other amendments—which we are happy to support—in Rhoda Grant’s name, on future planning, deal with the concerns that Johann Lamont has very reasonably expressed.

I was about to come on to amendment 14, which I think will also take care of some of that concern, but I am happy to give way to Rhoda Grant.

Rhoda Grant: I am listening carefully to what the minister is saying. Does he think that it would be appropriate to put in place guidance for local authorities to ensure that the care and support that would be required after the death of a cared-for person are there? That way the definition of carer in the bill would not be affected.

Jamie Hepburn: Again, I am quite happy to reflect on that suggestion. It is essential that we have good guidance that covers all eventualities. I have clearly made the point that the assessment process should be very much focused on the needs of the individual carer. My remarks on amendments 4 and 8, on future care planning, take care of the concerns that have been expressed. If we need to finesse provision through guidance, I am very happy to commit to our seeking to do so. I have also made a wider commitment to engage with carers and their representative organisations, which will help us to get guidance right.

14:30

I am happy to say that we will support amendment 14, which was lodged by Rhoda Grant. It is important that carers can access information and advice, when they need it, on the bereavement support services that are available to them in the event of the cared-for person’s death. The information and advice service to which the amendment refers is available to all, including those who have been bereaved, without us having to tinker with the definition of carer, which could cause difficulties elsewhere. I believe that that availability takes care of the reasonable concerns that underlie amendments 24 and 27.

The information and advice service can signpost the excellent bereavement support services that are already generally available. Those include the information pack on “What to do after a death in Scotland: practical advice for times of bereavement”, which has been developed to help people through the first few days of a bereavement and is widely used across the NHS,

and the bereavement zone section of the NHS inform website, which offers a lot of a practical advice on what to do after a death and on coping with grief. Both of those services offer specific advice for children and young people, which young carers may find particularly helpful.

On Johann Lamont’s point about income maximisation, that is another role for information and advice services, which I re-emphasise will be available to all, including those who could be defined—and whom I would recognise—as bereaved carers in a general sense but whom we cannot define legally as carers in the bill. National services such as Breathing Space and Cruse Bereavement Care Scotland are available to those who need someone to talk to.

I support amendments 4, 8 and 14. I support the sentiments that were expressed in relation to amendments 24 and 27, but I am concerned about their workability. On that basis, and given the clear commitments that I have set out on guidance and the workability of the other amendments that we are supporting, I respectfully ask Rhoda Grant not to move amendments 24 and 27.

Rhoda Grant: I listened carefully to what the minister said about amendments 24 and 27, as I know that we are all concerned about the support that carers get when they face a bereavement. I am pleased that the minister recognises that amendments 4 and 8 cover bereavement planning, and that he will issue guidance to local authorities to ensure that they understand that.

I am pleased that we have worked together on amendments regarding future planning. The bill makes it clear that a carer must be willing to care, and that can change in the future depending on the burden on the carer. I therefore press amendment 4.

Amendment 4 agreed to.

Amendment 24 not moved.

Section 11—Duty to prepare young carer statement

Amendment 5 moved—[Rhoda Grant]—and agreed to.

Amendment 25 not moved.

Section 11A—Young carers of terminally ill cared-for persons

Amendment 6 moved—[Jamie Hepburn]—and agreed to.

Amendment 26 not moved.

Section 12—Young carers: identification of outcomes and needs for support

Amendment 7 moved—[Rhoda Grant]—and agreed to.

Section 13—Content of young carer statement

Amendment 8 moved—[Rhoda Grant]—and agreed to.

Amendment 27 not moved.

Section 19—Duty to set local eligibility criteria

The Deputy Presiding Officer: Group 6 is on local eligibility criteria: role of the Scottish ministers. Amendment 28, in the name of Rhoda Grant, is grouped with amendments 29 to 31. I point out that amendment 29 pre-empts amendments 30 and 31, and that amendment 30 pre-empts amendment 31.

Rhoda Grant: With this group of amendments, I am giving the Parliament a range of options on how to deal with concerns about local eligibility criteria. Carers are extremely concerned that there will be a postcode lottery, with different local authorities offering support to different categories of carers. I believe that carers with the greatest need must receive support regardless of where they live. The nature of the support that they require will obviously change depending on their personal circumstances and on where they live, so it cannot be prescribed nationally, but there can be national prescription with a commitment to provide support to those with the most need. My amendments 28 to 31 seek to do that in different ways, so members have a choice.

Amendment 28, which is my preferred amendment, states that

“the Scottish Ministers must by regulations specify”

which carers must receive support. I firmly believe that carers who are in danger of being unable to continue their caring role, or who are unable to do so without support, must be given priority nationally. Amendment 29 would allow ministers to make national regulations in the same vein but, unlike amendment 28, it would not oblige them to do so.

Amendment 30 is even less prescriptive. It seeks to ensure that local authorities must comply with nationally set regulations rather than simply have regard to them. Amendment 31 is consequential to amendment 28.

I apologise to the chamber for the complexity of the amendments in this group, but they provide the Parliament with a choice. Given that they deal with one of the main concerns of carers groups, I urge the Parliament to support the principle.

I move amendment 28.

Joan McAlpine (South Scotland) (SNP): I understand the concerns that exist—I, too, was concerned about the issue. What has become clear in my time in the Parliament is that there is quite a lack of confidence among many service users, particularly members of disabled groups, that local authorities will deliver the services that they are entitled to unless that is prescribed by Parliament. They look to Parliament to protect them.

I do not want to introduce an element of discord, but there is a lack of honesty when certain members of the Opposition constantly demand local democracy and local decision taking, but talk about postcode lotteries when local authorities are given the freedom to choose.

I turn to the amendments themselves. I note the lengths to which the Government has gone to address the concerns of carer organisations. From having spoken to people in the sector, I think that the minister has gone far enough to address those concerns. Section 19(4) says:

“A local authority must, when setting its local eligibility criteria, have regard among other things to such matters as the Scottish Ministers may by regulations specify.”

Section 21, on national eligibility criteria, states that

“Regulations under this section may modify any enactment (including this Act).”

Obviously, eligibility criteria will be set by the local authorities with reference to national core principles.

Crucially, what reassures me is the fact that the bill makes further provision for national eligibility criteria to be set, and in the event that the local eligibility criteria are not working, ministers can intervene. It would be useful for the minister to tell us when he thinks that it might be appropriate for him to intervene and how likely it is that that will happen, in order to reassure some of the people who are concerned that local authorities will not deliver what is in the guidelines.

Johann Lamont: I rise to respond to what Joan McAlpine said. I recognise that there is a tension between establishing national rights and having local control and local ability to respond to local events. That has always been a tension, and we have to recognise that there are merits to having that level of flexibility at a local level.

I seek reassurance from the minister that there are basic standards of rights, so that there is not such a lottery between having very significant entitlement or none whatsoever. There are basic things that families should be able to expect.

I also ask the minister to reflect on the critical centrality of proper and full funding, to ensure that people’s rights are delivered. That is the way to

ensure local flexibility, rather than having rationing that is caused by the lack of resources provided to local government.

Jamie Hepburn: On the last point made by Johann Lamont, I note that a financial memorandum must of course accompany any bill. When the bill's provisions are fully in place, they will be accompanied by a substantial pocket of funding of some £80 million. That is the amount that the Scottish Government is providing to support the bill's provisions. We will fund the bill.

The purpose of the amendments in this group seems to be to combine local and national eligibility criteria. That reflects a debate that has been taking place throughout the bill process. I recognise the concerns that have been expressed by the national carer organisations, which have clearly been in dialogue with Ms Grant, as is their right.

Having what appears to be hybrid local and national eligibility criteria could cause difficulty with local implementation. I am not convinced that that is the right way to go about setting eligibility criteria. The bill requires a local authority to set local eligibility criteria after consulting carer organisations and carers—most of those carers will live in the local authority's area.

Rhoda Grant spoke about support needing to go where there is the greatest need. Her amendments do not set out anything about the greatest need; they deal with "a category". The notion of "greatest need" could itself be open to much interpretation.

However, there might be some creative, meaningful ways of having local thresholds for support. For instance, there is the opportunity to consider the concept of a threshold that is drawn in a more nuanced way than simply saying that everyone above a certain line must receive support and everyone below it does not have to receive it.

As I have previously made clear, I want to work with all key interests, including the national carer organisations, COSLA and local authorities, to ensure the workability of local criteria. Having local eligibility criteria does not mean having unnecessary variation in the approaches taken to them. We will work with local authorities on a consensual basis regarding the criteria. During 2016-17, before the bill is commenced, we will work with COSLA, local authorities, the national carer organisations and carers themselves to share ideas and views about eligibility criteria.

The aim, of course, is for local authorities to learn about eligibility criteria from one another and from other bodies before they undertake consultation with bodies that represent carers. The

involvement of carers is specified in the bill, as I said.

Section 19(4) states:

"A local authority must, when setting its local eligibility criteria, have regard among other things to such matters as the Scottish Ministers may by regulation specify."

That provides ministers with scope to make regulations to strengthen the consistency of approach, where that is needed.

I have said to the national carer organisations that I am greatly impressed with the matrix showing

"examples of indicators"

and the

"impact on and risk to carers' outcomes"

that is in their draft framework for national eligibility thresholds. Those indicators will be considered among national matters to be set out in regulations and guidance. We will ensure that local eligibility criteria are overlaid by matters that will be set out on a national basis. I believe that that is the right balance.

Neil Findlay, who is not here to hear me praise him—

Members: Oh no!

Jamie Hepburn: I know that it is unusual; I assure members that I will try not to make a habit of it. Mr Findlay made an important point during the stage 1 debate when he said:

"Some people suggest national criteria; others suggest local criteria. Whichever they are, the criteria must be effective".—[*Official Report*, 5 November 2015; c 80.]

I agree with that statement. I believe that what is important is the outcome, rather than the mechanism.

14:45

The bill includes a power in section 21 for ministers to make regulations setting out national eligibility criteria. That is a reserve position—a fallback, if you like. Joan McAlpine asked me about the circumstances in which we would consider using such regulations. I hope that the Government does not have to use them. COSLA wanted that section to be removed from the bill, but it remains in it. We will monitor the efficacy of the approach in the bill of using local eligibility criteria, and I will have no hesitation in using the power and instituting national eligibility criteria if that is found to be necessary.

On the basis of all that I have set out, I urge Rhoda Grant to seek to withdraw amendment 28 and not move amendments 29 to 31. Otherwise, I urge the Parliament to reject the amendments.

Rhoda Grant: The amendments get to the very core of the concerns about the bill, which is the gap in funding. COSLA tells us that, even before the £0.5 billion cut in their budget that local authorities face, the funding that is to be provided for the bill will be inadequate to cover its costs. Of course, carers groups are concerned, too, because they believe that, without the funding, the bill will not have the impact that it is supposed to have. COSLA is keen to support carers, but without the funding to do so, it feels that the funding that goes into carers support will come out of funding for the cared-for person, which will then put the onus back on the unpaid carer to provide support.

With regard to the prescription about those most in need, I would have hoped that the minister would prioritise their needs when setting national criteria and that that would not be in the bill.

I urge the Parliament to support amendment 28, which will make a big difference in guaranteeing carers some level of support.

The Deputy Presiding Officer: The question is, that amendment 28 be agreed to. Are we agreed?

Members: No.

The Deputy Presiding Officer: There will be a division. As this is the first division of the afternoon, I will suspend proceedings for five minutes. Thereafter, on resuming, divisions will be of 30 seconds.

14:48

Meeting suspended.

14:53

On resuming—

The Deputy Presiding Officer: We move to the division on amendment 28.

For

Baker, Claire (Mid Scotland and Fife) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brennan, Lesley (North East Scotland) (Lab)
 Brown, Gavin (Lothian) (Con)
 Carlaw, Jackson (West Scotland) (Con)
 Davidson, Ruth (Glasgow) (Con)
 Dugdale, Kezia (Lothian) (Lab)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Findlay, Neil (Lothian) (Lab)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Goldie, Annabel (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 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)
 Malik, Hanzala (Glasgow) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 McCulloch, Margaret (Central Scotland) (Lab)
 McDougall, Margaret (West Scotland) (Lab)
 McInnes, Alison (North East Scotland) (LD)
 McMahan, Michael (Uddingston and Bellshill) (Lab)
 McMahan, Siobhan (Central Scotland) (Lab)
 McNeil, Duncan (Greenock and Inverclyde) (Lab)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Murray, Elaine (Dumfriesshire) (Lab)
 Pearson, Graeme (South Scotland) (Lab)
 Pentland, John (Motherwell and Wishaw) (Lab)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Drew (Glasgow) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)

Against

Adam, George (Paisley) (SNP)
 Adamson, Clare (Central Scotland) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Allard, Christian (North East Scotland) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Biagi, Marco (Edinburgh Central) (SNP)
 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)
 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)
 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)
 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)

The Deputy Presiding Officer: The result of the division is: For 48, Against 60, Abstentions 0.

Amendment 28 disagreed to.

Amendment 29 moved—[Rhoda Grant].

The Deputy Presiding Officer: The question is, that amendment 29 be agreed to. Are we all agreed?

Members: No.

The Deputy Presiding Officer: There will be a division.

For

Baker, Claire (Mid Scotland and Fife) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brennan, Lesley (North East Scotland) (Lab)
 Brown, Gavin (Lothian) (Con)
 Carlaw, Jackson (West Scotland) (Con)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Davidson, Ruth (Glasgow) (Con)
 Dugdale, Kezia (Lothian) (Lab)
 Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Ind)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 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)
 Marra, Jenny (North East Scotland) (Lab)

Martin, Paul (Glasgow Provan) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McCulloch, Margaret (Central Scotland) (Lab)
 McDougall, Margaret (West Scotland) (Lab)
 McInnes, Alison (North East Scotland) (LD)
 McMahon, Michael (Uddingston and Bellshill) (Lab)
 McMahon, Siobhan (Central Scotland) (Lab)
 McNeil, Duncan (Greenock and Inverclyde) (Lab)
 McTaggart, Anne (Glasgow) (Lab)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Murray, Elaine (Dumfriesshire) (Lab)
 Pearson, Graeme (South Scotland) (Lab)
 Pentland, John (Motherwell and Wishaw) (Lab)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland Islands) (LD)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Drew (Glasgow) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)
 Urquhart, Jean (Highlands and Islands) (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)
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 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)
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 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)
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 Stewart, Kevin (Aberdeen Central) (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)

The Deputy Presiding Officer: The result of the division is: For 56, Against 60, Abstentions 0.

Amendment 29 disagreed to.

Amendment 30 moved—[Rhoda Grant].

The Deputy Presiding Officer: The question is, that amendment 30 be agreed to. Are we all agreed?

Members: No.

The Deputy Presiding Officer: There will be a division.

For

Baker, Claire (Mid Scotland and Fife) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
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 Lamont, Johann (Glasgow Pollok) (Lab)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
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 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)
 Milne, Nanette (North East Scotland) (Con)
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 Stewart, David (Highlands and Islands) (Lab)
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Against

Adam, George (Paisley) (SNP)
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 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)
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 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
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 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Yousaf, Humza (Glasgow) (SNP)

The Deputy Presiding Officer: The result of the division is: For 56, Against 60, Abstentions 0.

Amendment 30 disagreed to.

Amendment 31 not moved.

Section 23—Provision of support to carers: breaks from caring.

The Deputy Presiding Officer: The next group of amendments is on provision of support: breaks from caring. Amendment 32, in the name of Rhoda Grant, is grouped with amendments 9, 33 and 34.

Rhoda Grant: Amendment 32 makes it clear that a break from caring must be for the benefit of the carer. We often hear of respite breaks being taken to accommodate other aspects of a carer's life rather than to give them a rest. The worst case that I have ever heard of, which I make no apology for repeating—*[Interruption.]*

The Deputy Presiding Officer: Order. Members must hold their conversations outside the chamber.

Rhoda Grant: The case was of a mother with an adult daughter who was given respite to allow her to have a major operation. When she left the hospital, she was told that she needed a couple of months to convalesce and should not lift or bend. When she arrived home, the two replacement carers left. She asked for additional support but was told that her annual allocation for respite had been used up while she was in hospital.

That is not acceptable. Replacement care must be provided when a carer needs to attend to their own health, but their break from caring must be just that—a break from caring.

I support amendments 9, 33 and 34. I move amendment 32.

Jamie Hepburn: I do not believe that amendment 32 is required, for a number of reasons. Section 23(1) of the bill makes it clear that support may be provided in the form of a break from caring when that is to meet the carer's identified needs, rather than those of the cared-for person. If amendment 32 were to be agreed to, the local authority—and in some circumstances the court—would have to consider what the primary purpose of a particular form of support

was. The phrasing of the amendment also implies that there could be secondary purposes.

The structure of the bill has been carefully thought through: support is determined on the basis of a consideration of personal outcomes, identified needs, eligibility criteria and the interaction between carer and cared-for support. That makes it clear that any support must be designed to achieve the agreed personal outcomes. I am concerned that introducing the idea of a primary purpose would risk confusing the issue.

15:00

If Rhoda Grant's intention is that local authorities should provide what might be considered proper breaks, I am not sure whether the amendment would achieve that. It says that

“The primary purpose of any break ... must be for the benefit of the carer.”

Getting to a necessary medical appointment would be for the benefit of the carer, but it is not necessarily what we would want to achieve through such provisions and it might have nothing at all to do with the carer's personal outcomes or identified needs.

Such wording would leave it open for a council to say to a carer, “You may claim that this is for your benefit, but we do not think that that is the primary purpose,” and refuse to provide the break to the carer. That is not an outcome that I desire or that Ms Grant desires. We all want to ensure that a carer whose personal outcome is to have some time to himself or herself to recharge his or her batteries gets that through support that delivers some genuine protected time, rather than time that would be taken up with routine appointments and tasks such as medical appointments.

The aim seems to come down to having a process to ensure that the support that is provided is capable of delivering the outcome in practice. We will consider whether it might be possible to use the regulation-making powers in sections 7 and 12, which relate to personal outcomes and needs for support, to help achieve that. On that basis, I ask Rhoda Grant to withdraw amendment 32.

Amendment 9 concerns a minor drafting point. It is designed to tidy the wording of the bill following amendment at stage 2.

Turning to Nanette Milne's amendment 33, I have heard from the national carer organisations and often from carers that carers like to know that they have breaks planned in advance. Amendment 33 would ensure that local authorities

“must have regard to the desirability of breaks from caring being provided on a planned basis.”

Amendment 34 would help to ensure that a sufficient choice of short breaks is available to carers in each local authority area. Emphasising section 19(2) of the Social Care (Self-directed Support) (Scotland) Act 2013 in the bill would provide clarity for local authorities and other service providers that local authorities should be promoting a variety of support and support providers that deliver a break from caring.

