



OFFICIAL REPORT
AITHISG OIFIGEIL

Meeting of the Parliament

Thursday 17 May 2018

Session 5



The Scottish Parliament
Pàrlamaid na h-Alba

© Parliamentary copyright. Scottish Parliamentary Corporate Body

Information on the Scottish Parliament's copyright policy can be found on the website - www.parliament.scot or by contacting Public Information on 0131 348 5000

Thursday 17 May 2018

CONTENTS

	Col.
GENERAL QUESTION TIME	1
Rail Services (East Lothian)	1
National Economic Forum	2
Orkney Islands Council (Meetings).....	3
Euratom	4
Right to Protest.....	5
Court-ordered Contact (Views of Children)	7
Attainment Gap (Impact of Adverse Childhood Experiences).....	8
FIRST MINISTER'S QUESTION TIME	10
Secondary Education (Subject Choice).....	10
Child and Adolescent Mental Health Services (Audit of Referrals)	13
Ferry Services (Disruption).....	15
Fixed-odds Betting Terminals.....	15
Bowel Screening (Follow-up Appointments)	16
Affordable Homes.....	16
Mental Health (Waiting Times)	17
Job Losses at STV.....	19
International Day Against Homophobia, Transphobia and Biphobia.....	20
European Union (Withdrawal) Bill.....	21
Universal Credit	21
Mental Health Awareness Week	22
Prisoners (Right to Vote)	24
EVERYONE'S BUSINESS CAMPAIGN	27
<i>Motion debated—[Clare Haughey].</i>	
Clare Haughey (Rutherglen) (SNP).....	27
Annie Wells (Glasgow) (Con)	30
Ruth Maguire (Cunninghame South) (SNP)	31
Anas Sarwar (Glasgow) (Lab)	33
Alex Cole-Hamilton (Edinburgh Western) (LD)	35
Alison Johnstone (Lothian) (Green).....	36
Rona Mackay (Strathkelvin and Bearsden) (SNP)	38
Michelle Ballantyne (South Scotland) (Con).....	40
Mary Fee (West Scotland) (Lab)	42
The Minister for Mental Health (Maureen Watt)	43
VETERANS (HEALTH AND WELLBEING)	47
<i>Statement—[Shona Robison].</i>	
The Cabinet Secretary for Health and Sport (Shona Robison)	47
LAND AND BUILDINGS TRANSACTION TAX (RELIEF FROM ADDITIONAL AMOUNT) (SCOTLAND) BILL: STAGE 3	58
<i>Motion moved—[Derek Mackay].</i>	
The Cabinet Secretary for Finance and the Constitution (Derek Mackay).....	58
Murdo Fraser (Mid Scotland and Fife) (Con).....	60
James Kelly (Glasgow) (Lab)	61
Patrick Harvie (Glasgow) (Green)	62
Ivan McKee (Glasgow Provan) (SNP)	63
Neil Bibby (West Scotland) (Lab)	64
John Mason (Glasgow Shettleston) (SNP).....	66
Patrick Harvie	67
James Kelly	68
Derek Mackay.....	68
POINT OF ORDER	71
DECISION TIME	72

Scottish Parliament

Thursday 17 May 2018

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

General Question Time

Rail Services (East Lothian)

1. **Iain Gray (East Lothian) (Lab):** To ask the Scottish Government what plans and funds it has in place to expand rail services in East Lothian to meet the needs of the 10,000 new homes that are expected to be built in the area. (S5O-02107)

The Minister for Transport and the Islands (Humza Yousaf): Through its key agency role, Transport Scotland works with the south east of Scotland transport partnership and East Lothian Council to understand future development and associated transport requirements. A number of conversations have taken place about the council's house-building and development programmes. It is the responsibility of the planning authorities to prepare development plans to address housing, transport and other infrastructure needs.

Alongside that development planning work, the Scottish Government intends to address long-term strategic rail capacity issues on the east coast main line—I know that the member has been engaged with that. That will support enhancements that will provide benefits for passengers using this line, the Borders railway and other services from East Lothian.

On the specific question about the funds that might be available, my understanding is that the council is considering a section 75 agreement in order to fund a transport fund. Control period 6 funding might also be appropriate in relation to funding for the future. The member might be aware that a local rail development fund has been agreed, but the deadline for that is 8 June, which might be slightly too early for this scheme and proposals. I hope that I have given an idea of the support that is available.

Iain Gray: The trouble with that answer is that, at a public meeting in Prestonpans a couple of weeks ago, the ScotRail Alliance was clear that any plans that it has to increase capacity on either the North Berwick line or the east coast main line to Dunbar, for years to come, will be designed to alleviate current problems. They take no account of the projected population increase in the county. Since it was the Scottish Government that imposed the requirement for 10,000 new houses on East Lothian, does the minister not feel obliged

to plan and to fund the rail services to cope with that?

Humza Yousaf: I am disappointed if that was the case, and, on the back of this question, I will endeavour to have a conversation with the managing director of the ScotRail Alliance. Transport Scotland, as the key agency, has been involved in the discussions.

The member might be aware of the east coast main line capacity study, the initial findings of which are due in the summer months—I will ensure that they are passed on to the member. The study will look at current capacity constraints and potential future capacity constraints. That should be a key part of the study. If the member was at a public meeting at which that view was not given, I am more than happy to take that up with the ScotRail Alliance.

National Economic Forum

2. **Emma Harper (South Scotland) (SNP):** To ask the Scottish Government what the outcomes were of the national economic forum meeting in Dumfries on 16 May 2018. (S5O-02108)

The Cabinet Secretary for Economy, Jobs and Fair Work (Keith Brown): The bi-annual national economic forum gives businesses, the third sector, and trade union leaders direct influence on the development and delivery of economic policy at a regional and national level through direct engagement with ministers on key economic challenges.

Eight Scottish ministers attended yesterday's forum in Dumfries, which focused on the rural economy and helped to shape the future south of Scotland enterprise agency and the work of the national council of rural advisers.

Emma Harper: Will the cabinet secretary provide further information on the engagement work of the south of Scotland economic partnership and the process for application for the initial £10 million? Will the funding be allocated primarily to public agencies or does the cabinet secretary expect the budget to be opened up more widely to applications from organisations across the south of Scotland to support inclusive growth?

Keith Brown: The partnership is driving forward effective engagement. It is running 28 events across the area, 18 of which have already taken place with 400 people from businesses and communities across the area. I am pleased that the partnership is engaging as widely as it is. Its chair, Professor Russel Griggs, is also meeting all MSPs and MPs who represent the south. The partnership will use the events and meetings that it has held to inform its future work.

In this year's budget, as the member says, we have made £10 million available to support the work of the partnership, supporting inclusive growth and communities across the area. That £10 million is over and above what the public sector already spends in the south of Scotland. I have asked the partnership to consider all applications for funding and to assess them against clear and consistent criteria, focused on key priorities for the south of Scotland. The projects will need to set out clearly proposed outcomes and they will then be submitted to the Scottish Government for approval. The consultation events, as the member knows, are generating quite a range of suggestions for projects that could be funded. However, if members from the south are aware of organisations with suggestions, the partnership would be more than happy to consider them.

Dean Lockhart (Mid Scotland and Fife) (Con):

Does the cabinet secretary share my concerns that gross domestic product per capita in the south of Scotland is 20 per cent below the national average and can he outline what specific steps the Government will take to address that?

Keith Brown: As I have just mentioned, the main measure that we are taking is the establishment, for the first time, of a south of Scotland enterprise agency. The member is right to point out that there are disparities in GDP across Scotland. The whole of the United Kingdom is one of the most unequal and unbalanced economies in the world. Our economy really flies on one engine, the south-east of England, and that is not good for the rest of England, for Wales, for Northern Ireland, or indeed for Scotland. The main measure that we are taking is the establishment of the agency, with the additional funding that we have provided for the south of Scotland, and I think that it is right that the Government takes that proactive approach to build on such things as the establishment of the Borders railway—the longest piece of new railway in the UK for more than 100 years. Those are some of the tangible ways in which we are helping the south of Scotland.

Orkney Islands Council (Meetings)

3. Liam McArthur (Orkney Islands) (LD): To ask the Scottish Government when the Minister for Transport and the Islands last met Orkney Islands Council, and what issues were discussed. (S5O-02109)

The Minister for Transport and the Islands (Humza Yousaf): I last met Orkney Islands Council on 27 April. I met a number of councillors during a round-table discussion, and with union representatives. I also met the council leader, James Stockan—a meeting to which I invited Liam

McArthur, but he was doing his best to avoid me on that visit.

I was visiting the northern isles to engage with community and business representatives about our future approach to procurement of the northern isles ferry service, but other issues were discussed, including the introduction of the road equivalent tariff, inter-island ferries, freight fares and capacity issues on those routes.

Liam McArthur: I thank the minister for that answer and apologise again that a family commitment prevented me from meeting him when he was in Orkney.

The minister touched on the introduction of the RET. He will have been advised of the continued and growing concern about the lack of detail on the introduction date and the way in which the scheme would work. I invite the minister to update Parliament on when he may be in a position to provide that detail, which is anticipated and is particularly important to our local tourism industry.

Humza Yousaf: That latter point is hugely important. I have heard from people in my constituency who are keen to go on holiday for tourism purposes to the northern isles—both Orkney and Shetland—but who are waiting for the announcement. I have committed to the RET being introduced in the first half of 2018. While in Orkney, I was asked about the delay in announcing an exact date. I have had constructive conversations with the member, so he knows that the presence of a commercial operator on the route has made the discussion more challenging. The commercial operators—there are a couple—are constructively engaged. There are one or two issues that still remain to be sorted and worked through, but I am confident that we will meet our commitment to introduce the RET in the first half of 2018, and I will endeavour to keep the member, and Parliament, updated on progress.

Euratom

4. David Stewart (Highlands and Islands) (Lab): To ask the Scottish Government what assessment it has made of the anticipated security of supply of medical isotopes following the United Kingdom's withdrawal from Euratom. (S5O-02110)

The Cabinet Secretary for Health and Sport (Shona Robison): Scotland voted clearly and decisively to remain within the European Union. Leaving the Euratom community is an unwelcome consequence of the UK Government's desire to take the UK out of the EU, and it creates unnecessary disruption and uncertainty. The Scottish Government shares stakeholders' concerns about the future supply of medical isotopes, and we have been studying the potential impact of leaving Euratom. I also share the

concerns raised by the Parliament's Health and Sport Committee in its recent report looking at the impact of leaving the European Union on health and social care in Scotland. We are engaged in discussions with the UK Government on the future relationship with Euratom and on how best to ensure a secure supply of those vital medical isotopes, including making arrangements that are right for Scotland.

David Stewart: The cabinet secretary will be well aware of the concern in the scientific community about the security of supply of medical isotopes post-Brexit. Will she agree to meet me to discuss the implications for the care of cancer patients in future? In the meantime, will she instruct Healthcare Improvement Scotland to carry out an urgent risk assessment with all health boards in Scotland, including an assessment of the future supply of radiopharmaceuticals through particle accelerators?

Shona Robison: I recognise, as I said in my first answer, the scientific community's concerns. The report from the Health and Sport Committee was important in acknowledging a number of concerns across the board, in particular the one about medical isotopes.

David Stewart is right to mention the potential impact on cancer patients. That is, obviously, something that we want to avoid. I am happy to have a meeting with him at which we can discuss a number of issues, including the work that is going on to assess any future risk and ensure that Scotland has a secure supply of medical isotopes.

The Presiding Officer (Ken Macintosh): Question 5 has been withdrawn. I would call question 6, but I notice that the member, Neil Findlay, is not present, which is disappointing.

Right to Protest

7. Patrick Harvie (Glasgow) (Green): To ask the Scottish Government what action it plans to take to ensure that the right to protest is not restricted in the event of a visit to Scotland by Donald Trump. (S5O-02113)

The Minister for Community Safety and Legal Affairs (Annabelle Ewing): I should make it clear that, at this time, the United Kingdom Government does not advise the Scottish Government of any proposed visit to Scotland. However, we remain in contact regarding the development of the itinerary for the President's visit.

There is no law in Scotland that stops people from protesting peacefully. Police Scotland has confirmed that arrangements are in place to police any visit in a way that maintains the public's right to protest peacefully while enforcing existing laws as necessary.

Scotland has deep and long-standing ties of family, friendship and business with the United States, which will endure. However, we will not compromise our fundamental values of equality, diversity and human rights. In whichever part of the UK the proposed presidential visit takes place, we expect those values to be made clear.

Patrick Harvie: Whether Trump's visit to the UK includes a stop in Scotland or not, a great many people in Scotland will want to ensure that the world sees that we stand alongside our friends in America who are marginalised and threatened by the Trump regime and will wish to express visibly our revulsion at the racism, misogyny, climate change denial and litany of lies for which President Trump is responsible.

Will the minister reaffirm that all aspects of policing will facilitate, not restrict, public protest? That has not always been the case in the past—for example, when the G8 summit was held in Scotland. Will she also ensure that her party colleagues support and participate in that demonstration? The greatest and widest opposition to the Trump regime must be seen and expressed by all the people of Scotland right across the political spectrum.

The Presiding Officer: Before the minister answers the question, I encourage members—as I did yesterday—not to refer to people outside or inside the chamber just by their surnames. Try to use the proper form of address.

Annabelle Ewing: It is well documented that the Scottish Government has disagreed with many of the actions that have been taken by President Trump's Administration. The list is perhaps a bit too long to mention at this point. The member will be well aware of that.

The nature of any policing operation is an operational matter for the police but, as I said in my first answer, Police Scotland has confirmed that arrangements would be put in place to police any visit in a way that would maintain the public's important right to protest peacefully while enforcing the necessary existing laws. Scotland has a proud and long-standing tradition of peaceful protest and I assure the member that that will continue.

In the spirit and principle of freedom of expression, it is not for me to insist on the presence of any individual at a demonstration of any kind. The member, with his commitment to freedom of expression, will understand that point.

The Presiding Officer: Question 8 has been withdrawn.

Court-ordered Contact (Views of Children)

9. Ruth Maguire (Cunninghame South) (SNP): To ask the Scottish Government what steps are being taken to ensure that children are able to give their views in a way that works best for them in cases of court-ordered contact. (S5O-02115)

The Minister for Community Safety and Legal Affairs (Annabelle Ewing): The Scottish Government has just launched a consultation on the review of part 1 of the Children (Scotland) Act 1995. The consultation seeks views on a wide range of topics, including the best way for courts to obtain the views of the child. As well as that consultation, work is going on apace and the family law committee of the Scottish Civil Justice Council has been carrying out important work to make the current court form, known as form 9, which is used to obtain views in contact cases, more child friendly. That work is expected to be finalised very shortly.

Ruth Maguire: Is the minister aware of cases where abusive behaviour has been substantiated but contact has still been awarded? Does the minister agree that such a situation is detrimental to a child's wellbeing and that children should always be at the centre of decision making about contact?

Annabelle Ewing: I agree with Ruth Maguire that the child's best interests should of course be at the centre of any decision regarding contact and residence. The consultation on the review of the Children (Scotland) Act 1995, to which I referred in my previous answer, seeks views on a number of issues that are pertinent to the member's questions and concerns. We will seek views in the consultation on whether to ban the personal cross-examination of victims of domestic abuse in contact and residence cases. We are seeking views on how to protect victims and vulnerable parties in child welfare hearings and on how to ensure that the civil courts are provided with information on domestic abuse in contact and residence cases. I urge the member to encourage her constituents to make their views known in this important consultation, which was launched on Tuesday and is open for 12 weeks.

Gillian Martin (Aberdeenshire East) (SNP): Recently, a constituent of mine had her movements restricted to Aberdeenshire only by a court order that was obtained by her abusive former husband, which meant that she could not see friends and family beyond the boundaries of the area with their shared children. Can the minister provide any clarity on what safeguards exist to ensure that the offences of coercion and control cannot be continued after a relationship has ended via contact with shared children?

Annabelle Ewing: The Parliament recently passed the Domestic Abuse (Scotland) Act 2018, which has received royal assent. That gives further protection to domestic abuse victims, particularly taking into account coercive and controlling behaviour.

As I said in my answer to Ruth Maguire, the consultation that we launched earlier this week on a review of the Children (Scotland) Act 1995 seeks views on a number of important issues that would impact on the example of the constituency case that Gillian Martin just raised. Those are important issues and we are seeking people's views on them. We hope that we will get a widespread response to that important consultation on family law. They are fundamental issues about how we go forward with family law cases—important cases regarding contact and residence where domestic abuse is very much an issue. Of course, all the time we are seeking the views of those who are particularly impacted—children and young people.

