



OFFICIAL REPORT  
AITHISG OIFIGEIL

# Meeting of the Parliament (Hybrid)

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Session 6



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# Scottish Parliament

*Tuesday 14 September 2021*

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

## Time for Reflection

**The Presiding Officer (Alison Johnstone):** Good afternoon. I remind members that social distancing measures are in place in the chamber and across the Holyrood campus. I ask members to take care to observe the measures, including when entering and exiting the chamber. Please use the aisles and walkways only to access your seats and when moving around the chamber.

The first item of business is time for reflection. Our time for reflection leader is Linda Britton, a celebrant with the Humanist Society Scotland.

**Linda Britton (Humanist Society Scotland):** Thank you for inviting me to speak at time for reflection. We should all know what that means, but do we take time to reflect? Some of us have busy lives and we can get caught up in what we feel is important without thinking that what we do and say has an effect on others.

As a humanist, I try to treat people as I expect them to treat me and to think before I act or speak. Just recently, I had to make a decision that I thought might upset someone. So, why did I do it, and, importantly, how? I engaged with the person, asked them to talk to me about their reasons, then asked them to listen to mine. We had a middle ground, both of us felt listened to and that our beliefs were respected. I was able to conduct a ceremony for a person who did not have a faith and their next of kin was able to lead the mourners in prayer after the ceremony closed. That was important to them. It was the right thing to do and it benefited everyone.

There is much debate in this chamber—rightly so. Our actions and words cause reaction in others. When we think before we speak, encourage discussion, try to walk in another's shoes, we become human beings who care; as the people who have been elected to make decisions, it is important that that is foremost in your minds.

If nothing else, the pandemic has shown us what is important. Look at Maslow's hierarchy of needs: everyone needs a place to sleep, food to eat and a feeling of safety. As a human being, it is my responsibility—as it is yours—to work together to ensure that no one is left without those basic needs.

John Donne wrote that

“No man is an island”.

The pandemic has shown us that that is true, and, with the 26th United Nations climate change conference of the parties—COP26—taking place soon in Scotland, we can make changes that benefit all living creatures.

We have lived through the worst year and a half that most of us can remember and I hope that you have taken heart from the many people who have worked throughout without a thought for themselves. We applaud them, but we can do better. We can show our gratitude by changing our behaviour or, as I mentioned at the beginning, by reflecting on what we do and how we do it.

Thank you for listening, it has been a privilege to speak to you.

## Business Motion

14:03

**The Presiding Officer (Alison Johnstone):**  
The next item of business is consideration of business motion S6M-01227, in the name of George Adam, on behalf of the Parliamentary Bureau, setting out a business programme. I call Stephen Kerr to move the motion.

*Motion moved,*

That the Parliament agrees—

(a) that the Social Security (Residence Requirements) (Afghanistan) (Scotland) Regulations 2021 [draft] be considered by the Parliament;

(b) the following revision to the programme of business for Tuesday 14 September 2021—

After

*followed by* Scottish Government Debate: A Caring Nation – Recovering, Remobilising and Renewing Health and Social Care in Scotland

insert

*followed by* Approval of SSIs—[Stephen Kerr.]

*Motion agreed to.*

## Topical Question Time

14:04

**The Presiding Officer (Alison Johnstone):**  
The next item of business is topical question time. In order to get in as many people as possible, I would be grateful for short and succinct questions and responses.

### Vaccination Passports

1. **Graham Simpson (Central Scotland) (Con):** To ask the Scottish Government what its response is to the announcement by the United Kingdom Government not to proceed with plans to introduce vaccine passports. (S6T-00146)

**The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney):**

From expert public health analysis, we know that we must do all that we can to stem the rise in cases and reduce the pressure on the national health service. Vaccination certificates have a role to play as part of the wider package of measures, as they add a further layer of protection in certain higher-risk settings.

We propose a very limited scheme to allow businesses to remain open and prevent further restrictions as we head into autumn and winter. The measures that we introduce must be effective, and they must equally be practical and capable of being delivered. We will work with all the relevant affected sectors in a constructive way to ensure that we implement the decision that the Parliament has taken in principle: that it wants to see a vaccination certification scheme in place.

**Graham Simpson:** I thank the Deputy First Minister for his answer, although he did not actually answer the question that I asked. However, we will move on.

At the weekend, the head of the Scottish Professional Football League, Neil Doncaster, said that the league was “hugely concerned” about the practicalities of delivering the scheme. After the league made it clear that the Government’s plan was unworkable, the health secretary confirmed that Mr Doncaster’s suggestion of spot checks of those attending a match was a possibility. That shows that, when it comes to the scheme, the Government is still filling in the blanks.