I am committed to working collaboratively with key stakeholders on the production of the guidance that would underpin the provisions in amendments 33 and 34. On that basis, I support amendments 33 and 34 in Nanette Milne's name and I ask Rhoda Grant to seek to withdraw amendment 32, given the concerns that I have set out.

Nanette Milne: Amendments 33 and 34 are intended to help make the breaks from caring that may be delivered through support under the bill more effective. Section 23(1) of the bill requires that

"A local authority, in determining which support to provide to a carer under section 22(4), must consider in particular whether the support should take the form of or include a break from caring."

Amendment 33 would mean that, in providing support by virtue of subsection (1),

"a local authority must have regard to the desirability of breaks from caring being provided on a planned basis."

The benefits of properly planned breaks for carers are clear. They have certainty about when they will have breaks, which provides peace of mind, as they know that they have breaks to look forward to.

Amendment 33 would not prevent breaks from being provided for immediate need, perhaps in response to a crisis situation, as well as enabling provision over a period of time. Section 19 of the Social Care (Self-directed Support) (Scotland) Act 2013 concerns the promotion of options for self-directed support.

Amendment 34 would insert a new subsection in section 23 of the bill, which is on the provision of support to carers by providing breaks from caring. That would put it beyond doubt that section 19(2) of the 2013 act includes support that takes the form of a break from caring. I know that carer organisations would welcome that, to make clear the policy intention that local authorities should promote a variety of options for services that provide such breaks, including services that are provided by the local authority directly and those from other service providers.

I would like local authorities to encourage the provision of all forms of support in the community, including short breaks. For example, if local

authorities know that there are play schemes for children that could do more to make themselves accessible to disabled children by employing specialist play workers, which would provide a break for the carers of disabled children, they could promote the possibility of play workers.

The example that Rhoda Grant gave clearly indicates why her amendment 32 is required. I will wait to hear what she has to say in response to the minister's comments.

The Deputy Presiding Officer: Two members have indicated that they wish to speak to the group. I ask them to be brief.

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): I do not wish to speak to the group.

The Deputy Presiding Officer: In that case, I have one member who wishes to speak. Mr Hume, do you wish to speak to the group?

Jim Hume (South Scotland) (LD): I do. I am very supportive of the principle behind amendment 32. I would like to ensure that any rights that are given to carers do not create conditions whereby cared-for people receive a quality or quantity of care that is less than they need and deserve. Of course, the purpose of the bill is to enshrine and strengthen carers' rights, and I will support amendments that do so. However, I would like some clarification of how amendment 32 would give carers an appropriate type and length of break without leaving cared-for people with less care than they need. I look forward to receiving some clarification from Rhoda Grant.

We will support the amendments in the names of Rhoda Grant and the minister.

Rhoda Grant: I will respond first to Jim Hume's comments. The bill makes it clear that replacement care will be provided when the unpaid carer takes a break. That provision is already there. If an unpaid carer gets a break, they can choose either to take the cared-for person with them and maybe get some additional help or to get support to replace the care that they would normally give.

I listened carefully to what the minister said about regulations, and I would very much welcome his putting such provisions in regulations. The bill is rather a blunt instrument for them, given that carers and the people for whom they care are individuals and the support that they need can take various forms. I believe that regulations would make the position clear and would probably be better than having something about such support in the bill. Because of that, I will not press amendment 32.

I support Nanette Milne's amendment 33, as advance planning of breaks is really important in

ensuring that the carer gets the most benefit from them.

Amendment 32, by agreement, withdrawn.

Amendment 9 moved—[Jamie Hepburn]—and agreed to.

Amendments 33 and 34 moved—[Nanette Milne]—and agreed to.

After section 24

The Deputy Presiding Officer: That brings us to group 8, on eligibility for support: review. Amendment 35, in the name of Rhoda Grant, is grouped with amendments 36, 46 and 47.

Rhoda Grant: Amendment 35 would build into the bill a review and appeals process that means that, when a carer believes that their need is not being met in their plan or statement, they can ask for a review of the decision. The amendment would allow ministers to set out the process and timescale for the reviews in regulations, and it would allow a shorter timescale for reviews when a carer is looking after someone who is terminally ill. Those reviews would happen when a carer believes that something has been missed that could be easily resolved, but they would not take the place of a complaints procedure.

I move amendment 35.

Jackson Carlaw: My amendment 36 is designed to offer two things when a carer is told that they do not meet the eligibility criteria for support: first, clarity as to why the decision was arrived at, and secondly, a process for review and appeal in a less onerous way than under Rhoda Grant's amendment 35. Carers' lives are complex. Carers can travel great distances and have other dependants who rely on them. It is important that we do everything that we can to support carers and, if they are eligible for support, to put in place a process to deliver that support. I accept that there might be other means of achieving that, so I look forward to what the minister has to say.

Jamie Hepburn: I thank Ms Grant and Mr Carlaw for lodging their amendments. I absolutely accept Mr Carlaw's point about the necessity for clear information on any decision that has been made. We can deal with that through guidance, which we will work on as we implement the bill. The point was well made: whatever decision is made, the carer should know the rationale behind it.

I agree that it is important to have a mechanism through which carers can seek to have decisions reviewed. The Scottish Government has recently consulted on a draft order about social work complaints. The role of the Scottish Public Services Ombudsman under the revised process in that order will extend to decisions made under

the bill, including decisions about whether an individual carer's identified needs meet the local eligibility criteria.

The intention under the draft order is that the SPSO will set out a model complaints-handling procedure—including timescales—that local authorities must follow. As part of the process, any carer could first ask for a decision to be reviewed within the local authority, as well as ultimately having redress to the ombudsman as required. A more senior council officer would be required to undertake the review. If a carer remained dissatisfied thereafter, they could go to the SPSO, which would have the power to investigate the matter—that would include considering the professional judgment of social work staff—and to make recommendations to the local authority on decisions that it makes.

The draft order has been laid and is being considered by the Health and Sport Committee. We expect that committee to report in time for the Parliament to decide whether to approve the order before the end of March. If we assume that Parliament approves the order—I sincerely hope that it will—the new procedures will operate from 1 April 2017, which is the beginning of the financial year in which the bill will take effect.

For some time, carers have been calling for a more streamlined and timely complaints procedure through which the SPSO can make recommendations about social work staff. The changes that I have outlined will deliver what carers have been seeking and will deliver the essence of what the amendments in the group seek. On that basis, I ask Ms Grant to seek to withdraw amendment 35 and not to move amendment 46, and I ask Mr Carlaw not to move the amendments in his name.

Rhoda Grant: I believe that the appeals process that the minister outlined will work for carers, so I seek to withdraw amendment 35.

Amendment 35, by agreement, withdrawn.

Amendment 36 not moved.

The Deputy Presiding Officer: Group 9 is on reporting on support and scrutiny of support services. Amendment 37, in the name of Rhoda Grant, is grouped with amendment 38.

Rhoda Grant: Amendment 37 sets out a three-yearly reporting process that will allow the Scottish ministers to review the bill's impact. It provides that local authorities must report on the number of plans and statements that they have prepared, and the number of short breaks that have been provided and the cost of that support. Reporting every third year cuts down costs and allows time for the bill to bed in. More important, it will give a transparent account of how the bill is working.

Amendment 38 seeks to bring support services for carers under the jurisdiction of the Care Inspectorate. Carers need support, and that support needs to be of good quality. A number of carers will themselves be vulnerable and will require high-quality services that are suitable to their needs; we need a mechanism to ensure that they get those, and the Care Inspectorate is the most suitable independent body that is available.

I move amendment 37.

15:15

Jim Hume: In relation to amendment 38, the provision of a service becomes more effective when the right measurement tools are in place to show the benefit and cost analysis. I note that the national carer organisations caution that amendment 38 may be difficult to implement, because a lot of the support that will be provided could be non-quantifiable, such as emotional support. Although there may be benefits that can potentially be measured, the amendment may be placing too much pressure on reaching certain thresholds and obtaining good review results, rather than focusing all efforts on public services to provide the best support possible. I would like Rhoda Grant to address that issue.

We will, of course, support amendment 37.

Jamie Hepburn: I will reply to the amendments in Rhoda Grant's name. As she has set out, amendment 37 would place a duty on local authorities to publish a report providing details on how certain provisions of the bill have been put into practice. I understand that the aim is to establish monitoring data, including on the number of breaks from caring that have been provided as a form of support. I fully agree that it is important to have access to data in order to monitor and evaluate the bill's implementation, but I do not believe that amendment 37 would produce the result that we are looking for.

Amendment 37 is about the collection of quantitative data. However, it does not take account of, for example, the number of carers in the area in order to provide a context for the number of plans prepared. There is a concern that the amendment could simultaneously be too narrow in the criteria to be assessed and the data to be collected, and too broad in the range of data to be collected on that narrow range of identified criteria. The amendment would also require the timing of the preparation and publication of the first report on support to be calculated by reference to the date of royal assent, not the date when the provisions relating to adult care support plans, young carer statements and the provision of support come into effect.

Although I agree with the commendable aim of amendment 37, there is in my view a better way to achieve that aim. We want to sit down with COSLA, local authorities, the national carer organisations and others to discuss and agree the type of important monitoring data to be gathered. The finance advisory group that I have established is also considering what baseline data to collect for 2016-17. There will be monitoring and evaluation of the bill's provisions—Ms Grant and other members can be assured of that—but I consider it important to get the bodies that I have mentioned around the table to agree the process fully on the basis that I have set out.

Rhoda Grant: Will the data that is gathered be published and made available to the Parliament to scrutinise?

Jamie Hepburn: I am entirely relaxed about committing to that end. I see no reason for us not to share that data publicly and make it available to the Parliament. There is nothing to fear in doing so, so I readily commit to that.

The point that I am making is that it is important that we ensure that what we are seeking to monitor is right. We still need to engage in dialogue with those who will be involved in that process of monitoring the bill's efficacy before we are in a position to say exactly what data it is that we will need to collect.

On that basis, I hope that Ms Grant will withdraw amendment 37. I hope that the commitment to make public the information that is gathered will reassure her.

Rhoda Grant's amendment 38 appears to be intended to ensure that services that are provided to carers are brought within the definition of care services in part 5 of the Public Services Reform (Scotland) Act 2010. All such services, including those that are provided by carer centres and others in the third sector under this bill would therefore be subject to Care Inspectorate registration and inspection.

I agree that it is important that carer services are fit for purpose and delivered to a good standard. However, I think that Mr Hume's comments were very well made. Work also needs to be done to investigate thoroughly and resolve policy issues such as working with stakeholders to understand the implications for carer services of Care Inspectorate registration; it may not be appropriate or necessary to register all carer services with the Care Inspectorate. I want to ensure that there is an appropriate balance between the resources that are required for registration and reporting and the resources that are available for the delivery of quality carer services. I am sure that Rhoda Grant shares that ambition.

I propose that that work be undertaken as part of a wider review of the definitions of care services that the Care Inspectorate and the Scottish Government are taking forward, rather than by making a premature amendment to the bill. Following that review, if definitions of care services need to be changed, there is a power in the Public Services Reform (Scotland) Act 2010 to do so by order. Such an order is subject to affirmative procedure, so Parliament would have an opportunity to consider what was proposed at that stage. Given that that work is under way, I do not believe that it is necessary to make the provision in the bill as set out in the amendment. I therefore ask Rhoda Grant not to move amendment 38.

Rhoda Grant: I welcome the fact that COSLA and carer organisations will look at what data needs to be monitored to ensure that the bill is working and is delivering for carers. I will therefore seek to withdraw amendment 37. I have listened to the concerns about amendment 38; indeed, some concerns were expressed directly to me by carer organisations. I believe that it is very important that carers get high-quality services. However, I would not want inadvertently to include more carer-driven services in that group where it is self-help and support that is being delivered. For that reason, I will not move amendment 38 and look forward to seeing how those services can be monitored and how it can be ensured that they are of the standard required.

Amendment 37, by agreement, withdrawn.

Amendment 38 not moved.

Section 25—Duty to involve carers in carer services

The Deputy Presiding Officer: Group 10 is on a duty to involve carers in hospital discharge of a cared-for person. Amendment 39, in the name of Nanette Milne, is grouped with amendments 40 and 45.

Nanette Milne: I cannot stress enough the importance of carers being fully involved in the hospital discharge planning of the person for whom they care to ensure that appropriate support arrangements are in place before that person is discharged from hospital.

Following acceptance of my stage 2 amendment by the Health and Sport Committee, the minister confirmed his support for involving carers and asked to work with me to ensure that the amendment could be further developed, with the aim of having these stage 3 amendments in my name. I met the minister on three occasions to discuss the amendments and I also received his written comments. It is of course very important to ensure that there are no delays in hospital

discharge as a result of amendments or for any other reason.

Amendment 39 removes section 25(4A) so that my stage 2 amendment is removed completely. However, the provision will now be in a new section on its own, which will give it more prominence, making it easier for members and others to see what it does, rather than having a number of amendments to a section, which would not be easy to follow.

Amendment 40 inserts a new section after section 25. The purpose, as set out in subsection (1), is for each health board to ensure that, before a cared-for person is discharged from hospital, it involves any carer of that person in the discharge planning. The duty is conferred on the health board; in practice, that duty will be implemented within the wider context of integration, in partnership with the local integration joint board and the local council.

Subsection (2) of the new section makes it clear that

“A health board fulfils the duty in subsection (1)”

by taking appropriate steps to

“inform the carer ... of the intention to discharge the cared-for person”

and inviting the carer

“to give views about the discharge”.

The carer is to be informed of the intention to discharge the cared-for person

“as soon as reasonably practicable”.

I welcome the minister’s assurance that further detail on that will be covered in guidance, which I hope that he will confirm today. Paragraph (b) of subsection (2) requires a health board to take account

“so far as it is reasonable and practicable to do so, of any views given by the carer in making decisions relating to the discharge of the cared-for person.”

Subsection (3) qualifies the application of the section in that the health board must be able to identify the carer “without delay” and the cared-for person must be likely to require care following discharge. I hope that that will lead to dialogue with carers as soon as possible during the patient’s journey in hospital and avoid the current experience of many carers, who do not receive the information that they need on admission, diagnosis or discharge.

Subsection (4) defines “health board” and includes within the definition the State Hospitals Board for Scotland. Subsection (5) defines “hospitals” to mean

“a health service hospital”,

or,

“where a person receives accommodation or services in a hospital other than a health service hospital ... such a hospital.”

Amendment 45 inserts a provision into section 36, on interpretation, to ensure that the interpretation of “health board” in this new section on carers’ involvement in hospital discharge of cared-for persons includes the State Hospitals Board for Scotland.

I move amendment 39.

Jamie Hepburn: I thank Nanette Milne for lodging these amendments. As she said, we have engaged in a number of useful and productive discussions on this matter following stage 2.

I make clear that I fully support carers being involved in the hospital discharge planning of the person for whom they care, and I believe that that should of course happen as soon as it is reasonably practicable. By being involved, carers should be able to provide their views on a range of matters that are relevant to the discharge from hospital of the cared-for person. That might include, for example, consideration of services that are put in place to support the person to continue to care if the carer’s circumstances change because of new circumstances that arise when the cared-for person returns home. Under the bill’s provisions, they can request a review of their adult carer support plan or their young carer statement.

Of equal importance to involving carers in hospital discharge planning is the need to ensure that there are no delays in hospital discharge. A wide range of evidence shows us that any delay in leaving hospital can be detrimental to the physical and mental wellbeing of someone who is capable of leaving hospital. Once someone is clinically ready to be discharged, it is best for their wellbeing to be at home or to be cared for in a homely setting. That is why I was keen to work with Nanette Milne to further develop her stage 2 amendment to ensure that all the relevant definitions and circumstances are included.

I know that there is good practice across the country in involving carers in discharge—I provided some examples to Nanette Milne, the Health and Sport Committee and the Finance Committee. I have seen what the new health and social care partnerships between health boards and local authorities are doing in that regard. I want the good practice to become Scotland-wide practice. The success of carer involvement in hospital discharge planning relies to a great extent on achieving cultural change within the paid health and social care workforce so that staff recognise the value and the necessity of involving carers in care arrangements. I therefore intend that the provisions in the bill should also be supported by

an improvement programme including workforce development.

I support the amendments in the name of Nanette Milne, and I thank her for bringing them to Parliament.

Nanette Milne: I appreciate the minister’s acceptance of my genuine concern about discharge planning. He did not say anything about guidance on when care planning would start. Initially, I wanted that to be as soon as possible after admission to hospital, but I realise that there could be problems with that. I think that the minister indicated that that would be addressed in guidance. I might speak to him afterwards about that.

Jamie Hepburn: I apologise to Nanette Milne. She is correct to say that, initially, she expressed concern about the wording. I do not have a record of our discussion in front of me, but I recall that she wanted a provision that required the planning to start as soon as the person was admitted to hospital. There were concerns about that approach, not least about the efficacy of an approach that involved a scenario whereby, as soon as a cared-for person enters hospital, the hospital starts talking to the carer about the need to start thinking about getting them out of hospital. I am not sure that every carer would appreciate that type of dialogue. However, the sentiment is correct because, of course, that process has to begin as soon as possible, and good guidance can be worked on and issued to accompany the amendments that we will, hopefully, pass in a few moments.

Nanette Milne: I thank the minister for that clarification.

Amendment 39 agreed to.

After section 25

Amendment 40 moved—[Nanette Milne]—and agreed to.

Section 28—Local carer strategies

The Deputy Presiding Officer: Group 11 is on local carer strategies. Amendment 10, in the name of Jamie Hepburn, is grouped with amendments 11, 41, 42 and 20.

15:30

Jamie Hepburn: I am pleased to have lodged an amendment that will further underline in the bill my commitment—and the Government’s commitment—to emergency care planning. I have listened to the views of carers and the national carer organisations and it is clear that the issue is of great importance to carers and the people for whom they care. Worry about not having a plan in

place for the care of a cared-for person in the event of an emergency can affect the carer's health and wellbeing.

The bill already provides that the adult carer support plan or young carer statement must contain information about whether the adult or young carer has in place arrangements for care of the cared-for person in an emergency. We added that at stage 2, having listened to the concerns of organisations including Enable. There is, therefore, in the bill already provision for emergency care planning on an individual basis.

Amendment 10 provides for emergency care planning at a more strategic level. The proposed amendment to section 28 will require local authorities and health boards jointly, as part of their local carer strategies, to set out their

“plans for helping carers”

in their area to

“put arrangements in place for the provision of care to cared-for persons in emergencies”.

Amendment 20 will add the meaning of the term “relevant carers” to the list at section 36. The term was added to the bill at stage 2, so it is useful to have a definition in section 36.