Finally, during the passage of the Domestic Abuse (Scotland) Bill, the Cabinet Secretary for Justice gave an undertaking that there would be a separate consultation on emergency barring orders, which will be attended to in the months to come.

Attainment Gap (Impact of Adverse Childhood Experiences)

10. Adam Tomkins (Glasgow) (Con): To ask the Scottish Government what action it is taking to address the impact of adverse childhood experiences on the attainment gap. (S5O-02116)

The Minister for Childcare and Early Years (Maree Todd): As part of the national approach of getting it right for every child, the 2017-18 programme for government committed to embedding a focus on preventing adverse childhood experiences and supporting children and young people in overcoming early life adversity.

The wide range of actions that are being taken forward by the Scottish Government on adverse childhood experiences across education, health, justice and wider portfolios will all help to improve the health and wellbeing of children, which is important in helping close the attainment gap. Specifically, using funding from the £750 million attainment Scotland fund, schools are delivering a variety of health and wellbeing interventions, such as investing in educational psychologists, family support staff and counselling services to support their pupils, including those who have suffered adverse childhood experiences.

Schools are also supported by Education Scotland, which provides national professional

learning resources to support the development and practice of nurturing approaches.

Adam Tomkins: The cross-portfolio fairer Scotland action plan commits to making progress towards closing the attainment gap over this session of Parliament but does not address adverse childhood experiences. According to Professor Sir Harry Burns, those are the most important predictors of failure when it comes to poor mental health, educational failure, offending and poor physical health. Does the Scottish Government intend to address that omission?

Maree Todd: I assure the member that we are addressing adverse childhood experiences. From the minimum unit pricing of alcohol, which will reduce the number of people who are exposed to alcohol in their families, to the presumption against short-term sentences, which will help 27,000 children in Scotland who have a parent in prison, we are, right across Government and Scotland, tackling adverse childhood experiences.

I am pleased to have the interest of my Conservative colleague in this area, but I will take no lessons on addressing adverse childhood experiences from the party whose austerity project is such a threat to our public services. It is tipping families into destitution and it is sending our children to food banks.

First Minister's Question Time

12:00

Secondary Education (Subject Choice)

1. **Ruth Davidson (Edinburgh Central) (Con):** Presiding Officer,

"I will not accept a situation in which there are restrictions"—[*Official Report*, 7 January 2009; c 13684.]

on subject choices in senior secondary school. That is what Fiona Hyslop, the then Cabinet Secretary for Education and Lifelong Learning, said when curriculum for excellence was launched. Has the Government kept that promise?

The First Minister (Nicola Sturgeon): We want pupils in schools to have the widest possible choice. We are encouraging schools to be flexible in their timetabling and to look at options to give students choices beyond their own school. There are, right now, a number of very good examples of how that is being done.

I do not know whether Ruth Davidson is talking specifically about advanced highers, but the number of young people who are leaving our schools with advanced highers is increasing. Among young people from our most deprived communities, the number has increased by 40 per cent since 2011.

We will continue to work hard with local authorities and with schools to ensure that our young people have the broadest and widest possible choice.

Ruth Davidson: I am slightly surprised by that answer, because subject choice is narrowing. A new survey has made it clear that restrictions are happening right across Scotland, right now. The majority of schools offer only six subjects in secondary 4. Although the survey is new, it only confirms concerns that have been raised by MSPs from across the chamber since the Scottish National Party took charge. The consequence is severely limited options for young people when it comes to choosing their highers—especially for those who hope to study multiple sciences or languages.

We have a broken promise, less choice for young people, and parents are still in the dark about what is going on. What does the First Minister say to them?

The First Minister: When we look at exam passes in our schools, we see that the evidence does not bear out Ruth Davidson's argument. She mentioned a study; I think that she was referring to the work of Dr Jim Scott. I make no criticism whatsoever of Dr Scott's work, but it looks solely at pupils in secondary 4. The senior phase in our

schools is designed to be three years long—from S4 to S6. What matters is the qualifications that pupils leave school with, not just the subjects that they study in S4. When we look at the results of pupils leaving school, we find—contrary to what Ruth Davidson said—that the picture is steadily improving.

Dr Scott looked at the picture since 2013. Since then—*[Interruption.]* The Conservatives do not want to hear this. Since then, the number of higher passes has increased by 4 per cent. As I said, the number of pupils who leave school with advanced highers is increasing, too. We have more young people coming out of our education system with more exam passes. That is something that Ruth Davidson should welcome.

Ruth Davidson: I am talking about subject choice. It is well seen that John Swinney is not sitting next to the First Minister today.

However, do not just take it from me. Here is what Keir Bloomer, one of the architects of curriculum for excellence, has said. He warned about this five years ago. He said:

“It will severely limit the options for those who want to study three sciences or several languages.”

How bad do things have to get before the SNP Government will own up to its mistakes? Teacher numbers are down, literacy standards are slipping and numeracy is stagnating, while subject choices are falling for our pupils. As always, the poorest parts of Scotland suffer most. A pupil who goes to a school in one of the wealthiest parts of Scotland has a 70 per cent chance of being able to choose from among 12 or more advanced highers. What is the figure for the poorest neighbourhoods?

The First Minister: I will be happy to provide that figure, which I do not have in front of me.

However, I can tell Ruth Davidson that I think that what matters is the number of our poorest pupils who are getting advanced highers. That number has risen for pupils from our most deprived communities by 40 per cent—six times the rise in our least deprived communities, where the increase was 6.8 per cent.

The qualifications with which young people come out of our schools are what really matter. The numbers are going up for advanced highers and for highers. As I said a moment ago, the number of higher passes has increased by 4 per cent since 2013 and, last year, higher passes exceeded 150,000 for the third year in a row, despite a fall in the size of that school year group.

In addition, we see that tariff scores—which include qualification results generally and not just highers—have also increased overall since 2013 across all attainment groups. Whether we are talking about deprived communities or non-

deprived communities, we have more young people coming out of our schools with better exam passes. That is what is important. I would have thought that people would welcome that.

Ruth Davidson: So, basically, the First Minister does not know the answer to my question. I can tell her. The figure is two: there are just two schools in the poorest parts of Scotland at which pupils can choose from among 12 or more advanced highers, and the rest get nowhere near that. That is the reality in SNP Scotland.

The First Minister wants to talk about Dr Jim Scott, so let us hear what he has to say. He has said that the S1 to S3 curriculum is “significant disarray” and that pupils are “crashing” down suddenly to as few as six subjects in S4, which means that they are, in effect, picking their highers at age 14. Pupils in the poorest areas are being hit hardest.

There is a scandal going on in secondary schools, right now. The Government is curtailing the choice for our young people to pursue the same broad-based education as the First Minister enjoyed, and that I enjoyed, and from which generations of Scots have benefited. That cannot continue. We support the idea of having a parliamentary inquiry into the issue. Will the First Minister back it?

The First Minister: There has, indeed, been a scandal in Scottish politics this week. It involved the resignation of one of Ruth Davidson’s front benchers just yesterday. However, moving back to education—*[Interruption.]*

The Presiding Officer (Ken Macintosh): Thank you. Let us have some order.

The First Minister: I think that I hit a raw nerve, Presiding Officer.

In moving back to schools and education, let us just get back to the facts. Ruth Davidson talks—*[Interruption.]* I do not think that the Conservatives actually want to hear the answers, Presiding Officer. I wonder why.

Let us get back to subject choice. I am not sure whether Ruth Davidson is aware of things such as the advanced higher hub at Glasgow Caledonian University, the virtual school network in the Highland Council area and the initiative in the Western Isles. What are those things? They are about schools using different ways of timetabling and taking partnership approaches with nearby schools and other partners in order to extend choices for their pupils.

However, I cannot believe that Ruth Davidson does not think that what is important is the highers and other qualifications that our young people leave school with. So, let me recap for the benefit of the Tories, who do not want to listen to this:

there are more young people, including young people from our most deprived communities, now leaving school with qualifications including highers, and there are more young people leaving school with advanced highers. In case Ruth Davidson did not hear it the last time I said it, there was a 40 per cent increase in the number of young people from our most deprived communities coming out of our schools with advanced highers. There are more young people with more qualifications. That is a sign of the success of our education system, which is why the Tories do not want to recognise it.

Child and Adolescent Mental Health Services (Audit of Referrals)

2. Richard Leonard (Central Scotland) (Lab):

Up and down the country, every year, thousands of children and young people are referred to our national health service for mental health treatment. Every year, thousands are turned away, yet the Scottish Government does not know the reasons why. As far back as March 2017, after months of pressure, the Government finally promised an audit of the rejected referrals. It has been more than a year now, and that audit report is nowhere to be seen. Does the First Minister think that that is acceptable?

The First Minister (Nicola Sturgeon): The audit is under way. There was always work that had to be done in order to complete the audit. The audit of rejected referrals is well under way, and the Scottish Association for Mental Health is conducting interviews and focus groups with young people and their families, as well as speaking directly to referrers such as general practitioners and teachers. That important audit is under way, it is progressing well, and I understand that it is due to be published by 30 June.

Richard Leonard: I look forward to the publication of the report but the trouble is that, in the time between the announcement of that review and now, there have been a further 5,410 rejected referrals—over 500 in Tayside, over 1,000 in Lothian and over 1,500 in Greater Glasgow and Clyde. That represents thousands of Scotland's most vulnerable children, who have been let down.

This is mental health awareness week, but for those young people, this has been a wasted year; it is time that they cannot get back. Many of us believe that mental health must be given the same priority as physical health, but if thousands of children were being referred and rejected for surgery, would it really have taken the Government more than a year to find out why?

The First Minister: As I think everybody understands, there will be a range of reasons for referrals being rejected, but the audit is taking place exactly because we want to understand

better what those reasons are, where those reasons are perhaps understandable, and where they are not and they are unacceptable. That will enable us to see what improvements are needed so that we can route young people to the most appropriate help and support.

When we undertake to do an audit, we have to painstakingly do the work to complete the audit and to inform any further work that must be done. As I said, that audit is under way, and I hope Richard Leonard will welcome that. It is going well. SAMH is leading the work on interviews and focus groups with young people and their families and, as I said earlier, it is also speaking to the people who refer young people, including GPs and teachers. That work is under way, and it will be important work, which will allow us to form a basis for the improvements that require to be made.

I would hope that Richard Leonard, having raised the matter—and he is right to raise it—will welcome the progress that is being made.

Richard Leonard: But there was a six-month delay before the audit started. The simple fact is that mental health services for children in Scotland are struggling. Labour has raised this issue with the Government week after week, and so have the Liberal Democrats. We have proposed a review of rejected referrals, and we are still waiting. We proposed access to a counsellor for every school, but the Government did not listen. We explained that cuts to councils would hit services for young people, but the Government made the cuts anyway. Children as young as five are being referred by one part of Scotland's health service to another, and the referrals are then being rejected.

The First Minister once said that she had

“a sacred responsibility - to make sure every young person ... gets the same chance ... to succeed”.

Where on earth is that “sacred responsibility” to those children?

The First Minister: Before I leave the issue of the audit of rejected referrals, I say to Richard Leonard that we announced such an audit, and we had to plan how that would happen so that we would get it right. The work is now under way and I have given a progress report on it. It is important that we get that work right so that the actions that will flow from it will be the right ones.

More generally on mental health, and also on child and adolescent mental health services, I can say that funding for such services is increasing. In 2017-18, the budget for mental health exceeded £1 billion for the first time. The CAMHS workforce is also increasing: it has gone up by 65 per cent since 2007. The number of psychologists has more than doubled, and we are also investing in additional mental health workers in key settings

such as accident and emergency departments, general practitioners' surgeries and prisons.

Work is under way in schools, which is an important issue that Richard Leonard has just raised. Some schools already provide access to school-based services; others utilise the skills of pastoral care staff, while liaising with local educational psychology services for specialist support. Every school has a named contact in specialist CAMHS, who can provide on-going support. As part of our mental health strategy, we have started a national review of personal and social education that includes counselling in schools. We also continue to support Childline with funding for it to provide confidential advice and information to children, young people and their families.

A whole programme of work is under way to address the very issues that Richard Leonard has talked about. It is important that we continue to discuss such things, but I do not think that it would be asking too much for Richard Leonard to at least know what is already happening before he raises such issues at First Minister's question time.

Ferry Services (Disruption)

Jamie Greene (West Scotland) (Con): This week, Caledonian Macbrayne's managing director told the BBC that ferry services are facing the worst disruption in seven years, and that island communities are not always getting the service that they expect. I would call that an understatement. The busy summer season has not yet started, but we are already seeing reductions to services, postponed summer timetables and major vessels being offline for lengthy periods of time. Does the First Minister accept that islanders are sick and tired of the constant disruption? How confident is she in the handling by her Minister for Transport and the Islands of that catalogue of failures?

The First Minister (Nicola Sturgeon): Those are important issues, with which the transport minister engages on a regular and on-going basis. We are investing heavily in ferry services; that includes building new ferries, as is happening right now at Ferguson Marine's shipyard. Any disruption to or reduction in service to any community is deeply regretted and should be avoided in all possible circumstances but, of course, sometimes ferries need maintenance work. We will continue to work closely with CalMac to make sure that our island communities get the ferry services that they deserve.

Fixed-odds Betting Terminals

Stuart McMillan (Greenock and Inverclyde) (SNP): Does the First Minister agree with me in welcoming this morning's news that the maximum

stake in fixed-odds betting terminals will be reduced from £100 to £2 per spin? Does she commend all campaigners, including stop the FOBTs, the campaign for fairer gambling and Gamblers Anonymous, for their perseverance and determination? Does she acknowledge that this welcome decision is one that will help people's lives?

The First Minister (Nicola Sturgeon): Yes. I very much welcome the United Kingdom Government's decision to reduce the maximum stake to £2. I commend all those who have campaigned for such a move—including Stuart McMillan, who has long taken an interest in and campaigned on the issue. The Scottish Government encourages any actions that can help to reduce the harmful impact of problem gambling. As Stuart McMillan said, Scottish stakeholders and many politicians have long pushed for robust action to be taken. Of course, we will study the detailed proposals with interest, and will continue to call for appropriate action to tackle the problem even more effectively.

Bowel Screening (Follow-up Appointments)

Johann Lamont (Glasgow) (Lab): At the end of April, I was contacted by a constituent who, having submitted a bowel screening test, was contacted and advised to secure a follow-up appointment. When she made contact, she was told that she could not be given a definite appointment time at that point. She is still waiting and, understandably, is highly anxious.

I wrote directly to the Cabinet Secretary for Health and Sport and, following a further follow-up earlier this week, was advised that we will not get a response to the issue until about 12 June. I understand that the problem is affecting a significant number of people. Will the First Minister investigate it as a matter of urgency, in order that those who are affected can be reassured that, whatever the cause of the problem, appointments will be secured as soon as possible?

The First Minister (Nicola Sturgeon): I know that Greater Glasgow and Clyde NHS Board is doing work to address that issue. Obviously, I do not have all the details of Johann Lamont's constituency case, but I undertake to investigate and look into the matter. The Cabinet Secretary for Health and Sport will respond to the member as quickly as possible.

Affordable Homes

3. **Patrick Harvie (Glasgow) (Green):** At the previous Scottish Parliament election, in 2016, the First Minister stood on a manifesto that promised:

"we will invest £3 billion to build at least 50,000 more affordable homes"

over the next five years. Does that commitment stand?

The First Minister (Nicola Sturgeon): Yes.

Patrick Harvie: I am very pleased to hear that, because that is not what we heard from the Minister for Local Government and Housing when he spoke to the parliamentary committee that asked questions about that this week. The change of language from “building” to “delivering” 50,000 homes might sound abstract, but it is measured in bricks and mortar.

We are almost approaching the halfway point of that five-year session, and more than a third of what has been done so far is not about building new homes. Refurbishing empty homes and bringing former council houses back into social rent are good ideas, but they do not increase the overall housing supply. We need to build new if we are going to achieve that. In particular, modern disability and accessibility standards that need to be met in modern homes will be met best by building new.

Will the First Minister have words with her housing minister and ensure that he recommits to the target of 50,000 new-build homes? Is that not the only way of ensuring that the overall supply of housing will be increased as it needs to be?

The First Minister: Our commitment is well known and has not changed, and we are determined to deliver on it.

I agree with Patrick Harvie on the general point about the importance of new-build housing as part of any investment in housing, but I slightly take issue with him on the broader point that there is no other way of increasing the supply of housing. I could point to areas in my constituency in which the refurbishment of existing housing is bringing houses back into productive use.

The investment that we are putting in is significant. In his opening question, Patrick Harvie mentioned the figure of £3 billion. That is a 76 per cent increase on our previous five-year investment, and that includes funding for 35,000 homes for social rent, which is important. There is £756 million available this year—in fact, I understand that there is more than that—to fund that ambition, and much of that has already been allocated to council areas across the country.

That is an important commitment from the Scottish Government, and we are absolutely determined to deliver on it in full.

Mental Health (Waiting Times)

4. Willie Rennie (North East Fife) (LD): A freedom of information request has shown that adult mental health waiting times are getting worse, with 1,000 adults having waited for over a

year to get access to mental health treatment. More people are waiting for longer. Does the First Minister accept that access to mental health services in this country is getting worse?

The First Minister (Nicola Sturgeon): As I said in response to an earlier question, we are seeing increased funding for mental health services. That is important, and I hope that it will be welcome. We are seeing a growing workforce for the delivery of mental health services, and we are trying to rebalance care away from hospital and general practitioner care into community settings when people would benefit from preventative mental health services. All of that work is encapsulated in our mental health strategy, which is backed by additional funding.

Adult waits are not yet where we want them to be. The Minister for Mental Health is working closely with local health boards to improve the situation, and it is important that that work continues. The average wait among territorial boards in Scotland is seven weeks, and the figures range from four to 17 weeks. That published data gives some context. Of course, we continue to work with health boards to improve the situation, and we consider that work to be extremely important.

Willie Rennie: I do not think that the First Minister understands. The number of people who are waiting over a year has doubled since the day that she appointed her dedicated Minister for Mental Health. Since Christmas, I have challenged the First Minister about specialist perinatal mental health services—in half of Scotland, there are none—the waiting times for children, which are longer, and her suicide prevention plan. The wait for that plan goes on and on.

The First Minister tells us that the service that people receive is getting better, but the evidence says that she is just plain wrong. People with poor mental health deserve an answer. Why are mental health services getting worse in this country?

The First Minister: Willie Rennie raises a number of issues. He is right to say that people want answers, so let me give him some specific answers. I will briefly go through the particular issues that he raises.

First, we want to bring waiting times down. In particular, we want to bring down the longest waiting times. As I said previously, the average adult wait is seven weeks. In child and adolescent mental health services, the average wait is 10 weeks, and there is an average wait of between five and 12 weeks, which is within the 18-week target, in 11 out of 14 health boards. That is the context, although we continue to work hard to improve the situation further.

Willie Rennie has raised the issue of perinatal mental health before, and I know that the Liberal Democrats have issued some suggestions on that today, which are very welcome. As I said the last time, we have established and are funding the perinatal managed clinical network, which brings together specialists in perinatal mental health, nursing, maternity and infant mental health and is working to improve the recognition and treatment of perinatal mental healthcare.

Many members across the chamber, including Willie Rennie, asked us to do more work on the suicide prevention strategy between the production of the draft strategy and the publication of the final strategy, and that work is under way. I understand that the final strategy will be published before the summer recess, but perhaps this quote from Samaritans will help to give some context. Samaritans, which had raised some concerns about the draft strategy, said recently that it is

“encouraged by commitments made”

by me and the Minister for Mental Health

“that the final strategy will cover more of the recommendations for change from the pre-engagement report that was shaped by those with experience of suicide.”

As in my replies to Richard Leonard, I absolutely recognise the importance of mental health. We are, of course, in mental health awareness week, and there are more people coming forward for mental health services and treatment. We should continue to encourage that, because it shows that the stigma of mental ill health continues to reduce. Our responsibility is to expand the capacity of services, and that is what we are working to do across the range of issues that have been raised today by Richard Leonard and Willie Rennie. We will continue to do exactly that.

Job Losses at STV

Joan McAlpine (South Scotland) (SNP): Yesterday, journalists at STV walked out in response to the announcement of the loss of 59 jobs, including 34 in news. Does the First Minister agree that that is no way for a public service broadcaster to behave, particularly as STV made a profit of £18 million last year? Does she share concerns that those cuts are part of a plan to prepare the channel for sale to ITV, which would be an absolute disaster for Scottish broadcasting?

The First Minister (Nicola Sturgeon): I do share those concerns. I am very disappointed and concerned that STV is cutting jobs and closing its second channel only a year after that channel was launched. This will be a very worrying time for all employees of STV who are affected by yesterday’s announcement, and my thoughts—

and, I am sure, the thoughts of all members in the chamber—are with them.

This is a time when it is more important than ever that the Scottish perspective on local, national and international news is reflected by our broadcasters. It is, therefore, crucial that the STV news service is not diminished and that its team of excellent journalists continues to produce a high-quality news service covering the whole of Scotland. I hope that STV will listen to the concerns that are being expressed right now.

On Joan McAlpine’s question relating to speculation about this being preparation for a sale to ITV—a concern that someone expressed to me yesterday—I have no knowledge to suggest that that is the case. However, it is not a move that I would wish to see, and I think it would be opposed and resisted by many people across the country.

International Day Against Homophobia, Transphobia and Biphobia

Monica Lennon (Central Scotland) (Lab): Today is the international day against homophobia, transphobia and biphobia, and it is an opportunity for LGBTI people and allies around the world to rally against all forms of discrimination based on sexuality or gender identity. In Scotland, 90 per cent of LGBTI people have faced bullying in schools, and I am troubled by the impact that that has on young people in my region. Scottish Labour therefore welcomes the Government’s commitment to work with the time for inclusive education campaign. Does the First Minister believe that statutory LGBTI inclusive education in Scotland will become a reality during this session of Parliament?

The First Minister (Nicola Sturgeon): I recognise that today is the international day against homophobia, transphobia and biphobia, and I express my support for that. I am proud to say that the rainbow flag is flying outside Scottish Government buildings today to mark the occasion. There is absolutely no place in Scotland for prejudice or discrimination. Everybody deserves to be treated fairly.

We should all be proud of the fact that Scotland is recognised as one of the most progressive countries in Europe in terms of lesbian, gay, bi, trans and intersex rights. However, we know that we need to do more to tackle all forms of prejudice, which is particularly true when it comes to homophobic bullying in our schools. That is why we are working with the TIE campaign to take forward its pledges through the LGBTI inclusive education working group, which was set up by the Deputy First Minister to promote an inclusive approach to sex and relationships education. We will continue to work with the TIE campaign to take

forward its pledges and any recommendations over the course of this parliamentary session.

European Union (Withdrawal) Bill

Ash Denham (Edinburgh Eastern) (SNP): What engagement has the Scottish Government undertaken with the United Kingdom Government since Tuesday, when this Parliament—Tories excepted—united to refuse consent to the European Union (Withdrawal) Bill?

The First Minister (Nicola Sturgeon): We continue to ask the UK Government to listen to and, more importantly, respect the view of this Parliament, which was so decisively expressed in the vote on Tuesday.

The requirement in the convention to respect the views of this Parliament and not to proceed with legislation that affects the powers of this Parliament without our consent is “not a nicety” or an “add on”; it is a fundamentally important part of our constitutional settlement. Those are actually the words of Adam Tomkins, just a matter of weeks ago, so I would hope that the Tories will stand up for the rights of this Parliament and demand, like we do, that the UK Government listens.

There is still time to get an agreement on this, but an agreement can be reached only if it respects the rights of this Parliament and is based on the fundamentally important principle of the genuine consent of this Parliament.

Universal Credit

George Adam (Paisley) (SNP): At this morning’s meeting of the Social Security Committee, we heard evidence from a range of stakeholders who told us that the roll-out of universal credit will put the Scottish welfare fund under pressure, that families with disabled children have been evicted because of Tory benefit caps and that carers are losing out because of universal credit. Will the First Minister renew calls for a halt to universal credit and urge the United Kingdom Government to think again?

The First Minister (Nicola Sturgeon): Yes, I will renew that call. The fact of the matter is that universal credit and the other welfare cuts that are being imposed by the Conservative Government are causing misery for people not only in Scotland but right across the United Kingdom, and the Tories appear to be oblivious to the impact of their decisions. I hope that we will see a halt to universal credit, at least until the problems that are associated with it are properly sorted out, because vulnerable people the length and breadth of the country should not be paying the price for the ideology of the Conservative Party.

Mental Health Awareness Week

5. Clare Haughey (Rutherglen) (SNP): I refer members to my entry in the register of members’ interests, which states that I am a registered mental health nurse who holds an honorary contract with NHS Greater Glasgow and Clyde.

To ask the First Minister how the Scottish Government is marking mental health awareness week. (S5F-02355)

The First Minister: We very much welcome mental health awareness week. Good mental health is as important as good physical health, and we want to create a Scotland that is free from stigma around mental health.

The theme of this year’s week is stress. We can all take small steps to help ourselves cope better. As I have said on many occasions, one of mine is making the time to read books, but different people will find different ways. It is important that people pay attention to their mental health.

When I was in Dumfries yesterday for the national economic forum, I took the opportunity to visit the Crichton campus to talk to students about their experiences of mental wellbeing. On Tuesday, the Minister for Mental Health launched See Me Scotland’s forthcoming campaign on young people’s mental health. Through that, as part of the year of young people 2018, we are seeking to explore directly with young people what mental health means to them.

Clare Haughey: In many instances, those who complete suicide have accessed websites that actively promote, encourage and give information on methods of self-harm. It has been reported that internet providers are not removing those sites when advised of their existence. That results in suicide prevention organisations having to pay for expensive adverts to appear in search results in order to signpost those in need to appropriate support.

Can the First Minister join me and my colleague Gillian Martin in the campaign to get search engines and social media to take more responsibility in preventing access to this dangerous content?

The First Minister: This is an extremely serious issue, and I commend Clare Haughey and Gillian Martin for raising awareness of it. Search engine providers and social media should always take responsibility for preventing access to any form of dangerous content, which obviously includes material that advocates suicide methods. Our draft suicide prevention action plan, on which we recently ran a public engagement process, included a proposed action to work with partners to develop a strong online suicide prevention presence, and such an initiative would be likely to

consider access to dangerous content and signposting to appropriate sources of support. It will certainly be an issue that the suicide prevention action plan looks at, and I hope that members across the chamber will continue to support efforts in that regard.

Jenny Marra (North East Scotland) (Lab): That there is not a mental health crisis centre in Dundee offering out-of-hours support is a glaring gap in mental health services. I visited the Edinburgh crisis centre a couple of weeks ago and found an excellent facility where people can get the care and support that they need, at any time of the day or night, by self-referral.

On 18 January, I asked the First Minister whether she agreed that one of those centres is needed in Dundee. She said that she “broadly” agreed. What progress has she made since then on delivering a mental health crisis centre in Dundee?

The First Minister: I will ask the health secretary to reply to Jenny Marra in more detail. As the member is aware, NHS Tayside is currently looking at a range of issues around its mental health services. I hope that NHS Tayside will give further consideration to this issue, and I will ask the health secretary to write to Jenny Marra with an update on discussions about it.

Annie Wells (Glasgow) (Con): I, too, welcome mental health awareness week. A recent Scottish Association for Mental Health survey revealed that two thirds of teachers feel that they have not received sufficient training on mental health to carry out their role properly. Will the First Minister back calls from the Scottish Conservatives to roll out a national programme of mental health teacher training and improved counselling services for secondary school pupils?

The First Minister: Training is important, and we will continue to work with local authorities to ensure that teachers have access to the resources and training that they need. In response to an earlier question, I talked about some of the work that is being done in our schools. Generally speaking, what we want to do is to try to get more services in place in a more preventative manner, which means having access to people who can help where there are issues around mental health in schools and in other non-national health service settings. The work that is being done in our schools is part of that, and making sure that teachers and others who may be interacting with young people with mental health issues have the proper backing and training to do that is important.

Clare Adamson (Motherwell and Wishaw) (SNP): Mental health awareness week reminds us that personal struggles can end in tragedy. All too often, suicides occur in so-called clusters, leaving

families, friends and communities devastated, especially when they involve young people. What support can the Scottish Government give to communities facing the tragedy of suicide?

The First Minister: First, I do not think that any of us who have not directly experienced suicide through a member of our family or a close friend can properly understand the long-lasting trauma that is experienced, so it is important that, as well as doing everything that we can to prevent suicide, we provide support to families and communities that have been affected by the tragedy of suicide.

We have already set out three areas to Parliament that will be included in the new suicide prevention action plan, one of which is the delivery of more constant crisis support for people who have lost a loved one to suicide. The action plan will no doubt cover more ways in which greater support will be given to families and communities. It is an important aspect of the issue as a whole and, through the new action plan, we are determined to address it.

Prisoners (Right to Vote)

6. Murdo Fraser (Mid Scotland and Fife) (Con): To ask the First Minister what the Scottish Government position is on extending the right to vote to all prisoners. (S5F-02337)

The First Minister (Nicola Sturgeon): I have noted the Equalities and Human Rights Committee report, which was published earlier this week. I have been clear that now that the power is devolved, the Scottish Parliament will need to consider how to ensure compliance with the ruling of the European Court of Human Rights. I am not of the view that that should lead to the enfranchising of all prisoners. I am sceptical, to say the least, that complying with the European convention on human rights requires all prisoners to have the right to vote.

As the committee has made clear, further consultation with a wide range of stakeholders, including victims of crime and the general public, is needed. The Scottish Government will respond to the committee’s report in due course.

Murdo Fraser: I welcome the First Minister’s response. As she mentioned, earlier this week, Labour, Lib Dem and Scottish National Party MSPs on the Equalities and Human Rights Committee supported calls to give all prisoners the right to vote. In response to that, the victims campaigner John Muir, whose son Damian was stabbed to death in 2007, said:

“It is an obscenity that this is even being considered and an insult to all victims of crime. My son’s civil liberties died with him on the street—why should someone who has committed murder, or carried out a brutal rape, be afforded the privilege of being able to vote?”

Does the First Minister agree that all MSPs should listen to the victims of crime, such as Mr Muir, and stand up for their rights first?

The First Minister: I am sure that all MSPs will be very mindful of the views of victims of crime. The comments that I made a moment ago are very clear. I am not making any criticism of the committee—it has considered the issue and made recommendations, as it is entitled to do. The issues are difficult and sensitive. A power that was previously reserved has now been devolved to the Scottish Parliament and therefore we have an obligation to ensure that the laws in our country are compliant with the European convention on human rights.

It is my view that we should not give the vote to all prisoners. I am certainly not persuaded of the case for enfranchising prisoners who are in prison for the most serious and heinous crimes and for lengthy periods. I do not think that that is required in order for us to comply with the European convention on human rights.

Beyond that, the Parliament requires a proper, mature debate. I thank the committee for its report, which will inform that debate. The fact that I do not agree with all the recommendations does not mean that it is not a debate that we need to have. As I said, the Government will formally respond to the committee's report in due course, but I hope that, as the debate progresses, we will all listen to the victims of crime—we all have a duty to do that. I hope that, together as a Parliament, we can bring the debate to a sensible outcome in due course.

John Finnie (Highlands and Islands) (Green): The First Minister will be aware that the right to vote is enshrined in the universal declaration of human rights and that many people agree with the Prison Reform Trust, which says that voting is not a privilege; it is a basic human right.

Given that Tom Halpin, the highly respected head of Sacro, has evidenced the benefits of enfranchising prisoners, will the First Minister take the opportunity to ensure that Scotland joins progressive countries such as Norway, Sweden, Denmark and Finland in its approach to such an important issue?

The First Minister: There is a range of arrangements in place across other countries, just as there is a range of interpretations of European Court of Human Rights rulings. Murdo Fraser was right to say that we must listen to the victims of crime. It is also important to listen to those who work with those who are sentenced to prison. I am a huge believer in the importance of rehabilitation and doing everything that we can through our justice system to rehabilitate prisoners and reduce reoffending. That is reflected in many aspects of the Scottish Government's justice policies.

It is a complex issue. I might be being naive by making this plea at the outset of what will undoubtedly be a sensitive debate in the Parliament. None of us comes at it from an absolutely fixed position: we can approach all the issues carefully and in a grown-up way and come to a balanced outcome.

I have been very clear that I do not support enfranchising all prisoners, but there is a debate to be had before Parliament takes a decision on that. We have the opportunity to have that debate and get the right outcome, for the best reasons. I hope that all of us—regardless of party—take that opportunity.

Everyone's Business Campaign

The Deputy Presiding Officer (Linda Fabiani): The next item of business is a members' business debate on motion S5M-10464, in the name of Clare Haughey, on the everyone's business campaign. The debate will be concluded without any question being put.