I thank Rhoda Grant for working with me on the very important issue of prevention and for lodging amendment 11. Reduction of any negative impacts on a carer's health and wellbeing caused by their caring role is one of the prescribed national outcomes for an integrated health and social care system. Consistent with that national outcome, the bill already contains provisions that promote a preventative approach. Enabling people to request an adult carer support plan or young carer statement as soon as they become carers can result in an early assessment of their need for support and thereby reduce the risk of any need for crisis intervention later.

Under section 19(4), the Scottish ministers can set out in regulations the matters that a local authority must “have regard ... to” in setting its local eligibility criteria—a point that I made in the debate on an earlier group of amendments. Those matters could include the desirability of taking a preventative approach to avoid carers' needs escalating to a more severe level. I see merit, however, in underlining the importance of prevention. I am therefore delighted to support Rhoda Grant's amendment 11, which will require local authorities and health boards jointly to set out in their local carer strategy

“an assessment of the extent to which plans for supporting relevant carers may reduce any impact of caring on relevant carers' health and wellbeing”.

I thank Rhoda Grant for lodging amendments 41 and 42, which would require consultation of post-

16 education bodies before the local authority and health board prepare their local carer strategy. There are in the bill as it stands provisions that could be used to contribute to that outcome. Sections 28(4)(a) and 28(4)(b) provide that, in preparing their local carer strategy,

“the local authority and relevant health board must jointly consult such persons and bodies representative of carers as they consider appropriate, and take such steps as they consider appropriate to involve relevant carers”.

The list is not exhaustive and therefore, if a local authority and health board believe that it is necessary to consult any educational body in that area, they can choose to do so.

Section 28(2)(c) provides that a local carer strategy must set out

“the support available to carers in the authority's area”.

That includes support available from the

“the authority ... the relevant health board”

and

“such other persons and bodies as the local authority considers appropriate”.

That may also include support for young and adult carers that is available from educational bodies in the local authority area.

However, the bill is not the only activity that is contributing to achieving the outcome that we seek for carers who are also students. There is already a significant amount of policy work under way to promote the interests and needs of carers and young carers at colleges and universities. There is good evidence that many educational institutions are developing and implementing their own policies in order better to identify and support student carers. Colleges are proactively identifying carers through the application process and are establishing whether further support is required. Borders College, for example, has a dedicated webpage specifically for carers and care leavers, and many colleges have dedicated student support services that are available to student carers.

From discussing the matter with Rhoda Grant after stage 2, I understand that some of her concerns were about how the education maintenance allowance is being applied for young carers. In May 2014, the then Cabinet Secretary for Training, Youth and Women's Employment, Angela Constance, and the then Minister for Public Health, Michael Matheson, issued guidance to all colleges and schools. That guidance encourages schools and colleges to consider young carers as vulnerable young people and to ensure that they do not miss out on education maintenance allowance payments as a result of their caring responsibilities.

Further concerns have been raised that young carers may still be missing out on such payments as a direct result of their caring responsibilities. With the Scottish young carers services alliance, we intend to clarify the position on young carers as a vulnerable group in the guidance, because it is not currently clear. We will promote that to the education sector.

Taking all that into account, and in view of the significant progress that has already been made, I do not believe that it is necessary to legislate further to require colleges and universities to develop policies specifically for student carers, nor would amendments 41 and 42 necessarily achieve that. We will, of course, continue to work with our partners in pursuit of that aim, and I will set out best practice in the guidance that will underpin the bill. Carers and their representative bodies will be fully involved in that process.

I ask Rhoda Grant not to move amendments 41 and 42.

I move amendment 10.

Rhoda Grant: Amendment 11 seeks to ensure that local carer strategies examine ways in which policies can be put in place that will enable a carer to continue their caring role so that the impact of that role on the carer's health and wellbeing is reduced.

We are all aware of the impact that being unsupported in the caring role has on a carer's health and wellbeing. Amendment 11 means that anticipatory support will be put in place and that strategies will adopt a preventative approach. I thank the minister for working with me on it.

Amendment 41 seeks to include colleges and universities in the list of bodies that must be consulted as part of the preparation of the local carer strategy. Young carers at college and university often do not get the support that they require to continue in education, so we must ensure that they do. I welcome the minister's statement that the guidance will make it clear to colleges and universities that they must consider how they operate their EMA systems in order to ensure that young carers who miss college or university because of their caring roles do not fall foul of the guidance. I ask that the minister encourage best practice when he issues that guidance. There are good examples of support for carers from colleges and universities, but that practice needs to be spread through the whole further and higher education system.

I support amendment 10 in the minister's name, which allows for emergency care arrangements to form part of the local carer strategy.

Jamie Hepburn: I will not say too much, because I made extensive remarks in my opening

speech on the group of amendments. Rhoda Grant made the good point that we want best practice to be rolled out. That is not confined to the education sector, but applies to the whole gamut of the bill's provisions. We will work to that end. I appreciate the rest of the comments that Ms Grant made.

Amendment 10 agreed to.

Amendment 11 moved—[Rhoda Grant]—and agreed to.

Amendments 41 and 42 not moved.

Section 31—Information and advice service for carers

The Deputy Presiding Officer (John Scott):

We move on to group 12. Amendment 12, in the name of the minister, is grouped with amendments 13, 16, 17, 18 and 19.

Jamie Hepburn: The amendments in the group build on the carers charter provisions in section 32A. I was pleased to support Rhoda Grant's amendments in that regard at stage 2 and thank her for lodging them.

It is important that carers know where to find out about their rights. That is especially the case for people who are new to caring, who might know little about their rights. The charter will set out the rights of adult carers and young carers, which is important. At stage 2, I said that section 32A might need further refinement: that is what the amendments in group 12 seek to do.

Amendments 12 and 13 will amend section 31(2)(a) to require the information and advice service to provide information and advice about "carers' rights, including those set out in"

the carers charter. That slightly changes the emphasis in section 31(2)(a) as amended at stage 2, which could have implied that the charter is more significant than the rights that are set out in it.

Amendments 16 and 18 make it clear that the charter will set out rights under the bill and may contain other information that is considered appropriate, which might include rights in other legislation. I understand that there might be concerns about amendment 16, which will remove a reference to rights "under any other enactment". I made it clear at stage 2 that the term "enactment" is broad enough to cover any other United Kingdom law, and given that changes to UK laws are not all under the control of the Scottish ministers there is a risk that the information in the charter could quickly become out of date. That is why amendment 18 will give ministers the power to include

“such other information as the Scottish Ministers consider appropriate.”

That information can, of course, include information about rights that arise elsewhere, including from UK law. We had to make amendment 18 wide ranging, because we want to be able to give full consideration to the inclusion in the carers charter of rights other than the rights in this bill, and we want to give full consideration to the inclusion of other appropriate information.

Amendment 17 will ensure that the rights of carers that are set out in the charter exist in law already, so that the charter does not give rise to new rights or alter existing ones. It is important that we do not circumvent proper parliamentary scrutiny in relation to altering rights that are set out in primary legislation—as, I am sure, Parliament agrees.

Amendment 19 will widen the consultation provisions in section 32A(4)(a), so that before preparing the carers charter the Scottish ministers must, in addition to involving carers as appropriate and consulting their representative bodies, consult

“such other persons as the Scottish Ministers consider appropriate”.

I have in mind bodies such as COSLA, local authorities and health boards; there might well be others. The wider consultation arrangements will help to ensure that there is support for the charter from a wide range of organisations.

I hope that Parliament will agree that the amendments in group 12 will enhance the provisions on the carers charter.

I move amendment 12.

Rhoda Grant: I am grateful for the discussions about amendment to the carers charter. Can the minister reassure me that amendment 16 will not mean that the charter cannot include rights that exist under other legislation? It is important that the charter is as comprehensive as possible in giving a clear indication of carers' rights. If it were not allowed to include rights that exist under other legislation, it will be difficult to pull all that information into one place.

Jamie Hepburn: I am happy to assure Rhoda Grant and Parliament that amendment 16 will not preclude the inclusion of other rights, including those that arise from UK legislation. Such rights can be included in the charter and it is my intention that they will be included, but I did not want us to run the risk of falling foul of our own legislation by making inclusion of such rights mandatory. It is my intention that the charter contain as wide a range of information as possible.

I am committed to ensuring that we maintain the charter and update it regularly, so that it is as up to

date and relevant as possible to carers in Scotland.

Amendment 12 agreed to.

Amendment 13 moved—[Jamie Hepburn]—and agreed to.

Amendments 14 and 15 moved—[Rhoda Grant]—and agreed to.

After section 31

The Deputy Presiding Officer: We move to group 13. Amendment 43, in the name of Rhoda Grant, is the only amendment in the group.

15:45

Rhoda Grant: A theme that ran through the evidence that we received was about the impact that performing an unsupported caring role can have on carers' health. General practitioners are often in the front line of healthcare for the cared-for person, but they often do not see the person behind the cared-for person: the unpaid carer who supports them. That is true of adults and children alike. Unpaid carers need to have their health looked after to make sure that they can continue their caring role, and a register would ensure that all carers were recognised and that their health was proactively protected.

I move amendment 43.

Jim Hume: I am concerned that pressures created as a result of Rhoda Grant's amendment could outweigh the benefits. Creating a possibility for carers to register would make it easier for them to get a health check, but a person would have to identify as a carer for the register to be relevant and useful.

I am wary about placing an ever-growing number of responsibilities on health boards, GPs and local authorities without resources to back that up. The responsibility for an annual operation by GPs and health boards of writing to thousands of people to invite them to a health check might prove more burdensome to those services than using the existing routes and resources for carers. Before I decide whether to support Rhoda Grant's amendment, I would like to hear more about the benefit that an additional responsibility on public authorities would add.

Jamie Hepburn: Rhoda Grant lodged a similar amendment at stage 2, when I said that I fully understood and appreciated the need to promote and protect carers' health and wellbeing. Taken in their entirety, the provisions in the bill are designed to ensure that the health and wellbeing of carers are of paramount importance. The identification of carers' personal outcomes in the context of the adult carer support plan and the

young carer statement is central to achieving that objective.

At stage 2, we introduced an amendment to section 28 to ensure that a local carers strategy must be jointly prepared by each local authority and relevant health board. The health boards' role in the health and wellbeing of carers is crucial. I spent time at stage 2 talking about the wider developments that are relevant to supporting carers' health and wellbeing, and I re-emphasise some of those considerations today.

The new way ahead for the GP contract will enable GPs to have more—not less—contact with carers. That is because there is an impetus—it is a necessity—to free up GPs' time for face-to-face contact with patients. Those patients include carers.

Carers will be able to ask for a health check when they think that that is right for them. As Mr Hume suggested, having a blanket requirement for every single carer could be somewhat disproportionate.

It is important that we reflect the fact that GPs are not and should not be the only important interface with carers. The traditional model of care—in which patients rely on healthcare professionals for information, diagnosis and referral and in which interventions are decided on by healthcare professionals—does not always suit patients, their carers or the aspirations of the workforce.

The future model of care involves an empowered patient and carer and a shared decision-making partnership with the healthcare professional. That will enable supported self-management, where appropriate, and allow the person to regain control of their health. There is also a real and growing potential to harness the support of friends, families and communities—locally and online—to inform decisions.

Healthcare services need to be person centred and responsive. Co-ordinated and integrated care treats a person with dignity, respect and compassion, which facilitates a change in the conversation through a transfer of power between individuals and healthcare professionals.

GP practices can identify carers and agree with an individual what is important for them. GPs and individuals can also agree how the individuals can be helped to achieve the desired outcomes. That means helping carers to make decisions that are right for them and to follow through with those decisions.

Allied health professionals also have an important role. Professionals such as dietitians, physiotherapists and occupational therapists can all support carers' health and wellbeing.

We have an impetus to improve our approach to the healthcare needs of the people of Scotland.

Rhoda Grant: The minister mentioned a lot of healthcare workers, many of whom go into the home to support the cared-for person. How will he make sure that, when they do that, they also see the needs of the carer?

Jamie Hepburn: In relation to a change that we made to the bill earlier, I referred to my clear commitment to workforce development. I restate that commitment now, because a critical part of the work that we need to take forward is ensuring that there is widespread understanding not only of the needs of the cared-for person—understandably so—but of the needs of the carer, too. The new arrangements that we have put in place will lead to a co-operative relationship that truly puts the person at the centre of decision making. On that basis, I am not convinced of the need for Rhoda Grant's amendment.

Crucially, carers are represented on integration joint boards and other integration arrangements and can, with GP practices, influence the planning and development of GP services for the community. I am pleased to confirm that I have provided a grant to the Coalition of Carers in Scotland to work with carers on the integration joint boards in 2016-17 and support them in their endeavours.

Further to the issue of workforce development, I said at stage 2 that I propose to write to health boards to encourage them to identify carers and support carers in all health settings, including not only GP practices but hospitals and community pharmacies, which are just as important in supporting carers' health and wellbeing. Of course, the home environment is important in that respect, too.

Some health boards are using carer information strategy funding to identify and support carers in a wide range of health settings, including GP practices and hospitals. I was pleased to confirm this week that carer information strategy funding will continue for the coming financial year, which will help to continue the vital work of identifying and supporting carers in health settings and to support the fantastic work of carers centres and other local voluntary organisations that in many ways support carers to improve their health and wellbeing.

On that basis, I respectfully ask Rhoda Grant to consider withdrawing amendment 43.

Rhoda Grant: I thank the minister for his comments, and I am somewhat reassured by his comment that he will write to health boards to make them aware that they need to do more work with carers. The work will be on-going, because we need to keep reminding health boards and

health professionals about carers' needs. However, given what the minister has said, I will seek to withdraw amendment 43.

Amendment 43, by agreement, withdrawn.

The Deputy Presiding Officer: The next group is group 14. Amendment 44, in the name of Rhoda Grant, is the only amendment in the group.

Rhoda Grant: Carers often tell us about their struggle to get help for themselves and for the person who they care for. Their time is often taken up by their caring role, with little left for them to go and do battle, yet it seems as though we are asking them to do that all the time to get the services that they need for the person who they are looking after. Little time is left for carers to look for the services that support carers' needs. The provision of advocacy services would enable carers to have someone to speak for them and do some of the work that is required to access the support that they need.

I move amendment 44.

Jamie Hepburn: We must ensure that advocacy support for carers is targeted at carers who need it most. Not all carers will want or require an independent advocate in every instance, and I am not convinced that providing a right to advocacy to all carers, as Rhoda Grant's amendment 44 seems to envisage, would be a proportionate or cost-effective measure.

Carers will want to access support from a range of sources, including carer organisations. Indeed, people will want to access a variety of support at different times. We need a solution that promotes the sustainable development of advocacy services and recognises the important place of support services in a wider framework.

The bill provides for information and advice services in every local authority area on a statutory basis. Local authorities will provide as wide a range of information and advice as they can, and section 31(2)(d) sets out that they must provide information and advice about advocacy for carers.

I know that there could be more independent advocacy for carers and I accept that services can be patchy, but I am also aware that some local authorities and health boards are investing in carer advocacy services. Carer information strategy plans show investment in carers centres, which provide carers with information and advice, including information about advocacy services.

I let Ms Grant and the rest of the chamber know that my officials have been working with the Scottish Independent Advocacy Alliance, the Coalition of Carers in Scotland and others to produce carer advocacy guidance. COSLA has seen and is content with the draft guidance, which

we aim to publish soon. We will ensure that the guidance is referenced and highlighted in the guidance that accompanies the bill.

We are providing resources for support to be provided to carers under the bill. That will include any form of support to meet carers' personal outcomes, which could include advocacy. We have also funded Carers Scotland to produce a self-advocacy toolkit for carers. The toolkit is available on the Carers Scotland website.

On the basis of the work that is under way, our commitments and the unnecessarily wide-ranging nature of amendment 44, I ask Rhoda Grant to consider withdrawing the amendment.

Rhoda Grant: I am grateful for the information about the carer advocacy guidance, which I am sure many carers will find useful. I very much hope that the self-advocacy website will also point carers in the direction of where to find personal advocacy services because, sometimes, they need people to do that legwork. Given that advocacy is covered in the bill, given that there will be the self-advocacy website and given the reassurances, I seek to withdraw amendment 44.

Amendment 44, by agreement, withdrawn.

Section 32A—Carers' charter

Amendments 16 to 19 moved—[Jamie Hepburn]—and agreed to.

Section 36—Interpretation

Amendment 45 moved—[Nanette Milne]—and agreed to.

Amendment 20 moved—[Jamie Hepburn]—and agreed to.

Section 37—Regulations

Amendments 46 and 47 not moved.

The Deputy Presiding Officer: That ends consideration of the amendments. Thank you all.

Carers (Scotland) Bill

The Deputy Presiding Officer (John Scott):

The next item of business is a debate on motion S4M-15561, in the name of Jamie Hepburn, on the Carers (Scotland) Bill. I invite members who wish to speak in the debate to press their request-to-speak button now or as soon as possible. I further invite members who are leaving the chamber to do so quickly and quietly, please.

15:58

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): I am delighted to open the stage 3 debate on the Carers (Scotland) Bill. If the Parliament agrees to pass the bill, as I hope it will after the debate, today will mark a key change in our recognition of the contribution of carers across Scotland. The bill will also extend carers' rights in order to improve their health and wellbeing, so that they can continue to care, if they so wish, and to have a life alongside caring. I am sure that we can all agree that those outcomes are worth achieving.

I am sure that colleagues in the chamber will join me in acknowledging what is done every day by Scotland's 745,000 adult carers and the 44,000 young carers who are under the age of 18—almost 800,000 carers in all.

I thank colleagues on the Health and Sport Committee, the Finance Committee and the Delegated Powers and Law Reform Committee for their diligent and expert scrutiny of the bill. I extend my thanks to members who have discussed the bill with me and those who lodged a range of amendments, both at stage 2 and for today's stage 3.

I thank the many key interests with whom I have engaged during the bill's passage through Parliament, who generously gave of their time and experience to enhance it. I include in that the national carer organisations: Carers Scotland, the Coalition of Carers in Scotland, the Carers Trust Scotland, Shared Care Scotland, the Minority Ethnic Carers of People Project—MECOPP—the Scottish young carers service alliance and Crossroads Caring Scotland. I also thank Marie Curie, Enable Scotland, local authorities, health boards and the Convention of Scottish Local Authorities.

I believe that the process of engagement and parliamentary scrutiny has improved the bill as introduced. It was a good piece of legislation, and I believe that it was enhanced at stage 2. The bill that we are debating at the final parliamentary stage is even better, having been amended during stage 3.

Above all, I thank the hundreds of thousands of carers across Scotland—those who have engaged with and helped to improve the bill and the many others who play an important role for their loved ones, their communities and our society. I am sure that the Parliament will wish to record its collective thanks to Scotland's carers, some of whom care in very challenging circumstances.

The bill does not sit in isolation from the world in which it will operate. Although many of the key drivers for change to support carers on a much more sustainable basis are provided for in the bill, the wider economic, social and educational context in which it will operate is also important.

Scotland has a growing population of older people who are successfully living longer, although often with multiple and complex physical and mental healthcare needs. We need to support Scotland's carers so that they, in turn, can support, if they so wish, the many people who have illnesses and disabilities or who are frail, many of whom have dementia.

Health and social care integration is one of Scotland's major reform programmes. At its heart, health and social care integration is about ensuring that those who use services get the right care and support at every point in the care journey, whatever their needs. That includes carers, whether as service users themselves or as providers of care.

We want the health and social care workforce to fully recognise and value carers. That applies to schools, colleges and universities, too, where young carers can be fully encouraged and supported if we value their caring role and ensure that they are children and young people first and foremost. The implementation of the Children and Young People (Scotland) Act 2014 also has a key role in ensuring that that happens. The Social Care (Self-directed Support) (Scotland) Act 2013 has an important role, too, as it forms the basis of good support, providing people with flexibility, choice and control. Like everyone in our society, carers will benefit from the range of actions that the Government is taking to encourage a flourishing economy and a healthier nation.

We are continuing to support both adults and young carers in 2016-17, subject to the Parliament's final approval of the budget. We are providing more than £8 million in 2016-17 for the voluntary sector short breaks fund, health board carer information strategies and other initiatives. Those include a grant to Shared Care Scotland for the innovative respite pilot, which links the hospitality industry to the provision of short breaks; a grant to the Coalition of Carers in Scotland to work with carers on the integration joint boards and on other strategic partnerships; continued workforce development; a record ninth annual

young carers festival; the carer positive scheme, which recognises employers who support carers in the workforce; and another carers parliament.

The bill extends the rights of carers in law. The right to an adult carer support plan or a young carer statement is open to all who fall within the now much wider definition of “carer” that we are legislating for. Many more carers than ever before can request or be offered a plan or statement and an assessment of their need for support. The bill is based on the principle of prevention. Providing small interventions at an early stage or at the right time can prevent a crisis and the consequent breakdown in care. Enabling people to request an adult carer support plan or a young carer statement as soon as they become a carer can result in an early assessment of their need for support and thereby reduce the risk of any need for crisis intervention at a later stage.

Carers have said to me how important it is that they are involved as individuals in discussions about support for them as a carer and for the person they care for. I recognise that. The principle of carer involvement is a theme that runs through many of the bill's provisions. Carers are to be consulted on an individual basis and also at a strategic level, such as in the preparation of the local carer strategy and the carers charter, and in carer services.

An important amendment by Nanette Milne at stage 2, which was further finessed today at stage 3, provides carers with the right to be involved with the process of discharging from hospital the person they care for.

Short breaks are a key form of support to help carers recharge their batteries, as they often say themselves. With my support, Nanette Milne lodged important amendments for stage 3 regarding short breaks.

The bill requires local authorities to set local eligibility criteria, a matter that we debated earlier. Those eligibility criteria will allow the local authority to determine whether it is required to provide support to a carer. There is a view that eligibility criteria should be set nationally. Again, I refer to the debate that we have just had. I understand that view, but I have concluded that individual local authorities, as bodies that are democratically accountable to their electorate, should be able to make decisions that are based on the needs of their caring population.

Johann Lamont (Glasgow Pollok) (Lab): That appears to contradict the view of the Cabinet Secretary for Finance, Constitution and Economy, who has put severe limits on what local authorities can do, as they are funded—or not funded—by a package that is going to lead to cuts.

Jamie Hepburn: I am afraid that I do not agree with that. Given that we are talking about care today, I might reflect on the fact that we are providing a substantial package of support—some £250 million—half of which will go towards ensuring that those who work in the care sector are paid the living wage. I would have thought that Ms Lamont would welcome that, but I have heard scant welcome for it from the Labour benches. I regret that intervention, because I want to try to move forward on the basis of the broad consensus with which we have approached the subject today.

Local eligibility criteria will enable each local authority to determine whether carers' identified needs call for the provision of support, taking into account the total resource that is available to meet local demand for support. However, I want to ensure consistency of approach across Scotland. I believe that that can be achieved through the national matters that will be set out in regulations and which will underpin local eligibility criteria. As I made clear in my response to the Health and Sport Committee's stage 1 report, the national carer organisations' work on nationally set criteria will help to influence the regulations relating to those national matters. I set that out again today.

I am committed to continuing to work with key stakeholders to share ideas and views about how local eligibility criteria should work in practice. That will inform development of regulations and guidance under the bill.

To be clear, we will look closely at the efficacy of the approach that is taken. I have retained a power in the bill so that ministers can, by way of regulations, introduce national eligibility criteria, if that is felt to be necessary down the line. I described that power earlier as one that we are holding in reserve. Let me be clear that the Government will not hesitate to use it should it find that it has to.

Finally, I will say a word about implementation. Resources to support implementation of the bill are set out in the financial memorandum. I have confirmed to the Finance Committee that the Scottish Government expects to use the maximum costs that are set out in the financial memorandum for planning purposes. Those costs are £19.4 million in 2017-18; they rise to £88.52 million in 2021-22 and on a recurring basis thereafter. I believe that that represents a substantial commitment to the bill.

The passage of the bill is only part of the journey. We have done much to support Scotland's carers outwith the bill, and we will continue to do that. In the weeks and months ahead, a significant effort will be required to ensure that we, along with key interests, including carers and their representative organisations,

pave the way for commencement of the bill in 2017-18.

There will be challenges ahead. I am committed to working collaboratively with stakeholders to undertake the necessary planning and to co-produce a significant number of regulations and guidance. I extend that offer to members—if they want to speak to me about any of these matters, I will always be willing to hear from them. I know that all parties have a genuine desire for the bill to be implemented successfully and to achieve the positive outcomes for carers that it aspires to achieve, to which we all collectively aspire.

I move,

That the Parliament agrees that the Carers (Scotland) Bill be passed.

16:09

Rhoda Grant (Highlands and Islands) (Lab):

There are a large number of people whom I need to thank for their work on the bill over the past weeks and months. I thank our committee clerks and the legislation team for all their help and support. I thank the minister for his constructive approach—I believe that the bill will be better because all parties have worked together to get the best bill that we can for carers. I also thank the minister's officials for their role in making the process work. Most of all, I thank carers groups and representatives. The many groups and individuals in the Highlands and Islands who contacted me and took the time to share their experiences with me gave me a real insight into what was needed in the bill.

In addition, I thank the national carer organisations, the members of which the minister listed, which worked closely with all parties during the process, thereby informing the debate. On a personal level, I would also like to thank Clare Lally for all her help and advice to me. She has been a star and has made the process much easier for me.

There are many aspects of the bill that we agree on, but there are still areas of disagreement, the greatest of which is the funding that is to be allocated to it, which is woefully inadequate. We are really concerned that, although the bill offers hope, it will not deliver because of the lack of funding. This year, councils are facing a cut of £0.5 billion to their budgets, and they are being forced to cut support rather than increase it. Carers tell us continually that they want more than warm words; I really hope that the bill will not be just warm words.

We need to make it clear that more funding is required to make the bill work for carers. More funding is needed for assessments, for support, for breaks and for replacement care. We are told

that the estimates that have been used are wrong. The position needs to be kept under review and, when it is required, funding must be allocated to make sure that the bill works.

The bill allows local authorities to set their own criteria for who will be supported under the bill and to decide on the kind of support that will be offered. We tried to have included in the bill some national criteria for who should be given priority for support in order to ensure a minimum level of support for carers, but COSLA did not support that approach. It was clear that it wanted to support carers, whose role it really values; its concern was that funding increased services for carers would lead to cuts in service for those who are cared for because the bill is not properly funded. If support were to be cut for cared-for clients, that would simply increase the burden on carers.

Carers fear that the lack of national eligibility criteria will mean that they will experience a postcode lottery. That is the case with support for cared-for clients. Different local authorities offer different levels of service and levy different charges for those services. A care package depends on where someone lives and not on the level of support that they need. The national criteria that we tried to set were very modest. They would have guaranteed support for those in greatest need of urgent support: carers whose role is going to end or is at risk of ending because they can no longer continue without support. We all want to support carers long before they reach that stage, but surely they must be given support when they reach it. If they are not, the likelihood is that the carer and their loved one will require to be cared for by the state, and that is simply a false economy.

With the right funding, the bill could make a real difference to and change the lives of carers who look after their loved ones and who often give up their own careers and social lives to support family and friends.

Elderly parents who care for their adult children are worried sick about who will look after their children when they no longer can. We also know that there are carers as young as three years old whose lives revolve around caring for parents and siblings.

One teacher told me about a pupil in her school who was usually sleepy and unkempt. One day, he seemed a bit animated and was watching the clock with a sense of anticipation. Seeing that interest, the teacher made the most of the situation and asked him whether he was doing something nice after school. He said that he knew that there would be a delivery waiting for him when he got home. She asked what it was, expecting him to say that it was a gift from somebody who lived at a distance. He told her that it was a

hoover—their hoover had broken some weeks earlier, and he had just managed to save enough money from the family budget to buy a new one. He was hoping that it would be there when he got home that night. That was the first indication that the teacher had that he was a young carer—it was the first that she knew of his caring role.

We know that carers neglect their own health because their loved one cannot be left to look after themselves in their absence. We know of carers who are abandoned in situations without any help. I have a constituent who was sent home in the middle of the night with the person he was then going to have to care for, who very suddenly could no longer walk or talk. All that he was given on discharge was a post-it note with a phone number on it—a phone number that did not lead to anybody who could provide him with any information or help at all. That was an absolutely shocking situation, and things must change. I hope that the bill will be the start of a change that will support carers.

Many of us have spoken about the role of the voluntary sector, which must be protected. Volunteers are often the only people who support carers, and their role has grown in our communities. That work is often led by carers themselves or by people who were previously carers and who have seen the gap in support—when their caring role has ended, they have come forward to provide that support to others. Carers really value those services, as they are local and the people who run them understand the situations that carers are in. Although it falls on local authorities to put the provisions of the bill in place—I am sure that it will also be up to joint boards and lead agencies in time—I very much hope that they will use the expertise in the voluntary sector and in carers groups to deliver services and support.

I conclude simply by paying tribute to the work that has been carried out by carers. They save the public purse £10.3 billion every year. What they are asking for in return is a drop in the ocean in comparison. Let us not disappoint them.

16:15

Nanette Milne (North East Scotland) (Con): I endorse the thanks that have already been given to all those who have helped with the progress of the bill through its parliamentary stages.

When I first entered Parliament nearly 13 years ago, I knew almost nothing about carers, even though I and other family members had been involved in looking after loved ones following serious illness or in the terminal stages of life. We did not recognise ourselves as carers; we just

wanted to give support to our relatives. Outside agencies were rarely involved.

My grannie, who had severe dementia, lived with us for the last two years of her life. This was many years ago, but I remember that, after she died, my mother was a physical and emotional wreck, having been with her day and night, coping with soiled clothes and bedding without even a washing machine.

Thankfully, things are not like that nowadays, although many carers still do not recognise themselves as carers. Help is available, but many carers still do not receive the support that they deserve in carrying out their caring role.

As we know, there are an estimated 745,000 adult carers and 44,000 young carers in Scotland today. The value of the care that they provide is reckoned to be around £10.3 billion per year. Clearly, they are invaluable and indispensable. However, caring can have a detrimental effect on a carer's health and wellbeing, which can ultimately have an adverse impact on the person being cared for.

At present, local authorities have a duty to assess a carer's ability to care, and they have the power to provide support where necessary. Health boards can be required to publish a carer information strategy, setting out how carers will be informed of their right to request an assessment. It is accepted, however, that that is not enough, and many carers are still not identified.

The Carers (Scotland) Bill aims to provide better and more consistent support to all carers, both young and adult, by enshrining their rights in law so that they can continue to care, if they so wish, in good health and able to have a life besides caring—and, in the case of young carers, to have a childhood similar to that of their non-carer peers.

Carers and carer organisations warmly welcomed the bill at stage 1, although it was accepted that it would require significant amendment if it was to achieve its laudable aim of improving the lives of the many carers who make such a valuable contribution to our society. Financial provision was at the fore of the concerns that were expressed, because legislation such as the bill cannot be successful unless the entitlements and promises are properly and adequately funded. I am not convinced that that has been fully resolved yet. It could be a hurdle to overcome in providing proper support and services to people who are entitled to them, particularly at a time of significant constraints on council funding. The Parliament and the Government should monitor that extremely carefully in the next parliamentary session.

The amendments that we have approved at stages 2 and 3 have strengthened the bill

significantly and I am pleased that they are to the satisfaction of people who are at the coal face of caring.

I will focus briefly on my stage 3 amendments, because they should make a real difference to carers. I have felt strongly for some time that, in many instances, hospital discharge could be better planned if the main carer was identified and discharge planning started as early as possible in the patient's journey through hospital care. There are many examples of good practice in that respect, but the opposite is all too common and legislation should ensure that good practice is the case everywhere. To illustrate my point, I will give two examples, one of which I mentioned at stage 2 and which shocked me.

At a meeting that I attended—as did Rhoda Grant—to discuss the bill, a carer told us about getting just two hours' warning of her husband's discharge from hospital on oxygen, which is a flammable substance. The home was heated by an open gas fire and they had a gas cooker, both of which had to be quickly disconnected before her husband's arrival home. It took several days until alternative heating and cooking facilities could be installed. That is clearly no way to treat a carer or a cared-for person.

My other example concerns a friend of mine with dementia, who is cared for by her husband. Following admission and treatment for an acute illness, she would have been discharged home without discussion or planning had not their daughter, who lives in another town, refused it because she felt that her father could no longer cope without support. It took considerable time to get a care package in place, which resulted in a classic case of delayed discharge because no thought had been given early on in my friend's stay in hospital to what might be needed when she went home.

I am pleased to say that there is a happy ending because my friend's husband is delighted with the support that he now gets at home. Moreover, a few days of care home respite is provided regularly, which allows him to plan to have a couple of days away from his caring role when he needs them. He now feels that he can cope much better and his own health is no longer being put at risk because he can look forward to regular short breaks when he can resume a more normal life.

Those are only two examples but they are replicated throughout the country. The bill that I hope we will pass today could make for a better life for many people who might otherwise suffer adverse effects from being carers and, indeed, who might have to curtail their caring roles because of the impact on their health and wellbeing. Time will tell whether the Carers (Scotland) Bill has the desired effect of improving

the lives of young and adult carers. I hope that it will do so. It might not yet be perfect but, by and large, it has the approval of carer organisations. I also hope that continuing work between them and the minister in preparing regulations and guidance will refine its provisions further.

The Scottish Conservatives appreciate the help and co-operation that we have received from the minister and his officials. We will be happy to vote for the Carers (Scotland) Bill at decision time.

16:21

Joan McAlpine (South Scotland) (SNP): It gives me great pleasure to speak in the debate. Just before the debate, I met a group of carers who came to the Parliament with Enable Scotland to celebrate the inclusion in the bill of emergency planning and future planning, for which Enable had campaigned. We cannot exaggerate the sense of achievement that people feel, not only about succeeding in that but about the bill overall, which gives them proper rights for the first time. The psychological shift that is involved in that is important. Many people, particularly a certain generation, do not like asking for help, but there is a shift when the rights are enshrined in law. The fact that emergency planning will now be part of those rights has made a big difference.

A year ago, Enable came to the cross-party group on carers, which I co-convene, and presented a piece of work called "Picking up the pieces: Supporting Carers with Emergency Planning", which surveyed the extent of emergency and long-term planning for carers throughout the country. It also identified the difficulties faced by carers when an emergency prevents them from caring. Such emergencies can be long or short term. They are usually unexpected and could be as simple as a car breaking down or a bus not turning up so that the cared-for person does not get the help that they need. Obviously, they can also be something much more serious: a hospital admission, an accident or sudden illness can result in the cared-for person being separated from essential support.

The problem is particularly acute if there is no wider family support and if the cared-for person's needs are so great that they cannot be left alone to look after themselves. Fear of such a situation occurring is a constant source of stress for the carer. Related to that, for older carers in particular, are questions of what happens if the crisis is not resolved and what happens if there is no long-term plan. Will their loved one be placed in unsuitable accommodation? For example, a young person with a learning difficulty could be put into residential accommodation for older folk. Will the cared-for person be moved away from the area and away from their friends, their routine, their

support networks and their leisure activities—everything that they enjoy and that is essential to their quality of life? Putting in place a long-term plan for suitable accommodation in a place that the cared-for person knows and feels happy with is absolutely essential.

Enable's presentation clearly struck a chord with all the carers present at the cross-party group, not just those who care for someone with a learning disability. "Picking up the pieces" was not just about carers looking after someone with a learning disability. Enable found that emergency planning varied across the country. There were some very good examples and some bad examples. After that presentation the cross-party group identified emergency planning as a priority for the bill.

Initially there was disappointment that emergency planning would be covered by regulations, but the minister listened carefully to representations from Enable, other carers groups and MSPs such as me. I am pleased that he took on board our arguments and put emergency and long-term planning in the bill. It is difficult to exaggerate the sense of achievement that that brought to campaigners. The minister emphasised emergency and long-term planning in his speech and comments today; the fact that he sees it as so important is very welcome.

Jen Savage, Enable's director of campaigns and external affairs, said:

"Enable Scotland is absolutely delighted with the announcement. We congratulate the First Minister"—

who of course first announced the change regarding emergency planning—

"for listening to the voices of carers of people who have learning disabilities about their worries about the future, and deciding to change the Carers Bill to make things better."

Enable is already very much on the ball. It has prepared a toolkit to take forward the emergency planning provisions. I have it here—I know that I am not really supposed to show it to members, but it is very well worth looking at. There is an emergency plan that goes with the toolkit, which encourages people to answer the questions that they have in their heads about the needs of the people for whom they care, but which they do not necessarily always articulate. It is really important that the plan is not just in the carer's head but written down. I recommend the toolkit to everyone in the chamber.

16:26

Johann Lamont (Glasgow Pollok) (Lab): It is a privilege for me to be involved in the debate and, over the years, to have met and worked with carers, whether those in my family, those whom I knew during my time as a schoolteacher or those

whom I know now. Carers are determined to change the lives of those for whom they care and to ensure that their needs are fully addressed. I recognise the importance for them of this stage in their campaign.

Of course, there is a blunt truth: carers' work saves the state a fortune. The level of impact on carers' lives, their ability to work, their ability to have time for themselves and the resulting sense of isolation that they suffer is hard to fully appreciate. Across the Parliament there is recognition of the role of carers in supporting their loved ones and in shaping a proper understanding of the needs of those who are being cared for and the needs of carers themselves. Carers have been at the forefront of creating better understanding of the needs of those with disability or illness who need help, and how that support should be delivered.