Motion debated,

That the Parliament welcomes the introduction to Scotland of the campaign, Everyone's Business; notes that this campaign calls for all women who experience perinatal mental health problems to receive the care that they and their families need; understands that more than 1 in 10 women develop a mental illness during pregnancy or within the first year after having a child, and these illnesses include antenatal depression, postnatal depression, anxiety, perinatal obsessive compulsive disorder, postpartum psychosis and post-traumatic stress disorder; believes that such mental illness often goes unrecognised, undiagnosed and untreated and that this can have a devastating impact on the women and their families; understands that the availability of specialist provision is varied, meaning that specific care may not be readily available across the whole of the UK; welcomes the Scottish Government's Mental Health Strategy 2017-2027, which includes a commitment to fund the introduction of a managed clinical network that will aim to bring together health professionals in order to improve recognition and treatment in Rutherglen and across Scotland, and notes the campaign's aim, which is to ensure that all women who experience such problems receive appropriate care, wherever and whenever they need it.

12:48

Clare Haughey (Rutherglen) (SNP): I thank the members who signed my motion, which welcomes the everyone's business campaign to Scotland. The campaign is incredibly personal to me; I have been a mental health nurse for more than 30 years, and for the past 15 years I have specialised in perinatal mental healthcare. I refer members to my entry in the register of interests: I am a registered mental health nurse and hold an honorary contract with NHS Greater Glasgow and Clyde.

I am delighted to welcome a number of people to the gallery this afternoon. We are joined by change agents and some of Scotland's most talented mental health professionals, from lead nurses to consultant perinatal psychiatrists and consultant clinical psychologists. I sincerely hope that they will enjoy their visit to Parliament. Among them is an individual without whom perinatal mental health services in Scotland would not be where they are today, and for that we all owe him a huge debt of gratitude. Dr Roch Cantwell's passion has ensured that many mothers, their infants and their families have received the specialist care that they have needed and deserved.

I pay tribute to the everyone's business campaign co-ordinator for Scotland, Joanne Smith, for her work and drive in ensuring that the campaign has been raised in Parliament.

Our debate this afternoon could not be more timely. We are in the middle of this year's mental health awareness week, at a time where mental health is at the forefront of the public's thoughts. Although most people will be aware of the shocking statistic that suicide is the biggest killer of men aged under 45, it is probably less known that it is also the leading cause of direct maternal deaths within a year of childbirth.

Perinatal mental health problems are, sadly, all too common, with estimates that range between 10 per cent and 20 per cent for the number of women developing an illness in the first postnatal year, and it being estimated that one in seven of those women hides or underplays its severity.

Across the United Kingdom, mental illness in pregnant and postnatal women often goes unrecognised, undiagnosed, and untreated, with many mothers suffering in silence. The everyone's business campaign is therefore calling for all women across the UK who experience perinatal mental health problems to receive the crucial care that they and their families need, wherever and whenever they need it.

The campaign is built on three main themes:

"Accountability for perinatal mental health care should be clearly set at a national level and complied with.

Community specialist perinatal mental health teams meeting national quality standards should be available for women in every area of the UK.

Training in perinatal mental health care should be delivered to all professionals involved in the care of women during pregnancy and the first year after birth."

The campaign recently published a UK-wide map that categorises the levels of specialist perinatal mental health community teams in different areas. The map includes so-called red areas, where no specialist team exists; pink areas, where some extremely basic provision exists; amber areas, where basic provision exists but falls short of national standards and need to be expanded; and green areas, where women and families can access treatment that meets nationally agreed standards.

Although there might not be comprehensive community care across the country, as is reflected on that map, that is not to say that there are no services available at all. There are dedicated professionals across many services throughout Scotland who are ensuring that mothers, their children and their families can access help. All health boards in Scotland bar two have direct access to one of the two mother and baby units in

Scotland, and the two exceptions can access that care, when required.

I am very proud to have worked, prior to my election, in the perinatal mental health service in Greater Glasgow and Clyde, which is categorised as being at the highest level on the everyone's business map.

The Maternal Mental Health Alliance's report acknowledges, as do I, that we can do more across Scotland. In 2017, the Scottish Government, with the first-ever Minister for Mental Health in the UK, sought to address the disparities by launching the new Scottish managed clinical network for perinatal mental health, in order to identify gaps in provision of such care and to promote improvements in local services.

The new network is an excellent start towards ensuring that every woman and her family who require help with perinatal mental health problems receive prompt and effective care from professionals who are skilled to meet their needs.

Although we are not fully there yet, as an RMN with over 30 years' experience, I cannot overstate how far our mental health services have come in that time. When I started nursing, mental health hospitals were on the periphery of our society—they were, quite literally, on the outskirts of towns and cities—and there were few community services available. Now, community mental health services are the norm, there is liaison psychiatry in our acute hospitals, and crisis and home treatment teams can be found in most areas of the country.

As clinical nurse manager of the perinatal mental health service, I was part of the team who helped to set up the mother and baby unit in Glasgow in 2004—the first of its kind in Scotland. All that and the continuous work to end stigma have ensured that our services, our treatment, and the prevention of mental illness are constantly improving.

I have, over the years, cared for so many women suffering from a range of illnesses, including depression and anxiety, after having a baby. Many of them had lost all confidence in themselves and their ability to be a good parent, but after some treatment and support, they got back to health.

I often reflect on the words of one particular mum, who gave me a card after her care and treatment came to a close. She wrote:

"I have spent weeks looking for a gift that shows my appreciation for all that you have done for me. Nothing I could find seemed good enough so I am trying to find the words in this card to repay you. You have given me back my life. You have knitted my family back together again and I can now get on with being the mum I want to be to my children."

I believe that those words show exactly why the services are so important. As a perinatal nurse, I feel very privileged to have worked with mums, their infants, and their families at a very special time in their lives—the time when their baby has been born. It is a very special area of mental healthcare and one that I am very passionate about. I am sure that other health and social care professionals who work in the field feel likewise. That shows why perinatal mental healthcare is so important.

Perinatal mental health is everyone's business: until all the mums who experience perinatal mental health problems receive the care that they and their families need, wherever and whenever they need it, we still have some work left to do.

12:55

Annie Wells (Glasgow) (Con): I thank Clare Haughey for bringing the debate to the chamber today, especially during mental health awareness week. I offer my support to the everyone's business campaign and welcome the visitors in the gallery.

Despite more than one in 10 women developing a mental health problem during pregnancy or within the first year of having a baby, the topic is not spoken about nearly enough. We all know people who have struggled after the birth of a child. After having my son 24 years ago I, as many young mothers do, found myself feeling alone, isolated and not sure that I was doing the right things. I continually questioned my actions, and felt that everyone else seemed to know better than I did. No matter how much I beat myself up or questioned myself, I did not want to say to anyone that I was not coping. However, having spoken to friends and family, and looking back, it seems that that is how a lot of people feel, so I am pleased to see that the subject is now being discussed more openly.

That is exactly why I also welcome the introduction of the Maternal Mental Health Alliance's campaign here in Scotland. It seeks to improve access to specialist perinatal mental health services, so that women can receive the care that they and their families need, wherever and whenever they need it.

We know that services are falling short of the required standards. Only last month, data from 2017 that was analysed by the MMHA showed that women could get no such specialist care in seven out of the 14 health boards, and the MMHA has warned that women are facing a postcode lottery in accessing lifesaving care. We know what the costs are when adequate support is not provided. Suicide remains the leading cause of death among women in the perinatal period, and

the impact of undiagnosed or untreated illness can be devastating for families. Although I welcome the commitment to introduce a managed clinical network, I want to see expanded and improved antenatal and postnatal mental health services, so that we get it right for every mother.

When we know that seven in 10 women will hide or underplay the severity of their perinatal mental health problem, it is also important that, on top of improving service provision, we break down barriers to talking about mental health. Last month, I was lucky enough to visit Quarriers, in the heart of Glasgow's east end, to see the perinatal mental health support that it provides in its purpose-built family resource centre. Based in the community, the facility creates a comfortable space in which mothers can talk openly about problems that they are having, and know that they are not alone. I was encouraged to hear from the staff in the centre that the resource is well utilised. It is also great to see such services being delivered within the heart of the community. I would like to see that being replicated across the city and throughout Scotland. That would show that perinatal mental health is something that we can all speak about without stigma or feelings of self-doubt.

On that point, it is positive to have heard that NHS Greater Glasgow and Clyde has met the national guidelines on service provision that were set out by the Royal College of Psychiatrists. With the health board being clearly focused on delivering for service users, that gives us a greater chance of succeeding in assisting every mother. All stakeholders, locally and nationally, need to play their parts; the NHS is right at the heart of the strategy, going forward. I hope that NHS Greater Glasgow and Clyde continues to meet the guidelines. We have a duty to ensure that the guidelines are monitored regularly.

In finishing, I repeat my support for the campaign. The subject needs to be brought more to the public's attention, so I hope that the many personal speeches that we will hear from across the chamber today will help to achieve that. We must create a society in which mothers feel able to share their experiences, rather than feeling that they have to hide away, which is why I hope that more resources will be put towards services that reach out to the mothers who find themselves affected.

12:59

Ruth Maguire (Cunninghame South) (SNP): I congratulate Clare Haughey on bringing the important topic of perinatal mental health to the chamber, and I acknowledge her significant experience and expertise on the topic. I also thank the Aberlour Child Care Trust, the everyone's

business campaign and the Scottish Parliament information centre for the briefing materials that they provided prior to the debate.

Perinatal mental health issues are estimated to affect up to one in 10 women during pregnancy. I support the call of the everyone's business campaign for all women who experience perinatal mental health problems to receive the care that they and their families need, wherever and whenever they need it. I believe that the establishment of a national managed clinical network on perinatal mental health—the first MCN covering mental health—is a good sign of the Scottish Government's determination to give mental health parity with physical health. Clinical networks operate in other parts of the health service and have a proven track record on driving up standards of care.

Good perinatal maternal mental health is vital in improving outcomes for mothers and their young children. Poor maternal mental health can impact significantly on child development outcomes. If untreated, it can impact on a child's emotional, cognitive and even physical development, and although that is not inevitable, the consequences can be serious and potentially lifelong.

That is why the Government-funded MCN on perinatal mental health is so important. The MCN brings together specialists on perinatal mental health with nursing, maternity and infant mental health practitioners, who are assessing provision across all levels of service delivery, currently and in the longer term, to ensure that all women, their infants and their families have equity in access to the perinatal mental health services that they need throughout Scotland.

With all that we know about the importance of early development to a child's life, intervention and support at the earliest possible stage can have a really positive impact, and can prevent or mitigate issues later on. I whole-heartedly agree that there is a way to go both in raising awareness of perinatal mental health—

I am sorry, Presiding Officer. I am struggling to say "perinatal mental health". It is not an easy phrase.

Fulton MacGregor (Coatbridge and Chryston) (SNP): Will Ruth Maguire take an intervention?

The Deputy Presiding Officer: Are you going to teach her how to say it?

Fulton MacGregor: No—but I thank my colleague for taking my intervention. She is aware of my campaign to increase paternity leave to up to four weeks in organisations in the public sector. Might that help women who are struggling in the early days?

Ruth Maguire: I thank Fulton MacGregor for that intervention, which gave me a chance to put my teeth back in.

I absolutely agree that children having both their parents around in the early days is good for mum, good for dad, good for baby and good for everybody, so I whole-heartedly support Fulton MacGregor's campaign.

The most effective work will be done through partnerships including the local authority, the health and third sectors and—of course—perinatal mental health services. Those services straddle adult and child mental health services, which means that the investment protects two generations at once, by supporting child development outcomes and improving maternal mental health. It is work that will ultimately prevent unnecessary suffering for women and families, and it improves children's early experiences and removes future pressures.

There is an obvious human cost of undiagnosed or untreated illness, and if those mental health problems were identified and treated quickly and effectively, serious and sometimes life-changing human and economic costs could be avoided.

All of us in the chamber agree that we want Scotland to be the best place to grow up. Addressing perinatal mental health issues effectively and as early as possible is just one of the things that we can do to help make that aspiration a reality. Let us pledge to do all that we can to make perinatal mental health everyone's business.

13:03

Anas Sarwar (Glasgow) (Lab): I start by congratulating Clare Haughey on bringing forward this important debate, particularly as we are in mental health awareness week. I thank the charity behind the everyone's business campaign and all the campaigners, all the clinicians and, indeed, all the charities that are involved in mental health for their efforts, not just this week but throughout the year.

It is important to recognise that the campaign is about supporting the individual and that perinatal mental health issues impact on the individual for the rest of their life. They also impact on their family life, their social life and their working life, and on their children. It is about health outcomes for the mother, but it is also about health and life outcomes for the child. That is why the campaign is so important. People need access to specialist and wraparound services. However, to make that happen, we need a change of culture—a change in how we think about mental health. I will tell members what I mean by that.

We often mention the statistic that one in three of us will have a mental health issue at some point in our lives. I prefer to think about that as every one of us being on a spectrum of mental health throughout our lives. Thinking about it in that way can help us to change the culture—to change where the resource goes, where the workforce goes and how we not only address the stigma but back up the commitment to tackle mental health problems with the services that people need. Those services include perinatal mental health services.

We also need to address antenatal depression, postnatal depression, anxiety and post-traumatic stress disorders—women need support in all those areas. However, we should consider providing that support in different places. We should consider perinatal mental health not only straight after a child is born but when the woman goes back into the workplace. We must think about what happens in the workplace and how we can provide access to better mental health services there. If the woman is going back to the university or college sector, how do we give her better support and better access to mental health services there?

Crisis services are a specific challenge—we heard about that during First Minister's questions. We ask people to wait days on end to see a general practitioner, and then sometimes weeks, if not months, to see a counsellor or psychologist. For many people, that delay can literally become a life-or-death matter. Someone who breaks their leg will be seen by an accident and emergency department within four hours, even though they will not lose their life. However, if someone who has a serious mental health crisis is not seen quickly, that can mean the end of their life. We need to change the culture in relation to crisis centres. It is really important to back them with resource.

We also need to think about how we provide care in the community. First, we need to consider how we deliver direct services, whether that is in an acute setting or a primary care setting and whether it is through access to a counsellor in the workplace, in a college or on a university campus, or access to an emergency service in a crisis centre. However, it is also important that, in the community, we have genuinely local crisis teams that identify individuals who need wraparound support.

Yesterday, I read about the case of someone who tried to access a local crisis team in their community. They had a history of mental health issues but were turned away. Four hours later, the police picked that person up from a well-known suicide site at a bridge in the west of Scotland. That is a stark example of the need for better thinking in relation to our crisis teams. Alongside

that, we must consider the workforce and how we can get more clinical psychologists and counsellors into all those places to support perinatal women, as well as all women and, indeed, all our citizens, throughout their lives.

I welcome the everyone's business campaign and thank Clare Haughey for bringing the debate to the chamber. I hope that members can work collectively to give mental health the priority that it needs and back that up with services, resources and the workforce.

13:08

Alex Cole-Hamilton (Edinburgh Western) (LD): I echo members' thanks to Clare Haughey and the everyone's business campaign for securing parliamentary time for us to debate this important issue.

"Welcome to the best club in the world. Your life is going to change, but only in good ways." Those are some of the words that society utters whenever someone is expecting a child. With such a weight of societal expectation around pregnancy and parenthood, it is not surprising that it is difficult for mothers to come forward and admit that they are not necessarily coping or enjoying the experience in the way that they thought that they might. However, for all too many mothers, that is the reality. It is a hidden issue in our mental health landscape and I am glad that we are airing it today.

As with many other mental health issues, perinatal mental ill health is a spectrum. It can be severe or mild; it can involve anxiety or depression; it can involve obsessive-compulsive disorder; and it can lead to post-traumatic stress disorder and real psychosis in some extreme cases.

Perinatal mental ill health happens during or after pregnancy. I will take a moment to recognise a group that is not often mentioned in such debates: those who miscarry. My sister, Rosie, who is in the gallery this afternoon, is one such person. She miscarried in 2016 and then suffered mental health issues directly afterwards. She has allowed me to share her words with the chamber this afternoon. She said:

"It hurts so much. Along with the feelings of guilt and failure at not successfully bringing my baby into the world, there was a chemical change that I didn't understand or expect."

Rosie is among many mothers or would-be mothers who suffer in that way, and we need to do far, far more for them.

There is a tension, because the stigma of not wanting to put up their hand and say that they are not coping gets in the way of identification. That is

why the six-week check, which every new mother undergoes, is all important. However, it means nothing if our doctors, midwives and health visitors are not adequately trained to understand the early-warning signs that show that someone is just not coping or might need a little bit of extra support. We urgently need to rectify that and make sure that, as a matter of course, people are adequately trained in perinatal mental health issues.

Once we identify those women, we do them a profound disservice if we cannot back that up with adequate service provision in the communities and hospitals in their locale. We know that less than half of mothers are served by adequate perinatal mental health facilities or services either in their communities or in their local hospitals.

I am intensely proud to have been involved with Aberlour when it started its perinatal befriending service in Forth Valley. All told, it has helped 160 mothers in that area since it started three years ago, but there is no guarantee that the service will be able to be sustained when the funding goes. We need to mainstream such services right across the country so that there is no postcode lottery.

The worst comes when we talk about in-patient provision. In this country, on any given day we have only 12 beds available to mothers and their babies to come in for perinatal mental health support. If those beds are full, mothers are directed to adult services and cannot take their babies with them. We are compounding the mental turmoil of the chemical changes that are going on in their brains with the separation anxiety created by having to remove their child from the situation. That has to be the nexus of where we take the agenda, because it is an absolutely critical point.

I thank Clare Haughey once again for the opportunity to have this debate, and I thank the campaign. It is very easy for us to let these women drift back into the shadows and try to muddle through and carry on regardless, but they are looking to the chamber for answers. It is time that we woke up to that.

13:12

Alison Johnstone (Lothian) (Green): I, too, thank Clare Haughey, for securing the debate and the Maternal Mental Health Alliance for its campaign on perinatal mental healthcare and treatment. I thank all organisations that work in this important area and I thank my colleagues, whose contributions have been passionate and sensitive.

Like all members, I was glad to see a managed clinical network for perinatal mental health established, but it is clear that there is much more to be done.

Women are more likely to experience severe mental health problems following childbirth than they are at any other time in their life. Although we know that up to one in five women might experience some kind of mental health problem during pregnancy or in the first year of their child's life, the mental health difficulties of too many women go undiagnosed and untreated.

Prioritising maternal mental health is a preventative approach to mental health; we know that the mental health of mothers, and new parents generally, is such an important factor in children's development, wellbeing and their own mental health in later life.

In his review of national health service targets, Harry Burns advocated a "life course approach" to planning health services, which means acting more in early life to support people in the long term. It is about teacher training and training the early years workforce we are trying to attract.

Investment in maternal mental health is an investment in infant mental health. However, the support that we offer families at that crucial time is lacking, and the Royal College of Midwives has said that we are lagging behind England and Wales in making improvements.

It is concerning that only one health board in Scotland has a specialised perinatal community team that reaches the Royal College of Psychiatrists perinatal quality standards under the type 1 criteria. To be clear, in the view of the Royal College of Psychiatrists, failing to meet those standards is a threat to patient safety and rights and might even breach the law. As colleagues, including Annie Wells, have noted, although it is clear that very good work is going on in parts of Scotland, seven health boards offer no specialist community perinatal mental healthcare at all.

The Mental Welfare Commission has found that some women who would have benefited from specialist in-patient care in a mother and baby unit considered that the units were too far away from home—the travel and disruption to their wider family life was too challenging at a time when they were in severe distress. Therefore, we must think seriously about how to improve provision for women who are not close to Livingston or Glasgow. I know that the managed clinical network has been looking at that issue, and I would be grateful if the minister would address that point when she closes the debate.

Bliss has also stressed the need for better mental health support for parents whose babies are cared for in neonatal units. That is an incredibly anxious time for parents and they need access to psychological support.

The links between financial stress and mental health problems cannot be overstated. I very much

welcome the new neonatal care fund to ease financial pressures for parents whose babies are in hospital.

We must also ensure that the basics are in place for all new families. Starting a family or having another child means huge change for most families' financial circumstances. For those on low incomes, the prospect of long periods on statutory maternity pay, navigating the benefit system and paying for childcare can be frankly terrifying.

Parliament has shown the will to tackle child poverty. We have put targets to reduce child poverty back in place, and I am pleased that the Government has listened to the Green Party's calls to roll out the healthier, wealthier children programme, which is an income maximisation approach that works.

In my Lothian region, family-friendly advice projects and healthy start projects are helping to boost the incomes of young families in Edinburgh and beyond. There have been other positive steps, too, such as the new best start grant. However, there is no room for complacency, because child poverty is predicted to rise, which will have an impact on maternal mental health. The Institute for Fiscal Studies predicts that nearly 30 per cent of children in Scotland will live in poverty by 2021. Such financial stress for parents can have a serious impact on their mental health.

I look forward to working with colleagues to improve perinatal mental health, and I look forward to the minister's response to the challenges that we face in delivering that improvement.

The Deputy Presiding Officer: A few members still want to speak, so I am minded to accept a motion without notice, under rule 8.14.3, to extend the debate by up to 30 minutes. I ask Clare Haughey to move such a motion.

Motion moved,

That, under Rule 8.14.3, the debate be extended by up to 30 minutes.—[Clare Haughey.]

Motion agreed to.

13:17

Rona Mackay (Strathkelvin and Bearsden) (SNP): I, too, thank Clare Haughey for bringing this important subject to the chamber and for an informative and moving opening speech. I also thank her because this issue is rarely discussed. It should be, as it affects a lot of women—one in 10, as we have heard.

Pregnancy is traditionally portrayed as a happy, joyful time in a woman's life. People say things such as, "You look radiant", "You're blooming," and all the rest of it. For many women that is true: they revel in this amazing chapter of their life,

feeling fulfilled, happy and well—if a little exhausted towards the end. However, for others, as we have heard, it is just not like that that.

As the motion states,

“more than 1 in 10 women develop a mental illness during pregnancy or within the first year after having a child”,

which is exactly when they need their health and energy most. Because of societal pressure, they often pretend that everything is alright, as they do not want to seem weird or different, as Alex Cole-Hamilton articulated. The everyone’s business campaign is so important because it raises awareness of the issues. It says that it is okay to not be okay and that sufferers are not alone.

The fact that the illness often goes undiagnosed and untreated has a devastating effect on women and their family and friends. There is patchy provision of specialist care throughout the United Kingdom and, like Clare Haughey and others, I am glad that that is recognised in the Scottish Government’s mental health strategy, which will fund a £173,000 managed clinical network on perinatal mental health. The network will train midwives, health visitors and primary care and mental health professionals so that women know that there will be help when they most need it, no matter where in Scotland they live. There should not be a postcode lottery in an issue as important as this—it is everyone’s business.

The Scottish intercollegiate guidelines network’s SIGN 127 campaign—SIGN 127 is a guideline on managing perinatal mood disorders—presents a vision of what a world-class service for perinatal mental health would look like. The Scottish Government has committed to implement the SIGN 127 guideline and has also prioritised perinatal mental health in its plan “The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland”.

The gaps in specialist perinatal mental health services in Scotland must be closed, and I believe that the Government has taken the first steps to address that. An example of great practice is that of the Aberlour children’s charity, which believes in early intervention. Aberlour points out in its briefing, for which I thank it, that not all children are born equal. Since 2014, Aberlour has been providing perinatal support services across Forth Valley, and it will expand its provision this year to support mums and their families in East Lothian. Aberlour also runs a befriending support service to provide intensive, community-based, one-to-one support throughout pregnancy and during the first year of a child’s life. By matching each mum with a befriender, the service aims to improve mental health and wellbeing, increase confidence in parenting, reduce social isolation and support access to wider community supports and

resources. Aberlour also believes that acknowledging the importance of the father, partner or any other existing supportive relationships in the lives of expectant or new mums is essential, which fits entirely with Fulton MacGregor’s campaign on parental leave.

Nothing is more important than our health and the health of our next generation. It is incumbent on each and every one of us to recognise the signs of perinatal and postnatal illness and to offer support to those who are suffering. We do not live in the dark ages, so let us not be kept in the dark about this most serious of issues.

The Deputy Presiding Officer: I call Michelle Ballantyne, to be followed by Mary Fee.

Alex Cole-Hamilton: On a point of order, Presiding Officer. I am terribly sorry, but I neglected to refer members to my entry in the register of interests, which shows that I was an employee of Aberlour for eight years prior to coming here. I am now rectifying that neglect.

The Deputy Presiding Officer: Thank you very much for putting that on the record, Mr Cole-Hamilton. I am sure that everyone in the chamber will forgive you.

13:21

Michelle Ballantyne (South Scotland) (Con): I, too, thank Clare Haughey for bringing forward this debate on what is a really important subject.

Why is perinatal health everyone’s business? The latest statistics suggest that everyone will know someone with experience of perinatal mental health problems, be it a mother, sister, aunt, cousin or friend. Our future is vested in the wellbeing of children and, therefore, in the wellbeing of their mothers. There is a saying that it takes a village to raise a child, and that sentiment is particularly important with perinatal health. Is it, therefore, really acceptable that seven out of 14 health boards in Scotland offer no specialist care?

At present, without specialist perinatal services, it falls to GPs to detect signs of maternal mental health problems. However, how can we expect a doctor to identify and treat the often well-hidden symptoms of mental health issues, which are frequently those of an individual whom they have never met before? I know from personal experience how important a well-established relationship with one’s GP can be in identifying when something is not right. After a routine visit to my own GP following the birth of my fifth child, she asked me, as I was preparing to leave, how I was feeling. My initial, quick response of “Fine” was soon followed by a flood of tears when her concern cut through my collected exterior. My GP’s knowledge of me caught my postnatal

depression early and allowed a quick and effective intervention that saved me and my family from what might have been a very difficult time.

Of course, we know that the go-to solution for mental ill health these days is often antidepressants. New mothers, whether it is their first child or fifth, are dealing with both physical and emotional change and some will require a pharmacological intervention, but that should not be the first step. There needs to be prioritised investment in appropriate specialist services. If perinatal mental health problems were identified and treated quickly and effectively, then the serious human and economic costs for the whole country could be avoided. Not getting that right impacts on not only maternal mental health but children's future outcomes, pressure on our health services and mothers' ability to return to work.

Although I welcome the fact that the Scottish Government has made commitments to improve services, there still exists an unacceptable postcode lottery for mothers across the country. Of course, the issue often underpinning all of that is funding. Why, then, is it that increased funding received through the Barnett formula has not been ring fenced in Scotland as it has been in England and Wales? Our perinatal mental health services are now failing to keep up with those south of the border, which means that mothers and their children in Scotland are being failed. Perinatal mental health straddles both adult and child mental health services. We know that poor maternal mental health can significantly impact on child development outcomes and significantly limit children's life chances. If the Scottish Government is serious about closing the attainment gap, perinatal mental health must be addressed.

There is a real requirement for significantly more joined-up thinking when it comes to the provision of our health services. Investment in perinatal mental health is exactly that—an investment—and it is estimated that failing to make it costs public services five times more downstream. That is nothing, however, compared with the human cost and suffering. Long-term investment and planning will be vital in combating the far-reaching human and economic consequences of poor perinatal mental health. I hope that the managed clinical network will now start delivering the resources for appropriate services.

We also need champions: individuals such as Clare Haughey or Claire Grieve, a midwife at Borders general hospital, who recently received the chairman's award at the NHS Borders celebrating excellence awards for her outstanding work in improving perinatal health services in the Borders.

The birth of a child should be the most wonderful experience, yet so many new mothers

struggle. We have come a long way, but the journey is not finished. If it takes a village to raise a child, then perinatal health really is everyone's business.

13:26

Mary Fee (West Scotland) (Lab): I welcome the opportunity to speak in this afternoon's debate on the everyone's business campaign. I, too, thank Clare Haughey for securing the debate.

Mental health problems affect everyone, directly or indirectly, and the campaign on perinatal mental health raises specific issues that must be addressed for the sake of pregnant women, new mothers, their children and their wider families. As many as 10 to 20 per cent of women face a period of mental illness either during pregnancy or in the first year after birth, and organisations involved in the care of perinatal health warn that rates of detection and appropriate intervention are still low.

The Maternal Mental Health Alliance has drawn up a map of health boards across Scotland to illustrate the level of care and service available to pregnant women and new mothers by health board. Referring to a point that was very well made by Alison Johnstone, I say that it is shocking that only one health board, NHS Greater Glasgow and Clyde, has a specialised perinatal community team and meets the perinatal quality network type 1 standards.

Even more shockingly, seven of the country's health board areas have no provision for perinatal mental health care. Regarding the standards, the Royal College of Psychiatrists has warned:

"Failure to meet these would result in a significant threat to patient safety, rights or dignity".

Most if not all mothers will experience that express train of emotions that hurtle towards them after they give birth. How we support women after giving birth is crucial for their long-term wellbeing.

I welcome the commitment and the action taken by the Scottish Government to introduce a managed clinical network. That action was set out in the "Mental Health Strategy 2017-2027". I am glad that there has been positive action, which will help to improve the care of and support for pregnant women and new mothers. I look forward to further progress being made on the support that is offered to women who are affected by poor mental health. I will continue to monitor the progress of the Government's mental health strategy and to offer any help that I can to ensure that people are not being failed when it comes to mental health.

Although today's focus is on pregnant women and new mothers, there is a case to be made to include women suffering from fertility problems. As

many as one in six couples experience some form of infertility. For many, the effects of that can cause prolonged mental health problems. I know of a constituent who was diagnosed with depression because of her difficulty in becoming pregnant. For her, a huge concern and worry was that her mental health problems would continue into a successful pregnancy, and the risk of post-natal depression was always in her mind. Thankfully for her, that was not the case. However, a focus on early intervention for women going through fertility treatment would be beneficial as they become pregnant and after the birth of their children.

I once again thank Clare Haughey for today's debate, and I extend my support to the everybody's business campaign to secure better maternity mental health for mothers, their children and their wider families.

13:30

The Minister for Mental Health (Maureen Watt): I commend Clare Haughey for bringing the motion—and, indeed, her knowledge and expertise in this area—to the chamber today. I also welcome the change agents, Dr Roch Cantwell and others to the public gallery. We all aspire to perinatal mental health getting the attention and sustained discussion that it deserves, and I thank all members who have spoken in the debate for their contributions and for sharing their experiences.

Over the past while—whether it has been through press coverage, passionate campaigning, parliamentary activity or elsewhere—we have heard about the priority and fundamental importance of perinatal mental health. On Monday, I spoke on the issue at Maternal Mental Health Scotland's annual conference. We have momentum, which we must keep going, and the everyone's business campaign has played a significant part in ensuring that that happens. That is in the wider context of this week being mental health awareness week and, of course, 2018 being the year of young people. Together, all of that work and all those opportunities can make a real and tangible difference to the profile of issues such as perinatal mental health. Ultimately, we want to raise that profile so that there is better support for women and a more sophisticated understanding of the issues at population level across Scotland.

Annie Wells spoke about what support is available in her area, at the Quarriers centre. Others spoke about the Aberlour project, and there is the Juno project here in Edinburgh. Annie Wells, Ruth Maguire and others spoke about the importance of partnership working. The model should not always be a medicalised one; with

partnership working, we can offer support to each other in the community.

As well as focusing on the importance of good perinatal mental health in general, Clare Haughey's motion supports the everyone's business campaign, which calls for all women who experience perinatal mental health problems to receive the care that they and their families need, wherever and whenever they need it. The evidence for that is persuasive. We know that between 10 and 15 per cent of women who give birth will suffer from anxiety or depression during pregnancy and the first year after it. That equates to between 5,500 and 8,000 women each year. Furthermore, we know that, in two of every five households with a new baby, at least one parent will suffer from depression or anxiety. The Royal College of General Practitioners has said:

“Up to one in five women ... are affected by mental health problems”

in the perinatal period.

“Unfortunately, only 50% of these are diagnosed. Without appropriate treatment, the negative impact of mental health problems during the perinatal period is enormous and can have long-lasting consequences on not only women, but their partners and children too.”

As others have said, mental ill health is the second leading cause of maternal death after cardiovascular disease. Treating maternal mental health problems is good not only for the women who are affected but for their babies—that is the intergenerational aspect that Ruth Maguire mentioned—and it contributes to breaking the cycle of poor outcomes from early mental health adversity.

All of that is why we have prioritised perinatal mental health in our 10-year mental health strategy. Two of the strategy's key themes are prevention and early intervention; others are about improving access to treatment and having joined-up, accessible services. We have provided funding of £173,000 a year for the perinatal mental health managed clinical network, and we have funded the network at nearly double the usual level for MCNs, allowing it to bring together not just specialists on perinatal mental health but specialists on nursing, maternity and infant mental health.

The network has the following long-term ambition, which, I have no doubt, we all support:

“That all women, their infants, and families, have equity of access to the perinatal mental health services they need across all of Scotland.”

We want a focus on prevention and early intervention that spans the whole range of the early years, starting from preconception and continuing through infancy and into the school years. Our aspirations apply equally across the piece, and I will make sure that the MCN takes

into account miscarriage and fertility problems—which two members mentioned—if it is not already doing so.