We have seen great change, from the recognition of the right of people with learning disabilities to live as independently as possible, to the recognition of the rights of siblings and the families of a child with disabilities, to the needs of those living with dementia. That has been driven by carers and campaigning organisations themselves. Joan McAlpine is absolutely right to highlight Enable's campaign, because it speaks to an issue that is not really about resources but about understanding how the simple things can make a huge difference to people. We recognise carers' determination to ensure that the voices of those who are being cared for are fully heard and understood.

As someone who meets carers regularly, I know—as they know—that there is a long way to go. Carers still talk of battle and struggle; of being overstretched, with insufficient respite and anxieties about quality of care. We should understand the financial and emotional impact on them and their families. Nobody here would wish to oppose carers' rights, and I recognise what Joan McAlpine said about the breadth of support to ensure that we do the right thing. However, as I said in the stage 1 debate, carers' rights must be enforceable if they are to be rights at all. Anything else would be a cruel deceit. The challenge for all of us is to ensure that those rights are enforceable. Over the last wee while we have been exercised by the debate on taxation and the impact on local government of cuts to its funding, but there can be no doubt about the importance of that debate when we reflect on the needs of carers. The funding of local government is not knockabout. It is not an academic debating point. It is about the real world and real lives. It is about care workers losing their jobs and the remaining care workers being left to support more people with less time and fewer resources. Those carers

are the people who know how much the cuts will matter.

Joan McAlpine: I appreciate what Johann Lamont says about care workers and their importance. Since she raises the issue, will she tell us whether she will be encouraging Labour local authorities to support the package that gives £250 million to pay care workers the living wage?

Johann Lamont: Absolutely. There is no doubt about the Labour Party's commitment to the living wage and to respect for care workers. The point that I would make is that care workers will lose their jobs. They will not have the living wage. The issue is about properly funding local government.

I say this as a carer: the cuts will mean that carers will be left to pick up the slack, fill the gaps in care and manage the strains on paid care support. There will also be cuts to the support that carers can receive from carers centres and other things that help to sustain them. That is how serious the cuts will be to the lives of carers.

I do not doubt the sincerity of the minister's recognition of the importance of carers, but it is his job—more than it is the job of anyone else in the chamber—to translate that commitment into the allocation of proper resources. Of course we can support the bill's intention, but I emphasise again the fact that the intention will only be realised if resources are made available.

I am concerned about the lack of response to COSLA's view that the bill's intentions are not funded, which is set in the context of a local government settlement in which COSLA has identified a £500 million cut in this year alone. I am sure that, like me, the minister would abhor an approach in which we as a Parliament confer rights but do not resource them, then denounce local government when those rights are not realised.

Members should not get me wrong. I know that local government can fall short, and it has had to understand fully that it needs to deliver services in a better way. However, we need to respond to the question of resources.

I am happy to support the bill as a recognition of the stage that carers have got to in making their case to Parliament. I welcome the bill's aspiration. However, we need seriously to reflect on the consequences for carers and others of an aspiration that remains only that. We need to debate how we resource what we are all committed to: delivering for carers across Scotland.

16:31

Jim Hume (South Scotland) (LD): I support the bill and I am pleased that it has reached and

been amended at stage 3. I hope that it will provide a framework of support for the 745,000 adult carers and more than 44,000 young carers—that figure is just an estimate; the number of young carers may be double that. The implementation of the framework through the bill as amended will mean that hundreds of thousands of people will without doubt get the support that they need.

It is important to remember that caring for someone can have a mental and physical toll. Marie Curie notes the importance of providing support to carers of people with terminal illness, both during the time of their caring role and after it. A number of amendments sought to provide person-centred, specialised services. A major framework of action and support that can provide such services is of course the integration of health and social care. Integration joint boards will have the opportunity of providing those services, while avoiding duplication of work and giving carers more options. I thank the Scottish Government for its amendments and, in her absence, I thank Nanette Milne for her stage 2 amendments, which provided for far more involvement of carers in NHS procedures. The admission, care and discharge of a person can best be supported and facilitated when information on what is best for them is presented, and carers are the people who can best provide that information.

I was encouraged that a better definition for the timescales for the preparation of support plans was agreed at stage 2. The minister's amendments set out better timescales for young and adult carers.

Other parts of the bill should be considered, such as whether eligibility criteria should be local or national. The decision was in favour of the local formulation. Should the bill be reviewed, it may be worth revisiting whether that allows for flexibility and adaptation to local needs and circumstances.

Jamie Hepburn: Mr Hume will have heard my remarks and I hope that he accepts them in good faith. We will monitor the efficacy of the approach that we have legislated for. If we find that it is not working on the ground, we will not hesitate to use the reserved position that we have retained—in the face of COSLA's opposition—and institute national eligibility criteria by way of regulation.

Jim Hume: I appreciate that the minister has put that on the record. I never doubted that he would mention the commitment to review the approach, which he made in good faith. I am glad to hear the minister's words. The goal should be to ensure that a minimum level of service is provided and that carers across Scotland are not in any way victims of a postcode lottery. I am glad that the minister will keep an eye on that.

I was wary of Rhoda Grant's amendment on the scrutiny of support services that are provided to carers. The national carer organisations said,

"We would caution that amendment 38 would be difficult to implement",

so I am glad that it was not moved.

The national carer organisations also noted that through the Public Bodies (Joint Working) (Scotland) Act 2013 there are multiple channels to monitor carers' experiences and an extra layer of inspection is not needed. If we were to add that extra layer of inspection, we would also have to provide support and back-up for that work. I identified that issue in relation to amendment 43, which was withdrawn. We know that the budgets of councils and other public bodies are being cut, which is adding more responsibilities to already stretched resources, so it would not have been wise to pass amendment 43. Although the ability to invite every person on the register of carers for an annual health check would have been welcome in principle, we needed to be realistic. The register would exist only for those willing to self-identify and who agreed to their registration. Trying to fulfil the register's positive purpose would risk the diversion of resources from where they are needed most.

I am glad that we have reached this stage of the Carers (Scotland) Bill and I hope that it will be passed. We will certainly support it. Its implementation will be swift and straightforward and it will benefit all those whom it seeks to help.

16:36

Christina McKelvie (Hamilton, Larkhall and Stonehouse) (SNP): Legislation can take a long time to work its way on to the statute books, but it is just the tip of an iceberg. Underneath it, a host of people and organisations from all walks of life strive to improve situations that impact on them in different ways. That is especially true for the Carers (Scotland) Bill. Only a few short weeks after being elected in 2007, I was invited along to meet the South Lanarkshire Carers Network, which spoke about its aspiration for a carers bill. Just over a year ago, I joined Robert Anderson, who is the chairman of the South Lanarkshire Carers Network, and Jamie Hepburn, the minister, to officially open the network's new headquarters. The organisation was started in 1990 by Robert.

Robert Anderson characteristically says that the MBE that was awarded to him is a testament to solid partnership working, which is something that we have seen with the bill. When he accepted his MBE last January, he said:

"Above anything else I hope receiving this MBE underlines to people in a caring role that they are not alone—and help and support is available to them."

Robert knows what it is like to be someone's unpaid carer. His wife, Nan, suffered two strokes. Sadly, after many years of caring for her, Robert said goodbye to Nan just a few weeks ago. He said:

"I was a full time salesman at the time but was suddenly thrust into a new world, with new responsibilities, from cleaning the house, managing finances to helping with my wife's needs. It was then I realised that there wasn't a lot of support or information available for people in my situation—especially when the chips are down ... The caring role often feels overwhelming and can leave the person feeling very isolated, as they can soon become cut off from peers and friends because of the demands. I realised things then needed to change".

He also said that he has been profoundly impressed by the depth and scale of commitment of everyone involved.

Unpaid carers are immensely giving and generous. For those who do get paid, the bill, along with the budget, brings the prospect of a decent pay improvement. While Westminster makes a great hue and cry about its fantastic new national wage of £7.20 an hour, the Scottish Government has taken on the guidance of the Living Wage Foundation and increased the rate to £8.25. That is a difference of £36 in an average week—a huge difference to people who take on a caring role as their profession.

As I said, for some people the origins of the bill go back almost a decade, and probably go back many more years for others. It has been two years since the formal consultation on legislation to support carers and young carers in Scotland, and a great deal of input has been taken on board. We heard that in many contributions this afternoon.

As we have heard—and as the Scottish Government has recognised—there are an estimated 745,000 adult carers, with 44,000 young carers. It is easy for us to look on and admire carers and take them for granted; they deserve better than that. They deserve to lead a fulfilling life, to be properly paid and to get professional and accessible support and advice. If my mother had had such support 30-odd years ago when she was looking after my father, who had motor neurone disease, we might have had a much easier life when we were growing up. However, we managed, which is what happens. We have grown up a lot from that outdated perception of the dutiful, stoical and unpaid carer who never reached breaking point and had no recourse to state support of any kind.

Since 2007, there have been many interventions and much investment in this area, and that work has been manifested in this bill, which sets out a very practical and important way of giving carers a better deal and proper recognition. The Scottish Government has, in the evolution of the bill, been working towards improving outcomes for carers

with a range of initiatives such as the reshaping care for older people change fund; the voluntary short breaks fund, which has helped more than 32,000 carers; and the carer information strategy. With health board funding, significant progress has been achieved on carer identification and support; indeed, that was one thing that the South Lanarkshire Carers Network did very well.

I pay tribute to the South Lanarkshire Carers Network; to COVEY Befriending, which is an organisation that supports young carers in my constituency; and to all the organisations that we have heard about this afternoon. However, this is just the start of another journey. I hope that the bill gives carers the life that they need—the responsibility is on us to ensure that we deliver it.

16:41

Jayne Baxter (Mid Scotland and Fife) (Lab):

There are almost 800,000 carers in Scotland. Although around 30,000 to 40,000 people stop caring for a loved one each year, the overall number hardly varies, because a similar number replaces them. According to Carers UK, the economic value of that unpaid care is in excess of £10 billion, which is an enormous amount of money that is saved for our public services; the emotional value of that support and care is inestimable.

Many of us here will have our own experiences of the role that carers play. If one's friends or family were affected, few would hesitate to help. However, the responsibility of caring for a vulnerable person often goes way beyond helping; it can be more demanding and stressful and go on for much longer than carers might have predicted at the outset of their caring responsibilities.

The care that is needed and provided is vital. Too often, it is not apparent to others; it goes on behind closed doors and away from the agencies that can provide help. Indeed, many carers do not even recognise themselves as such—they simply think that they are doing what is right. As a consequence, the value of that care is not always recognised by the public or by those who provide public services. In fact, the care is often taken for granted. Too often, support service providers do not even know that someone is a carer. People often care for loved ones alone, with little or no external support or engagement with support services, and we need to identify carers at the earliest possible stage, so that they know what support is available to them.

It is common for carers with additional support needs not to be identified as such. One of the challenges that face organisations that wish to support young carers in particular is to actually identify who and where they are; after all, many

young people either do not see themselves as having that role or do not want to ask for help. That is why it is so important to take a multi-agency approach to all stages of the care process and to enshrine that in law to ensure that all agencies know their roles and responsibilities in the field.

Underpinning the moves to change that situation for the better is the preparation of carer strategies by the NHS and local government. That work is important, because the NHS can provide a great deal of support for not just the person being cared for but carers themselves. Far too often, however, carers are not aware of the support that is available to them. The needs of carers must be at the forefront of all our minds and at the centre of policy in this field. Indeed, it is clear that we need a coherent, multi-agency approach for most carers.

At stage 2, my colleague Rhoda Grant was able to introduce into the bill a carers charter to ensure that carers know their rights. However, there are many gaps in the bill that still need to be addressed. I supported all the amendments in Rhoda Grant's name, because they began the process of addressing those gaps. They sought to introduce bereavement support, requirements in relation to planning, a duty to provide advocacy, a general practitioner register of carers, an appeals mechanism, provisions on equalities and national criteria for assistance.

Many people questioned the national criteria that were the subject of an amendment at stage 2. I am pleased that Rhoda Grant considered the issue carefully and worked with local authorities and carers organisations to find a solution to the problem. Along with the Health and Social Care Alliance Scotland, I am concerned that the proposed introduction of eligibility criteria that are defined locally by local authorities will lead to a postcode lottery of support for carers across Scotland. As the alliance put it,

"Whilst local best practice and scope for local variation to satisfy varying needs and caring trends are to be fully supported, we do not believe that there is any justification for a variation in the levels of need which trigger an entitlement to carer support."

Although the Government did not support Rhoda Grant's amendments in that regard today, I note the minister's willingness to address the matter should it become an issue for carers in the months and years to come.

The introduction of a duty to support carers, which is linked to eligibility criteria, is the gateway to new rights for carers. In light of that, clear rights must be available to all, rather than being left at the discretion of local criteria. Support for carers and the people to whom they provide care in considering what arrangements should be in place

in an emergency is a vital preventative measure. Effective emergency and future planning is another hugely important aspect of the bill. The security that comes with knowing that a plan is in place should an unexpected event happen is hugely positive for carers.

Marie Curie raised the important issue of what happens to carers who are nearing the end of their caring role. Marie Curie said that planning for the end of the caring role should begin as soon as is appropriate and should be part of the adult carer support plan and young carer statement. The organisation is also surely correct to express concern about the lack of information and advice for people at the end of their caring role.

We should be continuously looking to improve the framework in the bill. Carers issues should be part of the policy-making process. I hope that the bill will improve carers' lives, but we must recognise that there is much more for us to do.

The Deputy Presiding Officer: We move to the closing speeches. I call Jackson Carlaw—I can give you a generous four minutes.

16:47

Jackson Carlaw (West Scotland) (Con): I might disappoint you, Presiding Officer, by not fully utilising them.

The Deputy Presiding Officer: That will be fine.

Jackson Carlaw: In an afternoon in which we draw all the deliberations on the Carers (Scotland) Bill to a conclusion, I acknowledge the bill's importance. Throughout its progress it has enjoyed cross-party support and engaged a great many organisations, who had high hopes and expectations of what it might achieve. Many organisations were involved in discussions with all parties as we considered amendments and moved towards this afternoon's conclusion, and many of those organisations have been named by members during the amendment stage and this short debate.

The bill will improve the lives of some 800,000 carers and the very many people to whom they offer support and care. As Nanette Milne said, the hidden benefit to the country can be quantified; it is more than £10 billion. That is a remarkable testament to the commitment that so many people give, so willingly.

The bill has been improved by amendments, not least those that were lodged by Rhoda Grant and Nanette Milne. The success of Nanette Milne's amendments on the important issues of carer involvement in hospital discharge and short breaks was made possible by the support of the minister, who has engaged in a consensual manner with

everyone who has sought to improve the bill. We find ourselves able to commend the minister who promoted the bill as an example to his colleagues, who are sometimes more bullish in their approach. The bill is an example of what can be achieved on a cross-party basis, on a matter on which there is considerable agreement to start with.

The future funding in relation to the bill will determine its ultimate success. I will not pursue that argument this afternoon, but I acknowledge the important comments that Johann Lamont made in that regard.

Nanette Milne talked about the experiences of her mother and grandmother in times past—I will not be more specific. In the years to come, many more people will find themselves involved in the care of relatives and loved ones. The bill is designed to ensure that their experience will be very much better than that of past generations. I commend the bill, which Scottish Conservatives will be delighted to support at decision time.

16:50

Rhoda Grant: This has been a good debate. Many of us can draw on our own experiences, as many of us have been carers at one point or another. However, we would not be here in this chamber if we had a long-term caring role. As Jayne Baxter said, many people have that role for a lifetime. Parents of disabled children and carers for people with long-term conditions, for example, do not see their caring role as one that will end; they see it as part of their day-to-day lives. It is hard for us to appreciate what that means, especially if that role is unsupported. People in that position face huge difficulties. I have a constituent whose own health is failing and who finds it difficult to see what the future holds, because she does not know how long she can continue to provide care and she does not know what support there will be for her.

We all agree that carers need more support, but there are dividing lines, and I want to go back to those. We are keen that the eligibility criteria be set nationally for the carers who are most in need, so that they do not face a postcode lottery and can get help when they need it. There are powers to impose national eligibility criteria, and the minister should consider using them if need be. However, the problem is that he would have to consider how to fund that approach. I sometimes think that the funding and the national eligibility criteria are very much two sides of the same coin. We need to ensure that carers get the support that they need. As Johann Lamont said, rights need to be enforceable or they are not rights at all. That is important. If the funding is not available locally to provide the support for carers, there will be no support at all.

The committee heard evidence about the cost of carrying out an assessment. That was hugely underestimated in the financial memorandum. More funding has been put into short breaks, but one carer told me that, because of the complex needs of the person she was caring for, it would cost thousands of pounds to replace her for one week. Carers save the state a fortune, as Johann Lamont said, and we need to ensure that, when they need our support, we acknowledge the amount that they save us. That carer was saving the state thousands and thousands of pounds but, because of the amount of money that is involved in replacing the care that she gives, we cannot see how she will get a break.

Nanette Milne talked about planning for discharges from hospital. We have both heard of the case in which a person was sent home on oxygen, which meant that they could not use their gas fire or their cooker—they could not eat and they were freezing cold. How on earth could someone think that they could send someone home in those circumstances? We often hear of someone being discharged and going back to a house that is not appropriate for them any more, as they can no longer access bedrooms, bathrooms or whatever. A lot more thought has to be given to how we send people home and also how the carer will cope when we do that.

Emergency and future planning are important, and I am glad that they are in the bill. I am also glad that the minister pointed out that bereavement support and planning will be part of that future planning. The way in which we support carers who are providing care in a palliative setting is difficult enough, but what happens when they lose the person they love is difficult, too, and we cannot abandon them at that point.

Short breaks really have to be for the good of the carer, not respite for the cared-for person. The cared-for person might need to get away for a change of scene and a break from their surroundings, but that does not give the carer a short break in the same way. We need to think separately and differently about breaks for the carer.

A number of people talked about the workforce, and we need to involve all the relevant bodies and voluntary organisations in the preparation of the plans and statements, not only because they have a real insight into the issues but because there are not enough social workers to do that work. That was one of the worries about the bill. Where would we find all the social workers to do the necessary work? They are already overworked. Plans and statements need to be based on the needs of the carer, rather than on budgets.

GMB told me that, when its members look at support plans for cared-for people, they often omit

interventions because they know that they cannot be funded from the budget. That is really not right.

Joan McAlpine talked about the living wage for care workers. Labour members have asked the Government for that, but it has voted down our attempts to introduce it. Joan McAlpine also talked about the £200 million for community care. That money is going into the health budgets, not the local government budgets, so it will do nothing to help local government and its funding crisis.

Jamie Hepburn: On a point of information, that funding will go to health and social care partnerships, which are an integral partner of local government. It is important to place that on the record.

Rhoda Grant: It will indeed go to health and social care partnerships, but it is going through the health budgets, not the local government budgets, so the health boards have control over that money and how it is spent. I hope that local government will have some influence, but it is not being given that money. That might be a political point so that health budgets are not cut, as the Government promised, rather than about where the funding goes at the end of the day.

Joan McAlpine: We have spent hours and years discussing health and social care integration. The care packages are delivered by people in the community and the joint boards. Surely Rhoda Grant is not suggesting that the health board is directing social workers who deliver the care packages.

Rhoda Grant: Many of the joint boards will not be set up until this April, and the money is going to health boards, not to local government, as the Scottish Government keeps saying. The health boards are expected to put that money into the joint partnerships. Local government has no control over that money; it depends on health boards putting it into the joint pot.

If the Scottish Government wanted to give that money to local government, why was it not in the local government budget? That is either political expediency or a way of punishing local government for saying that the Scottish Government is cutting its budgets. That takes us away from the support of carers, but it is really important that smoke and mirrors are not used for that money and that we recognise that local government will bear the cost of the bill and that it will be for it to deliver what is asked.

A number of members have talked about carers' need to self-identify. Jayne Baxter pointed out that carers—especially young carers—often do not recognise that they are carers. Carers need to be asked what we can do to support them. They need to be referred to services, not signposted or asked

to self-refer. We need to take the burden off carers for their own support.

In conclusion, we owe it to carers to ensure that the bill is not the last word. It is an important step, but we are far from there. We owe it to carers to continue to seek better ways in which we can support them in the future.

16:58

Jamie Hepburn: I thank all the members who have contributed to the debate; they have done so with genuine respect for Scotland's carers. I welcome the insight that has been shown and the helpful and informative contributions that have been made. There is a clear sense of cross-party support for the bill and, more important in many ways, there is a clear sense of collective support for Scotland's carers.

I thank all those who have been involved in the bill's progress through Parliament. Many have spoken in debates, served on the various committees that have considered the bill and lodged amendments to the bill. That was often done on behalf of carers or carers representative groups. All those efforts and that engagement have significantly enhanced the bill. It is thanks to that interest, care and attention that the bill takes the form on which the Parliament will vote at decision time.

It would be remiss of me not to thank again all the carer interests that helped to shape the bill. I thank carers for providing their input directly or through their representative organisations. It would also be remiss of me not to pick up on a point that Christina McKelvie made. I was glad to meet Robert Anderson on two occasions to discuss not only the bill but the wider work of the South Lanarkshire Carers Network. His work is a good example of interaction with the legislative process. As Christina McKelvie said, he sadly lost his wife recently. I was aware of that and I put on record my condolences to him.

I agree totally with Rhoda Grant, Nanette Milne and Jackson Carlaw that the engagement in the Parliament has ensured that the bill is better now than it was when it was introduced. I am loth to pick out anyone in particular, but the manner in which Ms Grant and Ms Milne engaged in seeking to amend the bill was particularly co-operative. That emphasises the point that improving the lives of Scotland's carers is a shared agenda.

It is right that we recognise that Scotland's carers are integral to our society. They provide vital care and support to their families, friends and neighbours, often in challenging circumstances.

The current legislation, which we seek to change and widen to cover all carers today,

requires that a carer must care regularly and substantially and that the person for whom they care must be eligible for a community care assessment before the carer can request a carer's assessment. We know that few assessments are carried out compared with the number of carers. Even when a carer's assessment is undertaken, the local authority has discretion about whether to provide the support.

I am pleased that, when the bill is passed today—as I am sure it will be—it will mean that many more people will be able to ask for or be offered an adult carer support plan or a young carer statement as a means of assessing their need for support. Furthermore, the bill widens the definition of a carer so that people who care intermittently—perhaps because the person for whom they care has an illness that does not occur regularly—can also ask for or be offered an adult carer support plan or a young carer statement.

The adult carer support plan or young carer statement will record the outcome of the discussion with the practitioner in relation to identifying the carer's personal outcomes and needs, as well as any support that the local authority is to provide to meet those needs. The plan or statement can also be of therapeutic value in itself. Many carers feel a sense of loneliness and isolation, and an empathetic assessment can help the carer to feel more supported.

There will be circumstances in which the adult carer support plan or young carer statement needs to be prepared quickly. Many carers care for people with a terminal illness or provide end-of-life care. I was glad that Marie Curie raised that issue directly with our Administration, and we have amended the bill to provide powers for the Scottish ministers to introduce regulations to put in place an expedited process for such carers.

I was also glad to hear voices calling for emergency planning and future planning to be recognised as part of the assessment process. Joan McAlpine spoke of the role of Enable, which I acknowledge as well. It is heartening that Enable clearly expects us to pass the bill, because it has already worked on its emergency planning toolkit. I congratulate it on that endeavour. I am behind the curve a little because, unlike Ms McAlpine, I have not seen that toolkit. However, it is good that Enable is engaged in the process and I look forward to seeing it. That is the kind of creative work that needs to happen throughout Scotland. The Government will be happy to engage in that process.

The bill places a duty on local authorities to provide support if the carer's identified needs meet the local eligibility criteria. As consideration has to be given in the first instance to whether a carer's needs can be met by the provision of services that

are available generally in the community or services that are provided to the cared-for person, even a carer who has lower-level needs may get some support. That is quite different from the current position.

One general service for which the bill provides is the information and advice service. Each local authority's information and advice service will provide information and advice about a range of issues that are important to carers, including income maximisation, education and training, advocacy, carers' rights and health and wellbeing. To take account of carers' views, the bill also refers to information and advice about emergency care and future planning.

The information and advice service will be available to all. It is important to recognise that, as we have amended the bill to add advice on bereavement services, it will allow former carers who are transitioning to a life without a caring role to take advantage of the support that the service will offer.

An important amendment was made at stage 2 to clarify that local authorities do not need to set up those services from new. Many good third sector information and advice services already exist and we want to encourage local authorities to build on what is already available. They do not need to reinvent the wheel; they can use existing services.

The bill makes specific provision for young carers, in recognition of their particular needs. The definition of young carers has been extended so that young carers who reach the age of 18 and are still at school can continue with a young carer statement, which will help them with the transition to any adult carer support plan while ensuring that there is no gap in provision. The young carer statement will continue to have effect until an adult carer support plan is in place. I have already spoken today about our commitment to ensuring that good guidance is in place to further support the transition arrangements.

There is also the local carer strategy, which has to involve carers and their representative organisations. That is another important step forward.

A number of members have raised issues about resourcing for the provisions in the bill. Maybe I was not listening, but I certainly do not recall the issue having been raised before. It has been suggested that, when the attractiveness of national eligibility criteria was considered, there was some form of financial consideration, but I want to be absolutely clear that that did not factor into my determination of the way forward. That is evidenced by the fact that we have retained the

provision that might subsequently allow us to institute national eligibility criteria by regulation.

I am clear that we will resource the provisions of the bill. The financial memorandum sets out £19.4 million in 2017-18, rising to £88.52 million in 2021-22 and on a recurring basis thereafter.

Rhoda Grant: Given the number of concerns that people have about the resourcing of the bill and the costs of its delivery, if the money that is set out in the financial memorandum for being put into delivery does not cover the costs of the bill, will the minister revisit the issue?

Jamie Hepburn: As welcome as it was, Ms Grant's intervention was unnecessary. I will go on to say what I was going to say.

I still consider the financial memorandum to be our best estimate. It has been informed largely by local government and COSLA figures. During the debate, Johann Lamont said that I had not responded to COSLA's concerns, which was a surprise to me, because I met COSLA in advance of stage 1 and heard its concerns. I asked COSLA for alternative figures and I am still waiting for them.

To take on board the further concerns that were expressed, I established the finance review group, of which COSLA is a key member. I have heard nothing from that review group that leads me to question the assumptions in the financial memorandum. Any financial memorandum is always a best estimate and I stand by this one. I have seen nothing that would cause me to question the assumptions that have been made therein.

Johann Lamont: If COSLA comes forward with figures that confirm that there is a problem, will the minister give a commitment to look at them and change the financial memorandum to ensure that the rights that we all want to establish are properly resourced?

The Deputy Presiding Officer: Minister, could you begin to wind up, please?

Jamie Hepburn: I can, indeed.

What Johann Lamont said seems to be a case of reading between the lines. I have specifically said to COSLA that I am happy to take any figures that it provides and I am still waiting for them. I have also established the finance review group, on which COSLA sits. If it comes forward with any new information, of course I will consider it; that is my clear commitment to those who are involved in the process and to Parliament.

I introduced the bill because I want to accelerate the pace of change and build on what has been achieved. The bill is a huge step forward in helping to ensure that carers can continue to care if they

so wish. People having good health and a life while they are caring are aims that we want to be achieved. I hope that tonight we will unite to back the Carers (Scotland) Bill.

Alcohol (Licensing, Public Health and Criminal Justice) (Scotland) Bill: Stage 1

The Deputy Presiding Officer (Elaine Smith):

The next item of business is a debate on motion S4M-14673, in the name of Richard Simpson, on the Alcohol (Licensing, Public Health and Criminal Justice) (Scotland) Bill.

17:10

Dr Richard Simpson (Mid Scotland and Fife)

(Lab): I am pleased to open the stage 1 debate on my Alcohol (Licensing, Public Health and Criminal Justice) (Scotland) Bill, although I regret the brevity of the time that has been allowed for the debate.

This is a multipurpose bill with 10 different strands, all of which have the aim of addressing the effects of alcohol overconsumption. The common purpose of most of them—as I emphasised throughout the Health and Sport Committee’s evidence sessions—is not to address the needs of the serious dependent drinker, which, to be fair, the Government has made significant attempts to tackle, but to intervene at an early stage when individuals may be at risk of developing a dependency and to assist in preventing it from progressing. I think that there is universal acceptance that Scotland needs to go further than it has done so far to tackle alcohol overconsumption.

I continue to believe that most of the proposals in the bill can yield real benefits and deserve the Parliament’s support. I am very disappointed that the Scottish Government has signalled its opposition to all 10 measures in the bill, alongside the majority of the Health and Sport Committee, although I am grateful to the minority of members of the committee who supported eight out of the 10 proposals.

Before I discuss some of the details of the bill in the very brief time that I have, I take the opportunity to thank the Finance Committee and the Delegated Powers and Law Reform Committee for their considered scrutiny of the bill. In particular, despite my disagreement with the conclusions of the majority of the committee, I thank the Health and Sport Committee for its thorough scrutiny and for recognising that we all share the common aim of searching for the best ways of tackling Scotland’s problematic relationship with alcohol.

My thanks are also due to all the organisations and individuals who responded to my consultation and subsequently gave evidence to the committee.

I would especially like to put on record my thanks to the Parliament's non-Government bills unit, without whose prodigious efforts and support the bill would never have been lodged. It is the longest-running member's bill since the Parliament started in 1999.

I lodged the draft proposal in March 2012, partly in response to the Government's acknowledgement that minimum unit pricing, its core proposal for tackling alcohol, was, in its words, "not a magic bullet" and the fact that it was in some doubt at the time because of the case going to the European Court of Justice. I hope that that issue will be resolved in June when a Scottish court makes the final decisions.

The original proposal included 14 different measures but, following consideration of the responses to the consultation—which were broadly supportive in the main—and discussion with the Government about alternative routes to achieve some of the bill's objectives, I decided to focus on the 10 measures that I believed would be most effective. In May 2014, the final proposal received cross-party support. The length of time between the original consultation and the final submission was partly due to the delay when I was off for a year for cancer treatment.

In line with the terms of my final proposal, the aims of the bill are to promote public health and reduce alcohol-related offending through restrictions on the retailing and advertising of alcoholic drinks; changes to the licensing laws; obligations on the Scottish ministers to issue guidance and report on the Government's alcohol education policy; and directing certain offenders towards treatment or towards restricting their alcohol consumption.

As part of a comprehensive approach, the bill is about both tackling health issues and revising the criminal justice system to focus properly on those whose drinking is causing problems for themselves and for others.

Prior to the publication of the Health and Sport Committee's stage 1 report, I reflected on some of the evidence that had been presented to the committee. I recognised that some of the measures were not unanimously supported, or that they could reasonably be modified, and I subsequently wrote to the committee to share developments in my thinking in a number of areas.

My intention was that the adjustments that I proposed would leave the bill stronger and with the more generally supported measures in place. The bill was always a series of incremental measures. The revisions represented a further reduction in the number of measures from my original draft proposal. I wrote to the committee setting out the proposed revisions. Most

significantly, I advised that I would be prepared to withdraw the strands that related to alcohol education policy statements, because I recognised that there was already scope for monitoring and evaluation of the alcohol framework for action and that there was only limited support for my proposal.

I strongly believed in the measure for notification of offenders' general practitioners; nevertheless, both the courts and the general practitioners did not support it and I therefore decided that it would be appropriate to drop the measure at stage 2, if we reached that point.

The restriction on alcohol advertising for off-sales premises within large retailers is already largely covered by legislation, so my proposal in section 8 would not add much to the bill. It was therefore reasonable to decide to withdraw the proposed measure.

I drew the committee's attention to the fact that, in a multistrand bill such as this one, it should be possible to remove any measure by amendment at stage 2 if the Parliament felt that it was inappropriate to support it. Even if the committee had supported only a minority of the 10 proposed measures, it could still have recommended that the general principles be agreed at stage 1 in order to allow the measures that are broadly supported by the public and specialist organisations to proceed to the amending stages. I am disappointed that neither the Health and Sport Committee nor the Government has chosen to follow that course of action.

Frankly, the message is clear that the Government is not in a hurry to act. I urge the members in the chamber today to reverse the decision on the bill and vote in favour of the general principles so that those measures that have received a favourable reception might still be taken forward in legislation.

I turn briefly to some individual measures in the bill, but I will use my closing speech to examine some measures in greater detail. I will deal just now with the measure on the minimum pricing of packages of alcohol. The Parliament made it absolutely clear that it wanted to end the practice of volume discounting in both on-sales and off-sales. However, the retailers have quite legitimately and legally got round that by selling multiproducts on the basis that they are not selling a single container of the same product, which means that they continue to have multibuys in beer and cider. It is much more difficult to do that with wine, and there has been a substantial reduction in its consumption—along the lines of the Sheffield report—as a result of the measure that we introduced in the Alcohol etc (Scotland) Act 2010.

My proposal in the bill would still not close off completely the retailers' practice on beer and cider, because it is very difficult to do that, but it would mean that someone would not gain a substantial advantage by buying a 12-pack or an 18-pack of beer rather than a four-pack. At the moment, the 18-pack is discounted to a huge degree, which means that people who are more able to afford it can go ahead and buy it.

The second measure that I will address is the banning of age discrimination against under-21s. It is clear from the research that the problems associated with the consumption of alcohol are not about 18 to 21-year-olds but more about 21 to 25-year-olds, who have a greater disposable income. When the law says that 18-year-olds can buy drink, any discrimination against under-21s is inappropriate. We tried to close that loophole in the 2010 act, but it was not completely closed. Indeed, advice from the Government to licensing boards indicated that they could decide on a licence-by-licence basis; the 2010 act banned age discrimination only on a wider basis.

I have amended my proposal on caffeine levels in alcoholic drinks to allow ministers to bring in a limitation rather than a total ban on caffeine, as occurs in America. The research on the issue in America is very clear. I accept that the research here is not as clear, but there is no doubt that there is a cultural problem in the west of Scotland in relation to pre-mixed alcohol-caffeine drinks, which cause considerable criminal problems. Some limitation therefore seems appropriate.

The proposed bottle-tagging measure was well supported by the police. I think that the evidence that was given to the committee about the operation of a similar measure in Newcastle was very positive in the sense that it was not about punishing retailers but about supporting staff in retail outlets to reduce the amount of proxy purchasing by giving the police the intelligence that they need to follow it up. Proxy purchasing is not being handled well in Scotland at the moment. That is nobody's fault, because the problem cannot be managed unless we have the intelligence.

Through the proposal on ensuring that communities have greater involvement in licensing decisions, I wanted to ensure that areas that do not have a community council, which are mainly deprived areas such as those in John Mason's constituency—I think that he mentioned that issue in a previous debate—would have the right to have a say on the variation of licences. I think that that is an entirely appropriate measure.

The last measure that I will talk about is the restriction on advertising. We have a restriction at the moment on the areas where alcohol can be advertised. However, denormalising alcohol is one

of the World Health Organization's objectives. Within the limited powers that we have, to ban such advertising within 200m of schools would mean that, in effect, we would be banning the billboard advertising of alcohol in Scotland. That would be a small step towards denormalising alcohol.

There are other measures in the bill, such as drink banning orders, that I do not have time to address. I note that the fixed-penalty diversion scheme is already working in Fife and Newcastle. We propose having a pilot in an urban area to test whether it works there. We know that it reduces reoffending, and I cannot see why the Government would oppose that measure—that is regrettable.

I deeply regret that we have not had time for a fuller debate, which might have enabled me to consider some of the measures in greater detail, but I still hope that the Parliament might, at the end of the day, allow the bill to go forward to stage 2, in order that some of the measures, at least, could be introduced.

I move,

That the Parliament agrees to the general principles of the Alcohol (Licensing, Public Health and Criminal Justice) (Scotland) Bill.

17:20

Duncan McNeil (Greenock and Inverclyde) (Lab): I want to begin with some verse—a risky business, I suppose.

“Oh, thou demon Drink, thou fell destroyer;
Thou curse of society, and its greatest annoy.
What hast thou done to society, let me think?
I answer thou hast caused the most of ills, thou demon
Drink.”

Although questions might be asked about the quality of William McGonagall's verse and his advocacy of the temperance movement, some of the sentiments that were expressed more than 100 years ago regarding alcohol remain true today.

As a society, we are still wrestling with the demon drink and how best to tackle Scotland's relationship with alcohol. The Health and Sport Committee is in agreement that we must continue to strive to reduce our high alcohol consumption rates in Scotland and that we must also tackle the resulting detrimental impact that they can have on antisocial behaviour levels and on people's health.

I would like to take this opportunity to thank everyone who gave written and oral evidence to the committee on the bill. I also thank Newcastle City Council and Northumbria Police for facilitating a useful visit to Newcastle, which enabled us to get a better insight into its policies on and approaches to alcohol.

The committee has considered in detail each of the 10 provisions in Dr Simpson's bill. Time does not permit me to cover them all this afternoon, but I will share with the chamber our headline findings.

A majority of the committee does not support the general principles of the bill, is not persuaded that the bill is an effective and workable package of measures to tackle alcohol misuse, and believes that the Scottish Government's forthcoming updated alcohol strategy offers a more effective route to consider changes to alcohol policy.