Anas Sarwar: The minister says that we have a shared aspiration. Can we have a timeline for when we expect every health board, not just half of the health boards, to have access to the services? What is the timeline for that?

Maureen Watt: I will come on to that.

The focus of the perinatal mental health MCN is not just on what we usually expect of MCNs—that professionals will talk and share good practice across their work. The work that the network is doing across Scotland involves all health boards and third sector organisations as well as the voices of families.

We want an approach in Scotland that is based on the most thorough understanding possible of the picture across the country. It is not just about which areas have specialist services, although it is crucial that we know that; it is about what is available across the spectrum of need, which spans universal education and awareness raising through to the specialist services that are vital when mental illness occurs. That is why continued involvement of the third sector and universal services is going to be important as we move forward, in the context of integration authorities remaining responsible for the commissioning of community and mental health services including perinatal services. They will continue to have a central role.

Our next steps and the investment will be guided by the MCN's on-going work to build that full picture of current provision in Scotland. I was not going to mention what is going on in England. Although England has put in investment, I have heard quite a lot of criticism that it is doing it the wrong way round, whereas we are doing it the right way round. I look forward to the MCN's conference next month, when it will tell us exactly what it has been doing and what it will do in the future, which will influence what we do going forward.

The involvement of women and families is crucial, and the work that we can all do together will ensure that everyone can access the support that they need.

Anas Sarwar *rose*—

Maureen Watt: I am not going to give Anas Sarwar a timeline until I know exactly what is required and where, and until I have taken the advice of experts who will tell us exactly what to do. It is important that we get this right from the beginning. We should not waste scarce resources, which has been seen to be happening in England. We must make sure that it is about all the services

and that we take a cross-Government approach, as Clare Haughey said.

I thank Clare Haughey for bringing her motion to the chamber for debate, and I offer my very best wishes for the continued success of the everyone's business campaign, which is doing such important work. It is everyone's business, and I assure everyone in the chamber that it is certainly mine.

13:39

Meeting suspended.

14:30

On resuming—

Veterans (Health and Wellbeing)

The Deputy Presiding Officer (Christine Grahame): The next item of business is a statement by Shona Robison on the Scottish veterans commissioner's report on veterans' health and wellbeing. The cabinet secretary will take questions at the end of her statement, so there should be no interventions or interruptions.

The Cabinet Secretary for Health and Sport (Shona Robison): I thank the Scottish veterans commissioner, Eric Fraser, for the work that he has done in producing his recent report "Veterans' Health & Wellbeing: A Distinctive Scottish Approach".

Our armed forces community, veterans and their families are an asset to Scotland, and the Scottish Government remains committed to providing them with the best possible support and opportunities. With the appointment of the veterans commissioner as a dedicated post to promote those interests, we led the way in the United Kingdom.

Last year, I met the commissioner to discuss his forthcoming report. I was pleased that he recognised the strong track record in Scotland of ensuring that veterans are given the best possible treatment, care and support.

We welcome the report, which makes a number of recommendations on how we could refocus and re-energise Scotland's approach to looking after our ex-servicemen and women. The report was considered in detail at the recent meeting of the armed forces and veterans health joint group, which is chaired by the director-general of health and social care and includes representation from key armed forces and veterans stakeholders in Scotland. I look forward to hearing the outcome of its considerations.

The Scottish Government remains committed to ensuring that all veterans living in Scotland are able to access the best possible care and support, including safe, effective and person-centred healthcare. Our current policy states that all veterans should receive priority treatment for health problems as a result of service to their country, subject to clinical priority for all patients. That means that veterans should receive priority treatment for on-going health problems that are a direct result of their service, unless there is an emergency case or another case that demands higher clinical priority. However, the report highlights that that concept, which was introduced in the 1950s, is outdated. The veterans commissioner recognises that we should move

beyond the priority treatment policy and calls for a greater focus on the principles of excellence, accessibility and sustainable treatment for all veterans.

The guiding principles for veterans' health that are suggested in Eric Fraser's report are entirely consistent with our ambition for safe, effective and person-centred healthcare as set out in the healthcare quality strategy for NHS Scotland. The integration of health and social care in recent years has changed the delivery landscape for healthcare in Scotland, so we need to ensure that the mechanisms that are in place to support veterans' healthcare are still fit for purpose.

It is the Scottish Government's continuing aim to ensure that the healthcare needs of serving personnel and veterans are better understood and supported within the national health service. We are already progressing work that addresses some of the recommendations that are made in the report.

The report makes the point that strong and visible leadership is needed to deliver high standards of healthcare, and that leadership needs to be in place nationally and locally. I have already mentioned the armed forces and veterans health joint group, and I know that the group will be keen to ensure that its membership and remit reflect the new landscape in which healthcare for veterans is delivered. At a local level, we have a network of NHS champions for armed forces and veterans who are there to support armed forces personnel, veterans and their families to get access to high-quality services and treatment when required.

To raise awareness of the policies that are already in place to support the healthcare needs of veterans, we recently issued updated information to NHS veterans champions, NHS chief executives and primary care leads, which included guidance for general practitioners on how veterans can share their full service medical record with their GP. We will look at how we can build effective working links between NHS and local authority armed forces champions to reflect the new integrated landscape.

My officials have worked with Veterans Scotland to update existing information for veterans about how to access healthcare from the NHS inform service, which will be followed by an awareness-raising campaign to coincide with armed forces day in June 2018.

The Scottish Government recognises the importance of supporting veterans' long-term healthcare needs. It is essential that appropriate support is available to veterans and that funding and services are sustainable. The Scottish Government is at the very earliest stage of

considering a managed network approach as a potential longer-term solution to ensuring equitable and sustainable services for veterans across Scotland.

Networks are a well-established way of driving improvement in the quality of care through a co-ordinated approach. A formal NHS National Services Scotland application process exists, and NHS NSS is providing advice on the necessary next steps and timeframe before the proposal is progressed further. We envisage that a range of stakeholders and interests will be involved as the proposal develops.

One example through which we provide additional support for those with the most severe and enduring healthcare needs is the national specialist prosthetics service. In 2013, the Scottish Government made a commitment to invest £4.5 million over three years in the national prosthetics service. The service was developed to provide continuing care to those who would benefit most from the new technologies, based on clinical need. The service continues to work with manufacturers to ensure that the very best services are available to our veterans in Scotland.

I welcome the focus on the mental health of veterans and their families in the commissioner's report. The report rightly focuses on a number of positives. Collectively, we should be proud of achieving those. The report recognises the significantly improved support for those suffering mental ill health after time spent in the armed forces. It recognises that, in recent years, veterans have been able to access a number of specialist and mainstream services, with Scotland being in the vanguard in many instances. It also recognises that the vast majority of those who leave the military do so without severe mental health problems and cope well with the transition to civilian life.

The clarity in the report around the importance of mental health accords fully with the guiding ambition in our mental health strategy, which is that we must prevent and treat mental health problems with the same commitment, passion and drive as we do physical health problems. In that respect, we all have a responsibility to help realise our vision of a Scotland where people can get the right help at the right time, expect recovery and fully enjoy their rights, free from discrimination and stigma.

However, although there is much to be proud of, I agree with the commissioner that there is no room for complacency and that further improvements can be made. I note the key recommendation that

"The Scottish Government and NHS(S), through the network on veterans health ... should produce a Mental

Health Action Plan for the long-term delivery of services and support."

I look forward to hearing the considerations of the armed forces and veterans health joint group before taking next steps.

I am confident that many of the key themes and 40 actions in the Scottish Government's 10-year mental health strategy will impact positively on veterans and their families and will lead to improvement in many of the areas that the commissioner and veterans have identified as important. The strategy seeks to ensure equal access to the most effective and safest care and treatment, a reduction in the variation of care that can be experienced, and improvements in the quality of care, measuring health outcomes and tackling stigma and discrimination.

To support improvements, in 2017-18 I expect that NHS investment in mental health will exceed £1 billion for the first time. I also secured additional funding in the Scottish budget for an additional 800 mental health professionals over the next five years in key areas such as accident and emergency and GP practices. That funding, and other investments in mental health, will help to drive improvement across the system, including for veterans and their families.

I acknowledge the commissioner's call to protect specialist mental health services. He mentions specifically those services that are provided by Combat Stress and veterans first point. The funding available to support veterans' mental health through veterans first point and Combat Stress will total over £5.8 million over the next three years. I hope that that demonstrates our commitment to improving mental health services for veterans and I look forward to considering what further help and support we can offer.

I thank Eric Fraser again for his important work in highlighting not only the excellent services that are already in place, but how we can continue to ensure equitable and high-quality services for our veterans. We have much to be proud of, but we should not be complacent. We will consider the findings and recommendations carefully, including how we respond to the challenges that have been raised.

The next update to Parliament, which will be in autumn 2018, will provide an opportunity to demonstrate what we have done and our future intentions in responding to this latest report on veterans' health and wellbeing.

The Deputy Presiding Officer: The cabinet secretary will now take questions on the issues raised in her statement. I intend to allow about 20 minutes for questions, after which we must move to the next item of business.

Maurice Corry (West Scotland) (Con): I thank the cabinet secretary for advance sight of her statement. I join her in thanking Eric Fraser, the Scottish veterans commissioner, for his latest report, and I welcome his recommendations.

A YouGov survey for the Soldiers, Sailors, Airmen and Families Association found these startling facts about veterans: 34 per cent felt overwhelmed by negative feelings and 27 per cent admitted that they had had suicidal thoughts after finishing military service. That shows that we need to do more for the mental health of our veterans community.

The cabinet secretary spoke about improving mental health services for veterans, which I strongly welcome. She also spoke about the funding that the Scottish Government provides for veterans first point centres, which play a vital role in the healthcare of veterans—particularly with regard to mental health—in the areas in which they operate. The cabinet secretary will know that the programme is jointly funded, with half of the money coming from the Government and half of it coming from the health boards. However, I have become aware that veterans first point is being considered for cuts by some health boards, which would result in some centres being lost to their areas. We have already lost veterans first point services in Highland and in Grampian. Will the cabinet secretary today commit to ensuring that veterans first point does not decline in size any further? My aspiration is for veterans first point services to cover the entire country and be available to all veterans in Scotland.

Shona Robison: I welcome Eric Fraser to the public gallery—I have just been made aware that he is there—and I hope that he finds the proceedings interesting.

Maurice Corry is aware—I hope—of the background to the funding of veterans first point and the history of LIBOR funding. When that funding came to an end last year, the understanding that local partnerships would ensure that services became self-sustaining did not materialise, and the Government stepped in to offer partnership funding. It is important to understand the background of the LIBOR funding.

Veterans first point is a network of NHS-led services across six areas in Scotland. Those areas are important, and I have heard nothing to suggest that the services will not continue with joint funding. Mr Corry mentioned issues in Grampian and in Highland. He will be aware that NHS Grampian has enhanced its service through a new venture with the Defence Medical Welfare Service to ensure that older veterans and their families in the north-east with particular needs will have access to support when they are faced with challenges. I do not know whether Mr Corry is

aware that a further LIBOR grant of more than £1 million has recently been awarded in Highland. Veterans first point is discussing how to move that forward with a national third sector provider, and I hope that good news will emanate in that respect.

Mr Corry will also be aware that some boards have never been part of the LIBOR funding so have always had their own services for veterans. That is okay. As cabinet secretary, I want services to support veterans, whether those are delivered through veterans first point or through other services. What is important is not who provides the services or how they are provided but the fact that they are provided.

We provide £825,000 to support veterans first point services, and that has been match funded by the boards. I will follow the matter up and make sure that the boards that have committed that match funding continue to do so.

Maurice Corry: On a point of order, Presiding Officer. I declare that I am a veteran.

The Deputy Presiding Officer: Thank you very much.

Anas Sarwar (Glasgow) (Lab): I join the cabinet secretary in recognising the contribution of our armed forces community, our veterans and their families. I welcome Eric Fraser's report and the cabinet secretary's statement.

This week is mental health awareness week, so I will focus my remarks on that issue. One of the report's recommendations is a new national action plan. The report highlights that funding is at times disjointed and ad hoc, particularly for specialist services. It raises concerns about geographic inequalities in services and highlights a recurring theme among veterans that mainstream NHS service providers do not always understand the specific needs and experiences of veterans. The report goes on to stress the importance of the suicide prevention plan and the substance misuse strategy. Will all those issues be considered by the new national action plan? What is the timeframe for its delivery?

Shona Robison: As I said in my statement, Scotland's 10-year mental health strategy, which was launched last year, reinforces our commitment to the armed forces covenant and includes a range of actions to improve care services and support for people with a mental health problem, including veterans and their families. Obviously, some of that work is already under way.

The recommendations on the process going forward are being looked at in detail. The mental health action plan is a key element, and we will take that forward through the network on veterans' health, which I think is the best forum to use. It is

for the network to set out the timeframe, ensuring that it has enough time to make the action plan as good as it can be and that it addresses the recommendations and the issues that have been raised in the report.

It is worth pointing out that specialist services of a very high quality are already provided. Combat Stress provides a 24-hour helpline for veterans or their family members who need to talk about mental health. That is a very good service that is provided by a first-class organisation.

The Deputy Presiding Officer: Eleven members wish to ask questions. I ask for succinct questions and answers that reciprocate.

Richard Lochhead (Moray) (SNP): I thank the Scottish veterans commissioner, Eric Fraser, for another valuable report, which this time is on the health and wellbeing of veterans, and I thank the cabinet secretary for her supportive statement.

I welcome the commitment to launching an awareness-raising campaign in June, which is needed in rural areas, in particular. We must make every effort to ensure that veterans in places such as Moray, where there are thousands of veterans, are aware of the services that are out there. Perhaps the cabinet secretary can speak to Veterans Scotland about how to do that in the foreseeable future.

Shona Robison: The awareness-raising campaign is an opportunity to make veterans and their families aware of the range of services that I talked about in my statement and that members have mentioned. Armed forces day, which is next month, provides an opportunity for those services to be highlighted. The awareness-raising campaign will be very important in making people aware of services, and we fully support it.

Edward Mountain (Highlands and Islands) (Con): I declare that I am a veteran.

The report identifies that many servicemen have been exposed to

“combat, harsh physical conditions, stressful situations and a lifestyle that has had a detrimental effect on their long-term ... wellbeing.”

The wellbeing and mental health of such servicemen is constantly being challenged by historic allegations being levied against individuals. Does the cabinet secretary agree with me that there should be a statute of limitations in relation to historic allegations, and will she write to the Ministry of Defence supporting moves to enforce such a limitation?

Shona Robison: That is a bit outwith the scope of my statement, but I will certainly get the relevant minister to write to Edward Mountain on that subject.

I agree with Edward Mountain that many veterans have specific needs relating to their wellbeing and mental health, although many veterans come out of the forces and adjust very well to civilian life. For those who need support, whether it is with post-traumatic stress disorder or with other issues, it is important that the sharing of records happens quickly so that information on health is transferred quickly. That needs to be improved in order that veterans who need that support get it as quickly as possible.

Graeme Dey (Angus South) (SNP): My question follows on from that answer. Does the cabinet secretary agree that, if veterans are to receive appropriate care and the support that they need, it is absolutely essential that the MOD passes on full and accurate medical records when requested? I understand that that is still not a given.

Shona Robison: We have been pressing United Kingdom Government ministers for some time on the need to improve the process of transferring the medical records of personnel who are leaving the services. Officials continue to engage with NHS Digital about programme cortisone, which will deliver an integrated, compatible, data-sharing capability in the NHS. The importance of that programme in assisting the transfer of prior medical history and in ensuring continuity of care after service cannot be overstated.

David Stewart (Highlands and Islands) (Lab): I also welcome the constructive and positive report from the Scottish veterans commissioner. I welcome him to the gallery.

In my postbag, I have a number of issues from veterans, particularly from those who suffer from complex post-traumatic stress disorders. Is the cabinet secretary willing to ask Healthcare Improvement Scotland to look at doing some detailed work on that issue for those veterans who suffer from that complex and difficult condition?

Shona Robison: Yes, and a range of evidence-based treatments are available and can be tailored to the patient's needs for PTSD that has been determined by clinicians, based on a detailed assessment. Those treatments vary from low to medium-level interventions that are available on the NHS to more specialised care and treatments. As I mentioned earlier, we also continue to fund the provision of specialist and community mental health services by Combat Stress, which has a lot of experience in that area. It has a residential facility for those for whom that would be the most appropriate treatment. We funded that to the tune of £1.4 million this year. I am happy to make sure that we keep those issues under review.