In contrast, a minority of the committee believes that the general principles of the bill should be supported and that the bill would introduce a series of useful additional tools and approaches to support the current alcohol policy regime in a way that would further tackle alcohol misuse in Scotland.

One area on which the committee is unanimous is that, irrespective of whether the bill proceeds, the Scottish Government should address the merits of all the proposals in the bill as part of its alcohol strategy, and we have asked it to do so.

An examination of some of the specific provisions in the bill provides further insight into the difference of views among committee members. In relation to the provision on minimum pricing of packages containing more than one alcoholic product, the committee acknowledges that there is a loophole in the current legislation that means that the ban on bulk purchasing discounts can be side-stepped for beer and cider. A majority of the committee did not support the provision in the bill and agreed that it could have unintended consequences. In contrast, a minority of the committee agreed that action should be taken to address the problem and support the provision.

Another of the bill's proposals is to introduce drinking banning orders. The committee agreed that alcohol is a contributing factor in a significant level of disorderly, antisocial and criminal behaviour. A majority of the committee agreed that there are a number of tools, including antisocial behaviour orders, that perform the same function as Dr Simpson's proposed drinking banning orders, and a majority agreed that DBOs were not needed. In contrast, a minority of the committee agreed that drinking banning orders should be introduced as they would be a useful additional measure.

In our report, we ask for further information on the number of ASBOs issued by local authorities that include a ban from licensed premises. I thank the minister for providing those statistics in advance of today's debate. In the past five years, across all 32 local authorities, 23 ASBOs have

been issued that have included a ban from licensed premises. Will the minister confirm today what percentage that figure is of the overall number of ASBOs that were issued in that five-year period? The figures are considerably lower than Dr Simpson's estimate that there would be around 25 drinking banning orders a year. I am keen to seek clarity on the matter in order to get an assurance from the minister that those ASBOs are serving the same purpose as the proposed drinking banning orders. It would be helpful if the minister could respond to that point in her speech.

Another provision considered by the committee was the bill's proposals for restrictions on the advertising of alcohol. Again, a majority of the committee did not support the bill's proposals on advertising. A majority agreed that alcohol advertising and marketing should be considered in the context of the Scottish Government's alcohol framework. A minority agreed that the provisions should be supported as alcohol marketing can lead to increased consumption.

Regardless of whether the bill progresses, the committee believes that the time is right to give further consideration to the regulation of alcohol advertising and sponsorship in Scotland.

I welcome the minister's comment in the response to our report that the Government is engaging a network of international experts in the field of advertising and sponsorship. Is she able to provide further information this afternoon on the work that the experts are doing for the Government and the timescales for that work feeding into the next phase of its alcohol framework?

The demon drink remains an on-going issue, because of the detrimental impact that it can have. The majority of the committee, while supporting the legislation's aims, could not support the detail of the proposals. However, a minority of the committee agreed that the bill should progress.

17:28

The Minister for Public Health (Maureen Watt): As members are aware, the Scottish Government does not support the bill progressing to stage 2, and I note from its stage 1 report that the majority of the Health and Sport Committee agree with the Government. I welcome the detailed consideration of and report by the committee. Its conclusion that the bill should not progress to stage 2 is welcome. The committee has seen my response to its report.

I would like to thank Richard Simpson for raising the issues and for his huge commitment to the subject over the years. We welcome the intent behind the bill, because although we have seen

some improvements in recent years, we know that we still have far to go.

I want to start by outlining the journey on which we have been. We recognised that the scale of alcohol-related harm in Scotland requires a bold response, so we did not shy away from making one. We have taken considerable and comprehensive action through our alcohol framework. The framework contains more than 40 measures; I will highlight some of them.

We introduced the quantity discount ban, which led to an estimated reduction of 2.6 per cent in alcohol sales. We legislated to ban irresponsible promotions, and we have made a record investment of more than £319 million since 2008. We introduced a lower drink-drive limit, we have improved substance misuse education through curriculum for excellence, and we have introduced a nationwide alcohol brief interventions programme, with more than 569,000 ABIs having been delivered to date.

The framework is aligned with World Health Organization priorities and is well regarded by people who work in the field here and internationally. In recognition of our approach to alcohol policy, the Global Alcohol Policy Alliance chose Scotland to host its conference last October. We welcomed representatives from more than 60 countries, who were keen to hear of the work that we had undertaken and to learn from our approaches.

As we have heard, some of Richard Simpson's proposals relate to advertising. The conference last year provided me with an opportunity to meet a number of international experts. We recognise that advertising is one of the key areas in tackling alcohol-related harm, so we have since formed a network of experts from the conference to look at advertising and sponsorship. That work will feed into the next phase of the alcohol framework to inform our future approach. We therefore welcome the intention behind the advertising measures in the bill.

Members will be aware that part of control of advertising is reserved to Westminster. We have pressed the United Kingdom Government to do more in that area, but in the absence of co-operation we agree with the Health and Sport Committee that the time is right to give further consideration to regulation in Scotland of alcohol advertising and sponsorship. As I have outlined, that work is under way.

Jenny Marra (North East Scotland) (Lab): Can the minister clarify for Parliament when she expects her group of experts to report, and when will the proposals that will be drawn up on the back of that report be brought before Parliament?

Maureen Watt: The conference was held in October or November last year, and we set up the network of experts in the field. They will feed in to the next part of the framework for our alcohol policy. Obviously, that will happen after the election.

The MESAS—monitoring and evaluating Scotland's alcohol strategy—evaluation of the framework has shown that our policy is having a positive impact. Most recently, in November, the report entitled, "Four Nations: How evidence-based are alcohol policies and programmes across the UK?", which assessed the approaches that have been taken across the UK, acknowledged that Scotland has led the way on implementing evidence-based alcohol policy. The report highlights Scotland's leading role—for example, in implementation of ABIs, in lowering the drink-drive limit, and in increased access to treatment.

The report also highlights Scotland's approach in pursuit of effective evidence-based pricing policy. The evidence on the link between affordability and harm is clear, which is why we will continue to make the case for minimum unit pricing.

We know that we are taking the right approach, and we have seen improvements—we have seen a particularly positive shift among young people. The latest figures show that the proportion of 13 to 15-year-olds who reported drinking alcohol in the past week is at its lowest level since 1990. I hope that that trend will continue.

In addition to addressing the potential impact on our young people, tackling alcohol-related harm has the potential to address Scotland's wider health inequalities. Although alcohol-related issues impact on all socioeconomic groups, greatest harm is experienced by people who live in the most deprived areas. Inequality in alcohol-related harm has narrowed in recent years, but there is still more to be done.

We have a track record on delivering on alcohol, but we know that there is still a way to go. That is why later this year we will introduce the next phase of the alcohol framework. It will build on the progress that we have made so far by ensuring that measures are embedded, by developing what is already in place and by considering where we might want to take a different approach. As part of that work, we will examine the measures in Dr Simpson's bill and look at how they might be developed or adapted and potentially incorporated in the next phase of the alcohol framework.

I have already touched on the advertising aspects of the bill. Another measure in the bill that we will take forward is that entitled "Applications for, or to vary, premises licence". We have already

committed to reviewing the relevant regulations, which are in secondary legislation—the Licensing (Procedure) (Scotland) Regulations 2007. Updating those does not require primary legislation. We also plan to examine in more detail the evidence from pilot schemes in Fife and Newcastle on alcohol awareness training as an alternative to fixed-penalty notices. As well as those measures from Dr Simpson, I am happy to listen to ideas from all members who are in the chamber—and those who are not—that might help to tackle alcohol-related harm.

Although the Government supports the intention behind Dr Simpson's bill, we believe that the issues that it addresses will be better addressed via the next phase of the alcohol framework. I therefore ask members not to support the Alcohol (Licensing, Public Health and Criminal Justice) (Scotland) Bill progressing to stage 2.

17:36

Graeme Pearson (South Scotland) (Lab): I speak on behalf of the Scottish Labour Party and in support of the Alcohol (Licensing, Public Health and Criminal Justice) (Scotland) Bill at stage 1. I acknowledge the significant effort of Dr Richard Simpson to develop the bill, and his commitment over the years to using his knowledge and experience to improve how Scottish culture deals with alcohol.

I am pleased that the minister acknowledged Dr Simpson's commitment. In spite of the fact that she has said that she will not support the bill, I am also pleased that she will take full cognisance of all the aspects that Dr Simpson has brought to our attention. However, I am disappointed that she sees no virtue in supporting the bill at this stage and in allowing it to develop at stage 2 into something that will have a significant impact on our relationship with alcohol. It is important that we discuss the bill, so I am disappointed that time is short.

Only this week, the Office for National Statistics reported that Scotland has the highest rate of alcohol-related deaths in the United Kingdom. Deaths peaked in 2000. The trend has, thankfully, been downward over the following 15 years; nevertheless, approximately 20 people a week die alcohol-related deaths, which amounts to 1,152 deaths a year, of which 784 are men and 368 are women. Alcohol is no respecter of gender.

I bring it to the minister's attention that the figures on arrests across Scotland year on year show that it is hardly ever the case that a person appears at the bar of a police station who is not under the influence of alcohol and/or drugs. The impacts on Scottish society have been estimated as costing in excess of £2.47 billion per year.

The issue is urgent. As the minister acknowledged, it affects all levels of society, but as members will know, there is no doubt that people who are in poverty and in difficult circumstances are worst affected by involvement with alcohol.

Dr Simpson outlined the measures in the bill; they are proportionate and well thought through and are on issues that are deserving of legislation. We need to give a commitment and show the seriousness with which the Parliament views Scotland's relationship with alcohol. We must acknowledge that although steps have been taken in the past five years, including the reduction in the drink-driving limit, there is much more to be done. We are losing people each year as we try to decide what to do next.

It is a disappointment that, although there is a forum for experts to gather opinion, we need to wait until later in the year before the Government can respond to that and take us to the next stage. For the five years of the current session, we have been extremely keen to have the next stage put in place.

There is no doubt that there has been a great deal of discussion—and a great deal of controversy—about minimum unit pricing. That has, unfortunately, deflected us from considering the proposals that Dr Simpson has set out: minimum pricing for packages that contain more than one alcoholic product; a restriction on the level of caffeine in alcoholic products; the banning of age discrimination in off-sales; the marking of containers such as bottles and cans so that we know where products were bought and we can support retailers in our housing estates; greater community involvement in, and influence over, decisions on the location of licensed premises; drinking banning orders; and alcohol awareness training. All those elements have been well thought through and well rehearsed, so it is disappointing that a majority of members of the committee decided that they could not support what is proposed.

Dr Simpson has indicated that he is willing to change his approach on advertising and that he is happy to drop his alcohol education policy proposals and his approach in relation to notification of an offender's GP.

The Deputy Presiding Officer: You must close, please.

Graeme Pearson: I would like to think that, by the end of the debate—short as it is—there will be support for the general principles of the bill at stage 1 so that it can be examined further at stages 2 and 3.

17:41

Nanette Milne (North East Scotland) (Con): I commend Richard Simpson for the tenacity that he has shown over almost four years since he lodged a draft proposal for a member's bill to prevent and tackle various aspects of alcohol misuse, which is a matter that has concerned him for many years and which he is keen to address without further delay in order to reduce the negative impact of the harmful drinking that is still a problem in Scotland today.

Following consultation on and refinement of the draft proposal, the bill was introduced in Parliament on 1 April last year. As we know, it makes 10 broad proposals, on which the Health and Sport Committee took evidence from a wide range of witnesses. The evidence that we received was mixed on most of the proposals, except on the proposed requirement in section 31 for courts to notify an offender's GP when alcohol was a factor in the offending behaviour. That provision was widely opposed by witnesses, so I am pleased that Dr Simpson has offered to remove it from the bill.

Although I would like to go into detail on the bill's other proposals, I am afraid that that will be impossible in the five minutes that I have been allocated in this regrettably short debate, which cannot possibly do justice to Dr Simpson's painstaking work over many months. However, after detailed review of all our evidence, I am bound to say that I have not been convinced that the bill is the best way to tackle alcohol misuse at this time, and I believe that the Government's forthcoming updated alcohol strategy is likely to be more effective.

On minimum pricing of packages that contain more than one alcoholic product, there is still a concern that such a provision would not have the desired effect of reducing alcohol consumption, because the ban on bulk-buying discounts could still be circumvented by retailers selling only large multipacks. Until minimum unit pricing can be introduced, I feel that the Government's commitment to give further consideration to volume discounting during its review of the alcohol framework should be supported.

On pre-mixed alcohol and caffeine drinks, it is clear that there are differing views on whether there is a link between alcoholic drinks with a high caffeine content and dangerous behaviour, and I think that further research is needed before a ban can be justified as a public health measure.

I do not agree with section 53 of the bill, which would remove the power that licensing boards currently have to impose an age requirement on alcohol sales, because that can occasionally be useful to deal with problems in particular premises,

and it is a power that licensing boards have indicated they wish to retain.

I see the merit in targeted use of container marking schemes, but their usefulness is limited, because finding marked bottles in the possession of underage drinkers will not rule out proxy purchasing by adults.

The Newcastle scheme works well on a voluntary and partnership basis, and it could be rolled out to other areas, but I am not persuaded that such schemes need to be legislated for.

Likewise, I do not think that primary legislation is necessary in order to provide alcohol awareness training, which can be addressed within the alcohol framework, nor am I persuaded of the need to legislate for an annual report to be provided to Parliament on alcohol education and information programmes, so I welcome Dr Simpson's intention to withdraw that proposal.

I agree that regulation of alcohol advertising and sponsorship need to be looked into further, but that should be done in the context of the alcohol framework and informed by work that is already under way.

I do not see the need for drinking banning orders when there is evidence that local authorities have been using antisocial behaviour orders to ban individuals from licensed premises for antisocial conduct while they are under the influence of alcohol. In my city of Aberdeen, ASBOs have been used to ban individuals from the city centre and, therefore, from all on-sales or off-sales premises in that locality. Moreover, ASBOs can be made for an indefinite period, whereas the proposed drinking banning orders would have a maximum duration of two years.

In conclusion, I agree with the policy intention of much of the bill, but I believe that further statutory provision is not necessary in many areas, and that the aims of the bill can best be served within the Government's alcohol framework, which is currently being revised. I welcome the Government's commitment—made in its response to the stage 1 report—that it will, as it develops the next stage of the framework, explore the merits of all the proposals in the bill, taking into account evidence that was obtained by the committee and wider evidence in order to inform further progress.

It is important to say that I have paid regard to the frequently raised concerns that the bill would add further complexity to the already cluttered legislative landscape of alcohol licensing law. Aberdeenshire Council went so far as to say that

"the whole system has become so piecemeal that it probably needs total reappraisal through a single act".— [Official Report, Health and Sport Committee, 27 October 2015; c 22.]

I hope that the next Government considers taking that forward.

My sincere opinion is that adding further “piecemeal” legislation to an already complex and confusing set of laws is not desirable. Therefore, although I warmly commend Richard Simpson's work and accept the policy intention, I cannot accept most of the bill's provisions, and therefore do not feel able to support it at stage 1. However, we are minded to abstain at decision time.

17:47

Christian Allard (North East Scotland) (SNP):

As I am not a member of the Health and Sport Committee, members may be surprised to see me speaking. I would like to put it on the record that the deputy convener, Bob Doris, could not make it because he has just had a son, who is called Cameron. Members will congratulate him on being a father and congratulate him and Janet on young Cameron. It is very important to think about that, because this debate is about future generations.

Some members will know how close this topic is to my heart. I would like to be in agreement with Dr Simpson about introducing the bill but, unfortunately, as others before me—including the Minister for Public Health—said, I found that it is a bit piecemeal. The bill will not work in the framework of the Scottish Government.

Let us be clear: the Scottish Government has done a lot and, as the minister said, its approach to tackling alcohol-related harm has been recognised globally. It is very important to realise that and to support the Government.

I had several meetings with Dr Simpson and I remember him challenging the Scottish Government's view on the minimum unit pricing policy. I am delighted to see him embrace that policy today. It is a very important policy and, once it goes through the court, it will be an important tool for combating the problem in Scotland.

It is important to recognise that there is a problem in Scotland; it is one of the countries in which alcoholism is the biggest problem. As some members said, it is not enough that the existing strategy in Scotland has contributed to the number of deaths from alcohol in Scotland falling faster than in the rest of the UK; we have to realise that there is much more to do. We drink as much as twice more than 30 or 40 years ago. It is important to recognise where we are and how important the issue is.

One thing I particularly disagree with Dr Simpson about—perhaps the Government will follow my remarks—is blaming the individual and trying to prosecute or ban the individual who has a problem with alcohol. That is the last thing that we

should do. We already have an armoury of legislation and we should use that.

I am delighted that Dr Simpson decided not to pursue the education part of the bill. Very good work is happening on education just now, which is one of the reasons why the number of deaths in Scotland in which alcohol is a contributory factor is falling fast, compared with the rest of the UK. We should be quite delighted about that, although we need to do much more.

As I have said already, we need to do more because we are in a very different situation to that in other countries. We need to do much more on advertising. In this day and age, it is not acceptable to have alcohol advertising in sports, such as football. There is so much alcohol advertising linked to sports and that needs to stop one way or another.

It is the same situation for broadcasting. Some people have the view that there should be a watershed, but I do not agree. We should not have alcohol advertising on television at all. Other countries have stopped it and those countries have far fewer alcohol-related deaths than we do. Why should Scotland not take that approach? We should not have such advertising.

In conclusion, the chief executive of the Scottish Licensed Trade Association said that we are a nation of take-home drinkers, but I think that we are a nation of drunks and we must accept that. We must all accept responsibility for whether we are drinking or not, and blaming our friends and family members—or worse, to further prosecute people or ban them, as the bill intends—is not the answer. The answer, which is very important, is for Parliament to change the alcohol regime. I trust the Scottish Government strategy to do just that.

The Deputy Presiding Officer: We now move to closing speeches.

17:51

Jackson Carlaw (West Scotland) (Con):

Presiding Officer, there has been a 300 per cent increase in alcohol-related liver disease mortality over the last 30 years and over 35,000 alcohol-related stays in Scottish hospitals in the last recorded year, with the majority of them being emergency admissions. Scottish deaths from liver disease are among the highest in Europe and that comes at an enormous cost, as Graeme Pearson has detailed. A fifth more alcohol is sold in Scotland compared to England and Wales. Some 75 per cent of prisoners were drunk at the time of committing the offence for which they were sentenced.

The Scottish Conservatives have a conundrum. The last time that we discussed alcohol in the

Scottish Parliament was on 4 June 2015, which was the first time that the issue had been discussed since May 2012, three years before. By June 2016, it will be more than four years since we passed the minimum unit pricing legislation.

Richard Simpson is right, because throughout the torrid passage of that bill, Alex Salmond stood at the dispatch box trying to touch our hearts—trying to make glass eyes weep across Scotland—with his personal commitment to changing the relationship that Scotland has with alcohol, and yet after that there was no debate for three years. Last summer's debate was at the request of opposition parties and today's debate has been truncated so as to be the shortest introduction of a member's stage 1 bill of any of the last five that the Parliament has considered.

Christian Allard: Will the member take an intervention?

Jackson Carlaw: No, I will not.

We have a difficulty because we do not doubt Richard Simpson's commitment over a great period—as he said, he was motivated to introduce the bill by the recognition of the Government back in 2012 that MUP alone was not going to be the solution. Indeed, all the parties in the Scottish Parliament offered to work on a cross-party basis to support the discussion about that change in the relationship with alcohol that in many respects sits above the technical measures that we can pass. We therefore regret that the evidence is mixed in relation to the proposals that Richard Simpson has made. We recognise that the route forward must be through the updated alcohol strategy.

I have to say to the Government that, if it is not being complacent—I do not accuse it of complacency—it has hardly been leading from the front, with real passion, to change the relationship with alcohol. It has been too technical and there has been no passion. We do not just want a pedestrian list of measures, some of which are now as long in the tooth as the Government itself. What we want to see is some of the zealous, evangelical passion that ministers found on the subject of independence. The Government should bring that to the subject of changing Scotland's relationship with alcohol. We do not just want a package from the minister that has all the energy of a wet paper bag.

I ask the minister, when she stands up in a few moments, to show us the zealotry, evangelicalism and passion that the Government will bring to changing Scotland's relationship with alcohol, rather than just talking quietly behind the scenes about a few wee bits and pieces, as important as they are.

Christian Allard: Will the member take an intervention?

The Deputy Presiding Officer: The member is closing.

Jackson Carlaw: Attitudes have to change, and it will take more than I have heard from the Government so far during this session of Parliament to make that happen.

17:55

Jenny Marra (North East Scotland) (Lab): It is with great regret that I rise to close the debate on behalf of the Labour Party. As Jackson Carlaw powerfully put it, alcohol continues to be one of the biggest challenges facing not only this country but every family in it. It affects my family, the family of every member in the chamber—I am sure that it affects your family, Presiding Officer—and every family in Scotland. I agree with most of what Jackson Carlaw said in his speech: it is extremely disappointing that there has not, over the past five years, been more focus on alcohol from this Government.

Christian Allard: Will the member take an intervention?

Jenny Marra: No—I will not at the moment, thank you.

It seems that the Government has placed all its eggs in one basket, looking for a big-hit public health policy and trusting that MUP would be that policy.

I see that the minister is huffing and puffing, but Jackson Carlaw put it very well. There has not been much concentration on alcohol and prevention in our communities, as Dr Simpson highlighted. If the minister wants to tell me what has been done, I am happy to take an intervention from her.

As other members have mentioned, Dr Simpson has spent many years working to address the problem of alcohol, and it is a great shame that the Government is pushing back on the bill. In a way, the Government is pushing back on all the expertise that Dr Simpson brings to bear, not just on public health but on offenders and how the issues around alcohol link in with the criminal justice system. Many MSPs who have been to a sheriff court will have seen the massive human cost of alcohol in our court system and will be aware of the massive cost to the public purse from alcohol-related crime going through our sheriff courts.

It is deeply regrettable that the Government was not able to look at the bill discriminately. The bill was specifically designed to include 10 different measures, and the Government could have rejected only some of those. It has, however, rejected all the measures, including those for which there is evidence and a great deal of public

support, which could have been pursued. Those include the alcohol advertising restrictions, which have had a great deal of public support, and—as Dr Simpson mentioned in his opening remarks—further restrictions on volume discounting. The Health and Sport Committee has done a good job in scrutinising the bill, but again it is regrettable that the majority of the committee's members have not been able to support it.

The minister, in her opening remarks, welcomed Dr Simpson's huge commitment to tackling the issue over the years. However, she did that commitment a disservice by not being able to give a timeframe for when her group of experts would look at the issue of alcohol advertising.

As Dr Simpson said, his bill has been the longest running member's bill in the Parliament. His proposals have been lodged in the Parliament for more than four years now, so why is it only in the past few weeks, since the conference in November, that the minister has commissioned a group of experts to look at alcohol advertising? That is deeply regrettable.

Whatever happens at the election in May, this is not the last that the Scottish Parliament will hear from the Labour Party on alcohol advertising. We need to question whether, 20 or 30 years into the future, we will still find the situation acceptable, or whether we will think that we should have acted earlier on issues such as football players in our country running round with alcohol advertising on their shirts; the advertising of alcohol right outside the school gates; and the continuing sponsorship of cultural events by alcohol companies.

We have reached a tipping point on tobacco advertising, and I ask the minister, in her closing remarks, to address one of the bill's key measures to address alcohol advertising. If she cannot support Richard Simpson's bill, perhaps she can tell us what she feels about that key measure, which has gathered the most public support. Perhaps, based on her discussions with her group of experts on the matter, she can tell us her thoughts looking ahead.

18:00

Maureen Watt: I am grateful to parliamentary colleagues for their contributions to what has been an interesting, if short, debate. Members have complained about how short the debate has been, but I do not remember any opposition to the Parliamentary Bureau motion that set out the business for today.

First, I say to Jackson Carlaw that if there were a silver bullet I would be up on the ramparts of Edinburgh castle at dawn tomorrow to shoot it. The point is that there is no silver bullet. I am sure that, if there were, we would have found it by now.

The press and the Opposition concentrate on minimum unit pricing, but that is only one of 40 or so measures in the alcohol framework. Much of the work is going on at local and national levels, but it is very much happening under the radar. For example, before Christmas, I was out in a pub in support of the introduction of smaller measures of wines and spirits. I also highlight the Young Scot card, the review of test purchasing and the promoting citizenship through football initiative. I could spend the rest of my time going through the other parts of the alcohol framework that are making progress.

Moreover, although we know that alcohol-related deaths are a huge concern and that we have the worst rates in the whole of the UK, I must point out that we have had the fastest decrease in rates of such deaths since the peak in 2000.

Jenny Marra: Will the minister give way?

Maureen Watt: Not at the moment.

We are doing lots. On the inequalities issue that Graeme Pearson highlighted, I note that the ratio for alcohol-related mortality rates between the most and least deprived areas reduced from 12:1 in 2002 to 6:1 in 2013. The evidence is there, but what we are talking about is a slow burn. Unfortunately, it is not a case of firing some magic bullet.

Dr Simpson: I do not deny the progress that has been made since 2001—indeed, I will refer to that when I sum up—but I have a major concern about the budget, in which the alcohol and drug partnerships will have their funding cut by 23 per cent. I would like the minister to guarantee on the record today that health boards will be required to make that money up from their general revenue, because the transfer from the justice portfolio has not been ring fenced and the 23 per cent cut to ADPs will endanger the alcohol and drug recovery programmes.

Maureen Watt: The member will be aware that some health boards were not passing on the justice-related money to the ADPs. We know that health boards can make up that funding and ensure that there is no reduction in funding to ADPs.

We are not working alone on measures to tackle the misuse of alcohol in our society. In relation to advertising, I said in my opening speech that we will take forward work that is based on research that has been carried out, but we need to take an evidence-based approach. For example, when I spoke to the experts from France, I discovered that much of what was in the loi Evin, which Dr Simpson and I discussed during my appearance at committee, has been rolled back since that legislation was introduced. We have to ensure that

the advertising controls that we put in place work and are based on evidence that they work.

Nanette Milne made a considered speech about many of the bill's aspects, some of which I will go into in a bit more detail. For example, on the proposal for a minimum price for packages that contain more than one alcohol product, she is right that supermarkets and other sales outlets would try to get round any legislation that we put in place; we have seen that happen with multipacks. The effect could be that people would not be able to buy a single unit of alcohol; it would have to be part of a multipack. Minimum unit pricing would help in that area.

I see that Dr Rice and Eric Carlin from Scottish Health Action on Alcohol Problems are in the public gallery. SHAAP suggested that the evidence on caffeinated alcohol is highly variable and that the focus should be on overall consumption. The Government agrees with SHAAP that it is the increasing availability, affordability and excessive consumption of high-strength drinks that causes problems in Scotland and contributes, as Graeme Pearson said, to many of the problems that relate to people who are up in court for offences. Focusing on one product misses the real problem of excessive consumption.

In relation to age discrimination in off-sales, we believe that it is right that powers exist to apply restrictions that limit off-sales at outlets that have particular problems or which have been found guilty of an infraction of the law. That does not mean that a blanket condition should exist for an entire local authority area. I am glad that the Health and Sport Committee agreed with the Government on that point.

The bill proposes allowing the police to request that licensing boards make participation by off-sales premises in a container-marking scheme a licence condition.

The Presiding Officer (Tricia Marwick): You need to start to wind up, minister.

Maureen Watt: We know about the pilot projects in Newcastle and in Fife. We are concerned that the widespread use of container marking would be disproportionate and we are not convinced that legislation is required.

I am glad that Richard Simpson decided to withdraw the alcohol policy statements. Nanette Milne made a good point about drinking banning orders—

The Presiding Officer: You really need to wind up, minister.

Maureen Watt: —and everybody should go and look at what Aberdeen has managed to do. It used to be a place where people would not go for a

night out, and now it is very much a safe place to go for a night out.

We recognise and welcome the intent behind Dr Simpson's bill to change Scotland's relationship with alcohol, but we are not convinced that this is the way to achieve it.

The Presiding Officer: Thank you, minister. Dr Simpson, you have until 6.15.

18:07

Dr Simpson: Thank you, Presiding Officer. I hope that my voice holds out until then. Unfortunately I have a slight cold.

I thank members for participating in the debate. I am still concerned that it has been the briefest debate for any member's bill, certainly for some considerable time. Given that the bill has been the longest-running bill since 1999, that is very disappointing. We did not oppose the bureau motion setting out the business for today because of the substantial pressures that exist towards the end of the session. Nevertheless, I think that a little bit more time could have been devoted to the debate because, as Jackson Carlaw said, we have not had much in the way of debate on alcohol in this session.

Duncan McNeil rightly reminded us that we—

Christian Allard: Will the member give way?

Dr Simpson: I will take an intervention a little later, once I get a bit further into my speech.

Duncan McNeil rightly reminded us that, as a society, our consumption of alcohol is still far too high. The damaging consequences, which may be costing us £2.5 billion to £3 billion, are very significant.

Graeme Pearson drew attention to the fact that Scotland has a much higher level of alcohol-related deaths than in the rest of the UK. It also has a higher level of consumption. As Dr Calderwood said in her excellent annual report, which has just come out, alcohol remains one of the major public health issues that we face.

Jackson Carlaw enunciated the problems of hospital admissions and talked about the number of people who get into trouble with alcohol and become involved in the criminal system. Those all have massive costs for the individual, for their families and for our society. It therefore behoves us as a Parliament to maintain the pressure on this subject. That was partly why I introduced my bill. Despite the acknowledgement in 2011 that minimum unit pricing would not be a magic bullet, my feeling at that point was that the Government would rest on its laurels for the next few years until minimum unit pricing was brought in. Apart from the reduction in the drink-driving limit, which I very

much welcome, that is exactly what has happened.

I therefore looked for small measures that I could propose. The measures in the bill are not huge measures; they are small, incremental measures that would allow us to advance the situation and to have a good debate on the topic, which is equally important.

Mike MacKenzie (Highlands and Islands) (SNP): Dr Simpson has described his proposals as a series of small measures. Does he accept that, through its fairly extensive work, the committee discovered that the view of a wide variety of stakeholder witnesses is that the problem with the various small measures that are proposed in the bill lies in the detail? The majority of the members of the committee felt that they could not ignore—

The Presiding Officer: Dr Simpson has very little time, Mr MacKenzie.

Dr Simpson: Actually, I regret the fact that none of the SNP members of the committee has been able to speak in the debate. It might have been interesting to hear that point argued in a little more detail.

We have been on a journey since 2001, when alcohol deaths were peaking and, as Jackson Carlaw said, the numbers around liver problems, for example, had gone up massively. As a justice minister, I instituted the Nicholson review, which led to the Licensing (Scotland) Act 2005. I also got approval from the Lord Justice General for test purchasing. That was not done without difficulty—the proposal was somewhat opposed to begin with and there were problems around its introduction. However, it has proved to be successful in supporting a system in which we do not have much in the way of underage purchasing.

We are left with the problem of proxy purchasing, which is one of the reasons why I suggested bringing in an alcohol container marking scheme, which was supported by the police as being a useful addition to the toolbox. In the submissions, there were some interesting views on the proposal. I was heartened by the committee's reaction to its visit to the alcohol watch scheme in Newcastle, where it heard that the bottle-marking scheme was well received by licence holders as it could help vulnerable staff in licensed premises feel more confident in refusing to sell to underage people, as well as helping to identify proxy purchasing.

Contrary to the apparent misconception on the part of some people, it was never the intention that, as the minister hinted in her speech, the scheme should be rolled out on a national basis. The suggestion is that it should be introduced at a local level in a limited number of licensed

premises and only in cases in which the police had intelligence that suggested that underage or proxy purchasing was going on. Further, it would not apply to all alcoholic drinks but only to those that the police identified as being most likely to be involved in underage or proxy purchasing. That would mean that, as can be seen in Newcastle, the costs for each retailer would not be high. The minister said that such a scheme could be implemented without legislation. That happened in Dundee, but it was abandoned for being too bureaucratic. I hope that, even before the framework comes in, the minister will support the police in ensuring that the scheme is brought in more widely.

The Presiding Officer: There is far too much chatting from members who have just come into the chamber. I ask all members to do Dr Simpson the courtesy of at least listening to him.

Dr Simpson: Thank you, Presiding Officer.

We have been waiting since June for the introduction of MUP, and we will wait now until next June for the court to decide whether it is legal or not. The Labour Party, through Chancellor Alistair Darling, introduced the duty escalator on alcohol. That is a much better measure, because it attacks all alcohol at all levels and, as there are more hazardous drinkers in the upper deciles of income groups than there are in the lower ones, increasing price overall—which we are all agreed has an effect on consumption—is an effective measure. Indeed, that proved to be the case. Deaths from alcohol have continued to reduce in Scotland and the rest of the United Kingdom. Unfortunately, the escalator was abandoned by the coalition Government and was reversed by the current Conservative Government. I can see no justification for reducing the tax on beer or spirits, given the alcohol problems that are faced by this country as a whole and by Scotland to a greater degree.

The minister has talked about the fact that the committee unanimously supported a more detailed consideration of advertising restrictions. I welcome the expert framework and the view that the committee has expressed. However, we could take that small step to ensure that there would be effectively no billboard advertising in Scotland. That would enable us to begin the process of denormalising alcohol. It is all about increments and continuing to apply pressure.

One of the measures that I dropped from my original 14 proposals related to arrest referral. I am still not clear whether the Government's undertaking that that would be rolled out to every area—which it gave me when I dropped it—has been fulfilled. However, that is another programme that is effective and useful, and it needs to be undertaken.

The Presiding Officer: You need to wind up, Dr Simpson.

Dr Simpson: In conclusion, as Jenny Marra said, we need a clear timetable from the Government so that, following the election, no matter who forms the Government, through the preparation and groundwork of civil servants to update the alcohol framework and through consolidating licensing legislation, we keep up the pressure on tackling our alcohol problem. It is still one of the largest public health issues, and it requires to be tackled effectively.

I thank members for at least listening to my proposals and I still hope that they will have a change of heart and allow the bill to go to stage 2, where we can amend it as substantially as the Government thinks appropriate. We can then introduce measures to keep up the pressure on our alcohol problem.

Decision Time

18:15

The Presiding Officer (Tricia Marwick): There are two questions to be put as a result of today's business. The first question is, that motion S4M-15561, in the name of Jamie Hepburn, on the Carers (Scotland) Bill, be agreed to.

Motion agreed to,

That the Parliament agrees that the Carers (Scotland) Bill be passed.

The Presiding Officer: The Carers (Scotland) Bill is passed. [*Applause.*]

The next question is, that motion S4M-14673, in the name of Richard Simpson, on the Alcohol (Licensing, Public Health and Criminal Justice) (Scotland) Bill, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Baillie, Jackie (Dumbarton) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brennan, Lesley (North East Scotland) (Lab)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Dugdale, Kezia (Lothian) (Lab)
 Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Ind)
 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)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Rutherglen) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Macdonald, Lewis (North East Scotland) (Lab)
 Macintosh, Ken (Eastwood) (Lab)
 Malik, Hanzala (Glasgow) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 McCulloch, Margaret (Central Scotland) (Lab)
 McMahon, Michael (Uddingston and Bellshill) (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)
 Rowley, Alex (Cowdenbeath) (Lab)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Drew (Glasgow) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Stewart, David (Highlands and Islands) (Lab)

Against

Adam, George (Paisley) (SNP)
 Adamson, Clare (Central Scotland) (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)
 Dornan, James (Glasgow Cathcart) (SNP)
 Eadie, Jim (Edinburgh Southern) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hume, Jim (South Scotland) (LD)
 Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
 Keir, Colin (Edinburgh Western) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Central Scotland) (SNP)
 MacAskill, Kenny (Edinburgh Eastern) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 MacKenzie, Mike (Highlands and Islands) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McArthur, Liam (Orkney Islands) (LD)
 McDonald, Mark (Aberdeen Donside) (SNP)
 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)
 Robison, Shona (Dundee City East) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Salmond, Alex (Aberdeenshire East) (SNP)
 Scott, Tavish (Shetland Islands) (LD)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (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)

Abstentions

Brown, Gavin (Lothian) (Con)
 Carlaw, Jackson (West Scotland) (Con)
 Davidson, Ruth (Glasgow) (Con)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Goldie, Annabel (West Scotland) (Con)
 Johnstone, Alex (North East Scotland) (Con)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)

The Presiding Officer: The result of the division is: For 36, Against 59, Abstentions 12.

Motion disagreed to.

The Presiding Officer: That concludes decision time.

Meeting closed at 18:17.

Correction

John Swinney has identified an error in his contribution and has provided the following correction.

The Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy (John Swinney):

At column 4, paragraph 8—

Original text—

Since April 2015, 295 bankruptcies have been awarded following a debtor application where income has included personal independence payments, disability living allowance or attendance allowance. A contribution has been applied in one of those cases to the level of private income involved.

Corrected text—

Since April 2015, 295 bankruptcies have been awarded following a debtor application where income has included personal independence payments, disability living allowance or attendance allowance. A contribution has been applied in 24 of those cases to the level of private income involved.

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