Mark Ruskell (Mid Scotland and Fife) (Green): The commissioner's report highlights early service leavers who leave the military voluntarily before completing the minimum four-year term as being at particular risk. What steps is the Government taking to ensure that this vulnerable group of people has access to the best quality care during their lifetimes?

Shona Robison: It is important to note that early leavers, as Mark Ruskell describes them, are a particularly vulnerable group, and the right services have to be provided for them quickly. Part of that comes back to the sharing of information so that services can kick in quickly. The services that are provided by Veterans First Point or Combat Stress have a particular focus and a lot of them involve peer support so that people who understand can offer help. A lot of third sector support is also available. The short answer is yes, but the commissioner's report points us to where we can do better for that particularly vulnerable group.

Alex Cole-Hamilton (Edinburgh Western) (LD): It is a source of collective shame that veterans are more likely than most to join the ranks of our homeless population. Given the causal link between mental ill health and homelessness, what action is the Scottish Government taking to help homeless veterans, particularly those who are struggling with mental ill health?

Shona Robison: Alex Cole-Hamilton has pointed to a particularly vulnerable group of veterans. What I have laid out here today is our response on health and social care support issues. The member will be aware that there is much more support for veterans in Scotland. We have a strong track record of supporting the veterans' community. Since its creation in 2008, the Scottish veterans fund has committed more than £1.3 million to more than 150 projects and organisations that support veterans across Scotland. Some of that will be in the area of housing and homelessness prevention that Alex Cole-Hamilton asked about. I would be happy to provide further detail on homelessness to Alex Cole-Hamilton.

John Mason (Glasgow Shettleston) (SNP): Does the cabinet secretary accept that, although employment is not specifically about health, it impacts on and affects people's health? I accept that it is not under the cabinet secretary's specific remit.

Shona Robison: Keith Brown is the Cabinet Secretary for Economy, Jobs and Fair Work, and he has overall responsibility in Government for veterans. He gave a full update to Parliament last November on the recommendations in the commissioner's report on transition, the provision

of housing information, and employability, skills and learning. He will provide a further update this autumn. A lot of work is being done in the sphere of helping veterans to move on and create new opportunities in civilian life, and employability, skills and learning opportunities are an important part of that.

Brian Whittle (South Scotland) (Con): Does the cabinet secretary agree that, in delivering the best treatment, care and support for our veterans, we should be cognisant of the Scottish Association for Mental Health's assertion that inclusivity and physical activity are key elements of ensuring good mental health? We have witnessed the incredible impact of things such as the Invictus games on this community and on raising awareness of it. With that in mind, will the cabinet secretary join my colleagues and me in our enthusiasm in calling for the Invictus games to be hosted in Scotland?

Shona Robison: The Scottish Government acknowledges the power of sport and its impact on our lives and on the lives of injured servicemen and women. Over the coming weeks, we will be speaking to partners to scope out what a potential bid for Scotland to host a future games would entail, and I would be happy to keep Brian Whittle informed as those discussions go forward.

Gordon MacDonald (Edinburgh Pentlands) (SNP): Can the cabinet secretary provide details on what is being done to ensure that physically injured veterans benefit from the latest technology in order to allow them to regain and maintain their mobility?

Shona Robison: In my statement, I talked about the investments that have been made in prosthetics services to ensure that cases are turned around quickly and that high-quality provision is made. A lot of investment has been made there to support veterans with specific needs who have disabilities because of their service. The commissioner's report lays out a number of recommendations that will improve not just the physical health but also the mental health of veterans, and we are determined to take forward those recommendations.

Daniel Johnson (Edinburgh Southern) (Lab): Members will note my interest in and personal experience of attention deficit hyperactivity disorder. Other members have rightly raised questions about mental health for veterans. Those mental health issues are often impacted by, or have underlying causes in, neurodevelopmental disorders such as ADHD and autism spectrum disorders, and the case study in the report is useful in highlighting those issues. What help and support will be extended by the Scottish Government to veterans with neurodevelopmental

disorders such as ADHD in the improved mental health services for veterans?

Shona Robison: That is an issue that we would expect the new mental health action plan to consider, but I will certainly ensure that that message is passed on, so that that point is captured in the work on the action plan.

Clare Haughey (Rutherglen) (SNP): I draw members' attention to my entry in the register of members' interests, in that I hold an honorary contract with NHS Greater Glasgow and Clyde.

Recommendation 4 of the report would establish a national managed clinical network on veterans' health, based on evidence from the existing managed clinical network on perinatal mental health. Can the cabinet secretary provide an early comment on her consideration of that recommendation?

Shona Robison: We absolutely recognise the importance of supporting veterans' long-term healthcare needs. As I said in my statement, we are in the initial stages of exploring with NHS National Services Scotland the option of developing a managed network approach as a longer-term solution to equitable and sustainable health services for veterans. There is a process involved, which I laid out in my statement, but NHS National Services Scotland will shortly provide advice on the necessary set-up requirements and the next steps before we progress further. I would be happy to keep Clare Haughey informed of that work as it goes forward.

The Deputy Presiding Officer: That concludes questions on the statement. I am pleased to say that all members had the opportunity to ask their questions.

Land and Buildings Transaction Tax (Relief from Additional Amount) (Scotland) Bill: Stage 3

The Deputy Presiding Officer (Christine Grahame): The next item of business is a debate on motion S5M-12264, in the name of Derek Mackay, on stage 3 of the Land and Buildings Transaction Tax (Relief from Additional Amount) (Scotland) (Bill).

As members will be aware, at this point in the proceedings, the Presiding Officer is required under the standing orders to decide whether, in his view, any provision of the bill relates to a protected subject matter—that is, whether it modifies the electoral system and franchise for Scottish Parliament elections. The Presiding Officer has decided that no provision of this bill relates to a protected subject matter and that therefore it does not require a super-majority to be passed at stage 3.

I call Derek Mackay, the Cabinet Secretary for Finance and the Constitution, to speak to and move the motion.

14:59

The Cabinet Secretary for Finance and the Constitution (Derek Mackay): I am pleased to open this stage 3 debate on the Land and Buildings Transaction Tax (Relief from Additional Amount) (Scotland) Bill. I thank the Finance and Constitution Committee for its detailed scrutiny of the bill and the members of the Scottish Parliament who set out their views during the stage 1 debate in March. Members are now familiar with the background to the bill and its intent to give retrospective effect to amendments that were made by the Land and Buildings Transaction Tax (Additional Amount-Second Homes Main Residence Relief) (Scotland) Order 2017.

The Scottish Government's approach to taxation is founded on, among other things, effective engagement and partnership with stakeholders. As a consequence of that engagement and a willingness to listen to the concerns of taxpayers and their representatives, we have introduced the bill. It addresses an unintended consequence in regard to the treatment of married couples, spouses and cohabitants under the additional dwelling supplement—ADS—and will deliver equity of treatment regardless of the date when joint buyers bought a home. Therefore, it is deliberately narrow in focus and scope, in that it serves only to give retrospective effect to the provisions of the 2017 order.

Members will remember that we had a notably consensual debate at stage 1 and that the Parliament has, so far, provided unanimous support for the bill. Unusually for a bill, no stage 3 amendments have been lodged in advance of the debate. Indeed, no amendments were lodged at stage 2 either. That reflects the narrow and specific scope of the bill. Therefore, I will focus my remarks on the recommendations that are set out in the Finance and Constitution Committee's stage 1 report.

The committee's first recommendation invited the Scottish Government to provide annual updates on the numbers of repayment claims made and the amounts repaid. I understand that Revenue Scotland has confirmed that it intends to publish figures on repayments as a result of the implementation of the bill and following the first year of its operation. That will be dependent on the information that is provided by taxpayers and agents and will be subject to Revenue Scotland's existing policy on statistical publications.

The committee's second recommendation was addressed principally to Revenue Scotland and invited it to consider further what steps it could take to identify taxpayers who might be eligible to claim a repayment of tax as a result of the bill. The chief executive of Revenue Scotland has written to the convener of the committee setting out that, although, as the committee noted, eligible taxpayers cannot be identified directly, Revenue Scotland has been taking, and continues to take, steps to raise awareness among taxpayers and agents using a wide range of communications activity.

The committee also invited the Scottish Government to confirm what steps it intends to take in response to the issues raised in the written evidence that were outwith the scope of the bill. A number of suggestions highlighted additional asks on the application of the additional dwelling supplement. I do not have any plans to introduce further changes to the supplement at this time, but I have noted the concerns that have been raised and will give them detailed consideration.

On the other asks, I am pleased to say that, following consideration of consultation responses, the Scottish Government today introduced legislation to Parliament to address the concerns that were raised on the application of group relief in a specific scenario and to provide for first-time buyer relief from the land and buildings transaction tax. As members might be aware, I have also launched a consultation seeking evidence to support our consideration of stakeholder asks that relate to property investment reliefs. Other issues will be considered as part of the Scottish Government's overall approach to devolved tax management and planning.

Building on the budget process review group's report, I am, of course, committed to working with the Parliament to consider the points that have been raised on the case for developing a new approach to technical tax legislation, such as the changes that are addressed in this bill. However, the focus of the debate is on the bill and ensuring that all the affected couples can reclaim repayment of the supplement where they have genuinely replaced their main residence. The number of affected couples might be relatively small, but I am clear that the resolution of the issue is a matter of great importance for each and every one of them.

I welcome the Parliament's unanimous support and members' constructive engagement on their cases and in the progress of the bill, which I am sure will continue this afternoon.

I move,

That the Parliament agrees that the Land and Buildings Transaction Tax (Relief from Additional Amount) (Scotland) Bill be passed.

15:04

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

The Scottish Conservatives warmly welcome the bill that is before us this afternoon. There are no amendments at stage 3; indeed, there were no amendments at stage 2, which I think was probably the shortest stage 2 in committee that I can remember. We are at the stage in proceedings at which there is very little new to say, and I do not intend to take up too much of the chamber's time this afternoon rehearsing arguments that we have all heard before. I am sure that, given the sunshine, all members will welcome the opportunity to finish a little bit earlier this afternoon—not least the cabinet secretary, given that it appears that he now has an allotment to tend.

I set out in the stage 1 debate that this bill was necessary to correct an oversight in the original Land and Buildings Transaction Tax (Scotland) Act 2013. That had led to a situation in which couples were being charged an additional dwelling supplement in the scenario where only one of them had their name on a property that was being sold.

I had a case of constituents who were caught by that and who ended up with an unexpected bill of around £13,000, which they had not budgeted for. As members might expect, that caused the family a great deal of concern and distress.

I am pleased at the speed with which the Scottish Government has moved to correct that error. The bill that is before us today, which brings into retrospective effect the change already made for new transactions, is the final piece in the jigsaw

in ensuring that that is done. That will come as a great relief to my constituents who were affected and others across the country who have been inadvertently caught by what was an oversight in the original legislation.

The one related issue that I would raise, to which the cabinet secretary has already referred, is group relief. That relates to a situation where land transactions occur within companies in the same group or where a share pledge or similar arrangement is in place. The cabinet secretary has already spoken on that issue. Indeed, the Scottish Government recently consulted on proposed secondary legislation to amend schedule 10 to the Land and Buildings Transactions Tax (Scotland) Act 2013 to ensure that group relief would be applied. Transactions of that nature are a normal and commonplace part of commercial dealings and share pledges are usual where bank lending occurs.

Group relief has been in place in England and Wales and there have been concerns in the Scottish business community that not having it in Scotland puts Scottish business at a competitive disadvantage when it comes to borrowing and commercial operations. If the Scottish Government is making progress on that issue, as the cabinet secretary has indicated, that is very welcome and it will correct another anomaly. The remaining issue is whether such relief would apply retrospectively to ensure that, just as in the case of the bill that is before us this afternoon, no one loses out because of an inadvertent oversight in the preparation of the original legislation. I hope that the cabinet secretary will reflect on that.

I do not think that there is any point in my detaining the chamber any longer on these issues. I am pleased to confirm that the Scottish Conservatives will support the bill and will be voting for it at decision time, which will hopefully be not many minutes from now. Like other members, I have constituents who will very much welcome the bill being on the statute book.

15:08

James Kelly (Glasgow) (Lab): It is always a delight to take part in a consensual debate with the cabinet secretary and Mr Fraser. Scottish Labour supports the introduction and the passage of the bill, which we hope will happen shortly and which will alter the anomalies in relation to the additional dwelling supplement for land and buildings transaction tax.

The issue that has come to light is that, where there is an additional dwelling supplement, normally there is a 3 per cent surcharge. If the original property is sold within 18 months, it is subject to a relief. The anomaly that has been

highlighted, principally by Mr Fraser, is that where couples are married, cohabiting or living in a civil partnership, they were not liable to claim that relief. Clearly, that is unfair and it is against the principles of taxation, which the cabinet secretary has spoken about at length at the Finance and Constitution Committee. It is right that Parliament takes steps to address that anomaly.

The proceedings were consensual as we moved through stages 1 and 2, and I am sure that that consensus will continue. The fact that there are no stage 3 amendments emphasises not just the narrow scope of the bill but the broad agreement across the Parliament on how to address the issues.

I know that the land and buildings transaction tax forum, people who are well engaged in the use of tax and other stakeholders have been unanimously supportive of the proposed change, which is very welcome.

There are two issues that we need to be aware of going forward. As the cabinet secretary has said, it is important that we raise awareness of the change, so that those people who are eligible to claim relief are able to do so and do not end up being unfairly financially penalised. I welcome the fact that Revenue Scotland is raising awareness through its forums and networks.

The other point to bear in mind is the impact that the change will have on the budget, which the financial memorandum said will be between £625,000 and £1.555 million. Although that is a small amount in relation to the large scale of the Scottish budget, it is important to monitor the situation in case the amounts vary and there are impacts on other budget lines.

Scottish Labour very much welcomes the change and the way in which Parliament and the cabinet secretary have considered and acted on the issue. We will be happy to support the change at decision time, which is no doubt fast approaching.

15:11

Patrick Harvie (Glasgow) (Green): I, too, thank my fellow committee members and the people who have supported the committee's work in scrutinising the bill. What a rare treat it is to see the output of a matter that has been considered by the Finance and Constitution Committee not giving rise to immense acrimonious ideological disagreement on points of constitution or taxation policy.

As others have said, the bill is a relatively minor and straightforward correction of an aspect of how the LBTT operates, so I am sure that everyone will vote in support of the bill.

The cabinet secretary knows that the Greens are not the world's greatest fans of the LBTT. It is a modest improvement on what went before, but it captures only a tiny proportion of the unearned asset wealth that is stored up in housing after significant increases in property values. We consider that a modern, progressive, reformed and up-to-date property tax needs to play an important part of our overall tax policy. The LBTT applies only to transactions, so it does not achieve that. As I have said, it is a small step forward from what went before, but it does not resolve the on-going need to look at property taxation more widely.

Secondly, the important recognition that couples should be treated equally, regardless of marriage, civil partnership or cohabitation status, is an important signal that we respect the equality of all families, but that has not been achieved in relation to, for example, what Westminster calls the married couple's allowance. It is important that all families be treated equally in that regard.

Finally, I draw attention, as I think others will do in the future, to the evidence that we heard from the Chartered Institute of Taxation and others, which suggests that it is not unusual or uncommon for taxation measures to give rise to unintended consequences. That is an additional argument for a future finance bill being part of the way in which we undertake our work—a finance bill could embody significant matters of policy on taxation, as well as correcting previous unintended consequences or making minor adjustments that are needed. I hope that the minister remains open to considering that, as the way forward.

The Presiding Officer (Ken Macintosh): We move to the open debate. Ivan McKee will be followed by Neil Bibby.

15:14

Ivan McKee (Glasgow Provan) (SNP): I am pleased to speak in this stage 3 debate on the Land and Buildings Transaction Tax (Relief from Additional Amount) (Scotland) Bill. I take the opportunity to draw members' attention to my register of interests, with respect to residential property rental.

The change to the LBTT that we are debating is a small but important change, because it will enable people who, through no fault of their own, have been unfairly penalised through having to pay an additional amount, to redress that situation. It provides for the situation in which a couple who have two houses to sell and who are purchasing a single property could be treated as a single economic unit for the purposes of the additional dwelling supplement for both the sale and the purchase transactions. It is right that that anomaly be corrected, and that steps are now being put in

place to ensure that the correction will apply retrospectively. It is good to see consensus across the chamber on that point.

Some other potential anomalies have been identified in the LBTT legislation; I know that the Law Society of Scotland and others have highlighted additional concerns to be considered and, if necessary, addressed. Although the bill has a narrow focus on the additional dwelling relief, I know that other aspects of the LBTT will be considered in due course. I look forward to considering them when they come up for debate in committee and in the chamber.

It is worth taking a minute, at this stage, to review the wider context of the Scottish Government's changes to the LBTT and their impact. The steps that have been taken by the Scottish Government to focus the LBTT on the people who can most afford to pay and, as a consequence, to lower tax relative to the rest of the United Kingdom for people at the lower end of the housing scale, are to be welcomed. The measures have resulted in an additional 23,000 home purchasers having no LBTT to pay, and have meant that 93 per cent of house purchasers in Scotland either pay no LBTT or pay less than they would have under stamp duty land tax. That is good not only for individuals and families who benefit as a result; it is also good for the economy because it makes it easier for people to get on the housing ladder, and it helps the housing market at the lower end and enables a more mobile workforce, as a consequence.

I know that there was some concern that the measures could have a detrimental effect on the property market at the higher end, so it is worth taking a minute to review the data to determine whether that has been the case. The latest data from Revenue Scotland show that transactions in the £325,000 to £750,000 band, which represents the top 7 per cent of the market, have grown by 20 per cent and that revenues in the band have grown by 23 per cent over the past year. At the very highest segment, sales above £750,000, which represent the top 0.5 per cent of the market, have been growing even more strongly, with a 31 per cent increase in annual transactions being recorded. That suggests that the strength of the market in those bands has not been impacted by the Government's restructuring of the LBTT.

I am very glad to see the specific point in respect of the additional dwelling supplement being addressed in the bill, and will be glad to see the bill being passed by Parliament.

15:17

Neil Bibby (West Scotland) (Lab): Like my Labour colleague James Kelly, the minister and

other members across the chamber, I make clear my support for the bill that we will vote on today. I welcome the fact that the minister and the Government have listened to and have, by introducing the changes in the bill, acted to address concerns that were raised by Murdo Fraser and others. As I have said before, it is unusual to introduce and pass retrospective legislation, but in this case it is absolutely the right thing to do, because the bill will correct unintended unfairness.

As other members have said, the additional dwelling supplement was introduced to raise taxation revenue from people who were buying additional properties as an investment opportunity or as holiday homes. Taxing people who are just replacing their main home was not intended and goes against the principle of fair taxation, as James Kelly said. At the time, the Scottish Government's intention was clear: it wanted to levy an additional tax on people who purchased a property who already own another property. Rightly, the Scottish Government recognised that a situation can often arise in purchase of a property whereby an individual or a couple become, for a short period, the owner or owners of two properties. That is why, as has been said, a period of grace of up to 18 months was introduced. However, as members have said, it has become clear that, in trying to ensure that married couples, civil partners and cohabitants do not move property between individuals for tax-avoidance purposes, the unintended consequence to which I previously referred has been created.

I echo what other members have said today and previously: if Parliament decides that retrospective legislation is needed to address that unfairness, it would be pointless if the intended beneficiaries of that legislative change were unaware of their entitlement to claim a refund. I therefore reiterate that measures need to be taken to ensure that people are aware of the moneys to which they might be entitled.

Everyone accepts that the easiest way to address such anomalies is secondary legislation. Unfortunately, as we know, retrospective legislation cannot be effected by secondary legislation unless there is a specific expressed power, which, in this case, does not exist. Hence, the bill.

Although the bill is unusual, it is straightforward, it has unanimous support and it will address a small but significant unfairness. I will therefore join other members in supporting the bill at decision time.

15:20

John Mason (Glasgow Shettleston) (SNP): Having been on the previous Finance Committee when we spent many happy hours considering and then legislating on the land and buildings transaction tax, I continue to have a fair degree of affection for LBTT, so I appreciate the opportunity to take part today and renew its acquaintance.

LBTT was the first devolved tax that we legislated on in the Parliament so, just like the eldest child in a family has a special place in its parents' affections, I think that, for some of us, LBTT has a special place in our affections.

LBTT may not be the best-known tax that we have, and it may not produce the most money—it tends to be outshone by its bigger sibling, income tax—but it is a fully devolved tax that we were able to fashion in more of a Scottish way of doing things, and John Swinney deserves many congratulations for his role in leading on it.

No legislation is perfect, as has been said, and, in any case, circumstances change. I fully support the principle that we should revisit and review legislation and seek to improve on it when that is required, so I am more than happy to support this amending bill. It seeks to correct what is widely agreed to have been an unfairness that was not spotted at the earlier stages of our consideration of the tax.

I do not think that, as a Parliament, we need to be worried about that. We debate and legislate based on what we know at the time, and we then build on that as we move forward. That raises the question, however, of how we amend tax legislation on a regular and on-going basis. I am attracted to the suggestion made by the Law Society of Scotland—and, I think others—that we should consider a regular finance bill for, as the Law Society describes it,

“necessary changes ... at the administrative end of policy”.

That might not need to be annual, but it could perhaps be every two or three years. Something like that appears to happen with the Treasury and HM Revenue and Customs in the UK, and that is something that we could perhaps adapt for our purposes. I understand that the Government and the Finance and Constitution Committee will look into that, and it certainly sounds like a possibility to me.

I take the point that the forthcoming change to legislation needs to be publicised, so that those who could benefit from it are aware of it. However, we clearly need to be aware that we are probably looking at only between 76 and 189 cases, so I do not think that a widespread advertising campaign on television is needed.

In whatever way we look at it, LBTT has been an improvement on SDLT. It has been more progressive and fair from the beginning. The first-time buyers relief of £175,000 is very generous in my opinion. I accept that house prices vary a lot around Scotland, but people can certainly buy a reasonable flat in my constituency for less than half of that amount.

I hope that we can all support the bill at stage 3. It appears to be one of the less contentious bills that we have dealt with in this place, and I look forward to voting for it at decision time.

The Presiding Officer: We now move to the closing speeches.

15:23

Patrick Harvie: Well, it has been a short time, Presiding Officer. This has been a short debate, and I do not think that I have ever given an opening speech and a closing speech in a debate within so short a time.

I have learned something in this brief debate that I never expected to hear: that someone has a sense of affection for LBTT. It is a curious choice of instrument on which to place a feeling of affection.

As I have said before, I regard LBTT as a small step in a more progressive direction but one that fails adequately to address how a genuinely progressive tax policy would deal with the unearned wealth that is locked up in our housing market. I again make the case for a more progressive approach to property taxation in future.

I will draw out a little more the arguments in the stage 1 report on the bill that the Finance and Constitution Committee made regarding a potential finance bill. In its submission to the committee, the Institute of Chartered Accountants of Scotland said:

“the existing limited annual tax procedure to vote on income tax rates and bands is not enough. To maintain and improve the Scottish devolved taxes a regular, formal, tax process is needed.”

As John Mason has reminded us, this tax measure is a relatively recent introduction. We have seen a gradual increase in the range and scope of tax powers that are within devolved competence. However, with the limited range of instruments that are available to us, we are clearly not serving the interests of scrutiny properly and we are perhaps not giving the Government the ability to implement policy as coherently as it would wish to. I am pleased that the committee will look further at the idea of a finance bill that would offer the chance of a more coherent approach both to the large tax policy decisions and to getting

the small details right. Like everybody else, I will vote for the bill tonight.

15:25

James Kelly: The debate has been very short, so I will make a brief speech to sum it up. I echo what Patrick Harvie said, in that in all the Finance and Constitution Committee debates that we have had recently, such as those on the budget and the European Union (Withdrawal) Bill, there has been a lot of disagreement and they have been hotly contested, so it is good to participate in one on which there has been unanimous agreement across the chamber.

I welcome what the cabinet secretary said in relation to the annual updates that will be produced. When any legislation is introduced, it is important to monitor its effectiveness. As Neil Bibby said, it is important that people who will become eligible to claim relief as a result of this change going through are able to do so. We do not want to see people falling through the net, so annual updates will allow us to see the effect of that and to make sure that the awareness raising that Revenue Scotland will carry out will be effective.

I know that there has been comment from the Chartered Institute of Taxation about group relief for situations in which companies are involved in land transaction deals between themselves. There is clearly some anxiety about the group relief proposals that the Government is introducing not being applied retrospectively. The committee and Scottish Labour will look at that in detail once we have seen the proposals, and we will engage with the Chartered Institute of Taxation and others.

I agree with the comments made by Patrick Harvie and others about an annual tax bill. As the Parliament moves to a regime in which we have more tax-raising powers, we will get into a situation in which there will be a requirement to amend technical detail on taxation. It would make sense for appropriate changes to be dealt with in a sweeping-up finance bill at the end of each year.

To sum up, I welcome the consensual debate that has taken place. This is an example of a situation in which an anomaly has been identified and both Parliament and the Government have acted quickly to address it. Scottish Labour will support the bill at decision time, which will come up shortly.

15:28

Derek Mackay: Like every other member who has spoken in the debate, in summing it up I will be relatively brief.

Mr Fraser gave us a revelation that I think surprised even Mr Harvie. I was not surprised by John Mason's comment that he has affection for this kind of tax, because he is both a lawmaker and a former accountant. I am more surprised that Murdo Fraser thinks that I have an allotment hidden away somewhere in Scotland. Look, I was just helping someone out at the weekend; it was not mine—that would be my offering to him. However, I did think that, if I had one and I had been tending to it in such wonderful weather, I might have ingratiated myself with the Greens. [*Interruption.*] Presiding Officer, I think that I might have broken the harmony that there has been in the chamber in relation to LBTT. I stress that I was happy to introduce the previous legislation in that regard.

It is important that, when the Government has identified an unintended consequence in tax law as a result of stakeholder engagement and fair member representation, we are willing to address it in a consensual and constructive fashion. All of Parliament is responsible for the laws that we generate, of course, but we have identified an issue and have been able to resolve it in a constructive fashion. In fairness, we did so as quickly as we could—James Kelly reflected on that. We should engage, consult, go through due legislative process and remedy the issue.

All members have picked up on the fact that there is an issue around how we can accommodate matters going forward. The prospect of an annual finance bill is worthy of further exploration.

Patrick Harvie touched on issues that are wider than the bill but, like all members, he welcomed its fundamentals.

All members have spoken helpfully about the nature of LBTT, the additional dwelling supplement and the remedy.

I want to go back to the group relief issue, which James Kelly and Murdo Fraser raised. The legislation will be helpful, and it will take effect very quickly. I know that there is the issue around the retrospective element. I believe that I can remedy that, as well, if I am given the time to ensure that I get it right. That will take away the concerns that exist with regard to group relief.

The bill addresses an anomaly that is maybe not of substantial budget significance, but it is a significant matter for those affected. I appreciate the way in which all members have engaged in the legislative issue and how they have conducted themselves in raising specific cases.

Following the successful passing of the bill, all of us, including stakeholders and Revenue Scotland, have a duty to raise awareness with appropriate cases so that people can be

recompensed where that is appropriate and where they are eligible.

I am happy to conclude my remarks with that. I re-emphasise the consensus with which the bill has progressed and the retrospective action that will flow from it to ensure that we address the issue in the fashion that was requested of us.

The Presiding Officer: That concludes the stage 3 debate on the Land and Buildings Transaction Tax (Relief from Additional Amount) (Scotland) Bill.

Given that decision time today is at 4 o'clock, I am minded to accept a motion without notice to bring forward decision time to now.

Motion moved,

That, under Rule 11.2.4 of Standing Orders, Decision Time on Thursday 17 May be taken at 3.32 pm.—[*Joe FitzPatrick.*]

Motion agreed to.

Point of Order

15:32

Daniel Johnson (Edinburgh Southern) (Lab): On a point of order, Presiding Officer. I seek your clarification with regard to the standing orders. No doubt you will have seen the news reports on the actions of civil servants who work for the Scottish Government with regard to evidence taking by the Education and Skills Committee on the named person policy. As a member of that committee, I was deeply disappointed to read that civil servants who work on behalf of Mr Swinney have allegedly made inappropriate requests to clerks. They included asking clerks to hand over the identities of future committee witnesses and asking to have Government officials sitting in on focus groups conducted by the committee. I have written in full to you with the specifics of my request, Presiding Officer, but I ask, under section 9.6(a) of the MSPs' code of conduct, for clarification on whether you think that rules 7.3 and 7.8 of the standing orders have been breached. I am sure that you will agree that the independence and impartiality of Parliament are paramount.

The Presiding Officer (Ken Macintosh): I thank Mr Johnson for notifying me in advance that he intended to raise a point of order. However, there was not enough time to be able to investigate the matter in the depth that I would have liked. I am aware of the issue as a result of reading reports in the papers and talking to Education and Skills Committee clerks, but I would like time to deliberate further on it. Therefore, I will bring it back to one of next week's meetings and inform members of my decision at that point.

James Dornan (Glasgow Cathcart) (SNP): On a point of order, Presiding Officer. Why is that not a matter for the committee convener to deal with, as opposed to the chamber as a whole? It is just grandstanding politics by somebody who is no longer even on the committee. *[Interruption.]*

The Presiding Officer: Order, please. Let us hear Mr Dornan's point.

James Dornan: The matter has been dealt with by the committee. It is just grandstanding by the Opposition, who would rather play politics than deal with the education system.

The Presiding Officer: Thank you, Mr Dornan. If Mr Dornan will allow me, I will deliberate on the matter. It may be very much for the committee to decide. I will let everybody know in the chamber next week.

Decision Time

15:35

The Presiding Officer (Ken Macintosh): There is one question to be put as a result of today's business. Because this is a piece of legislation, we will hold a vote. The question is, that motion S5M-12264, in the name of Derek Mackay, on stage 3 of the Land and Buildings Transaction Tax (Relief from Additional Amount) (Scotland) (Bill), be agreed to. Members may cast their votes now.

For

Baillie, Jackie (Dumbarton) (Lab)
 Adam, George (Paisley) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Ballantyne, Michelle (South Scotland) (Con)
 Beamish, Claudia (South Scotland) (Lab)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Bibby, Neil (West Scotland) (Lab)
 Bowman, Bill (North East Scotland) (Con)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Campbell, Aileen (Clydesdale) (SNP)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Chapman, Peter (North East Scotland) (Con)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Constance, Angela (Almond Valley) (SNP)
 Corry, Maurice (West Scotland) (Con)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Green)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Golden, Maurice (West Scotland) (Con)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Greer, Ross (West Scotland) (Green)
 Griffin, Mark (Central Scotland) (Lab)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Harper, Emma (South Scotland) (SNP)
 Harris, Alison (Central Scotland) (Con)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)

Johnson, Daniel (Edinburgh Southern) (Lab)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Glasgow) (Lab)
 Kerr, Liam (North East Scotland) (Con)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lamont, Johann (Glasgow) (Lab)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lochhead, Richard (Moray) (SNP)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Macdonald, Lewis (North East Scotland) (Lab)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Mason, Tom (North East Scotland) (Con)
 McAlpine, Joan (South Scotland) (SNP)
 McArthur, Liam (Orkney Islands) (LD)
 McDonald, Mark (Aberdeen Donside) (Ind)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNeill, Pauline (Glasgow) (Lab)
 Mitchell, Margaret (Central Scotland) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Rennie, Willie (North East Fife) (LD)
 Robison, Shona (Dundee City East) (SNP)
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Russell, Michael (Argyll and Bute) (SNP)
 Sarwar, Anas (Glasgow) (Lab)
 Scott, John (Ayr) (Con)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Elaine (Central Scotland) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Todd, Maree (Highlands and Islands) (SNP)
 Tomkins, Adam (Glasgow) (Con)
 Torrance, David (Kirkcaldy) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wells, Annie (Glasgow) (Con)
 Wheelhouse, Paul (South Scotland) (SNP)
 Whittle, Brian (South Scotland) (Con)
 Wightman, Andy (Lothian) (Green)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Fee, Mary (West Scotland) (Lab)

The Presiding Officer: The result of the division is: For 109, Against 1, Abstentions 0.

Motion agreed to,

That the Parliament agrees that the Land and Buildings Transaction Tax (Relief from Additional Amount) (Scotland) Bill be passed.

Meeting closed at 15:36.

This is the final edition of the *Official Report* for this meeting. It is part of the Scottish Parliament *Official Report* archive and has been sent for legal deposit.

Published in Edinburgh by the Scottish Parliamentary Corporate Body, the Scottish Parliament, Edinburgh, EH99 1SP

All documents are available on the Scottish Parliament website at:

www.parliament.scot

Information on non-endorsed print suppliers is available here:

www.parliament.scot/documents

For information on the Scottish Parliament contact Public Information on:

Telephone: 0131 348 5000

Textphone: 0800 092 7100

Email: sp.info@parliament.scot



The Scottish Parliament
Pàrlamaid na h-Alba