One of the many remaining questions is around data and the equipment used. In last week’s debate, much was made of the fact that businesses will be able to use an app on a phone to scan QR codes. Earlier today, when I asked the Minister for Parliamentary Business what data would show up on somebody’s personal mobile phone—for example, outside a football ground—

he could not say. If my name, address and date of birth were to show up, that would be a clear breach of data protection laws. Such details could be easily harvested—

**The Presiding Officer:** Can I have a question, please?

**Graham Simpson:** The question is, what protections will be put in place to prevent that from happening?

**John Swinney:** It is interesting that Mr Simpson moved on from his first question, rather than press me for further detail on the United Kingdom Government's position. He might have done so because the UK Government has just confirmed to the House of Commons that it intends to take forward a vaccination-only certification scheme in nightclubs; indoor crowded settings with 500 or more attendees; outdoor crowded settings with 4,000 or more attendees; and in any settings with 10,000 or more attendees, should the circumstances arise due to the level of the pandemic. That is exactly the situation that we face. We have been open with the Parliament, and it is obvious that we have significant case load levels just now. That is putting huge pressure on the national health service, hence our rationale for introducing a mandatory vaccination-only Covid status certification scheme, which is exactly the same arrangement that the United Kingdom Government is taking forward.

I understand why Mr Simpson is skating past the question; it has been a very confused 48 hours for the UK Government on the issue. *[Interruption.]* Mr Kerr says that this is the Scottish Parliament. I have been asked a question by one of his back benchers about the United Kingdom Government, and I am just trying to be as fabulously helpful as I always am when I am answering questions.

On Mr Simpson's question about the information that will show up when a QR code is analysed, the data that he talked about will not show up. He is right—that would be a clear breach of data protection legislation. There is no harvesting of data involved here. The scheme involves a simple check of information that is contained in a QR code to verify that somebody has been double vaccinated, in order to keep us all safe.

**Graham Simpson:** The difference between the UK Government's position and the Scottish Government's position is that the Scottish Government has set a date for introducing the scheme, and the UK Government has not. The UK Government has said that it will do so if circumstances arise. There is a big difference there, and the Deputy First Minister knows it.

It has been almost two weeks since the First Minister announced the plan for vaccination certification, but, yesterday, the health secretary

again said that the Government is still working on the definition of a nightclub. Does the Deputy First Minister see how ridiculous it is that the scheme will come into force in a matter of weeks yet the Government still cannot provide any clarity on key questions surrounding its implementation?

**John Swinney:** One of the many points of similarity with the UK Government is that our decision making is based on the circumstances. We have a very high prevalence of Covid, which is driving hospital admissions. Today, there are 1,064 people in hospital with Covid-related illness. Comparatively, that is a very high level. We are having to take the action to the timescale that we are setting out because of the circumstances that have arisen.

On the question of the definition of nightclubs, the Scottish Government is working with the Night Time Industries Association to be certain about the details of that definition. We are working through individual questions with the association to ensure that we address any possible unintended consequences of the definition. We will publish that when we come to the conclusion of that exercise.

**Jackie Baillie (Dumbarton) (Lab):** This week is freshers week. Students from the UK and all over the world will be congregating in pubs, cafes and restaurants, and, for the next two weeks, students from outside Scotland will be in nightclubs. On 1 October, they will not be able to do that, because they have been vaccinated outside Scotland and NHS Scotland does not recognise their vaccinations for the purpose of certification. The problem has been there for months and has not been fixed. Can the cabinet secretary confirm to the chamber that the matter will be fixed in the next two weeks?

**John Swinney:** We are obviously working to address a number of practical issues to ensure that the steps that we take are effective. However, fundamentally, we come back to the core motivation behind this move, which is to try to reduce the level of transmission, which is possible because of the protection of double vaccination, and to make higher-risk settings safer as a consequence of the vaccination certification approach. That is the policy objective that we are trying to secure. I appreciate that that will mean that some people will be unable to access nightclubs because they will not have in place adequate vaccination certification. However, the purpose of the approach is to try to reduce transmission by maximising the level of protection that is in place in the population.

**Stephen Kerr (Central Scotland) (Con):** The Scottish Government seems to be shifting its position—*[Interruption.]*—in the light of its discussions with the industry. I think it only fair to

press the Deputy First Minister in relation to the answer that he gave moments ago to my colleague. When exactly does he expect to bring details to the chamber and publish them more widely?

**John Swinney:** My first point is that Mr Simpson—I apologise to him for not addressing this point when he made it earlier, which I should have done—suggested that the possibility of spot checks at football grounds was a new development. It was conceived of in the document that we lodged with the Parliament last Thursday, so it should not have been a surprise when the health secretary talked about it on radio at the start of the week.

On Stephen Kerr's question, the Government often gets criticised for not engaging enough—in the eyes of some critics—with external sectors. Now we are getting criticised for engaging too much with sectors.

As I explained in my response to Douglas Ross last week, essentially we want to make sure that we do not have a definition that creates any uncertainty or disadvantage in the marketplace around the grey area between night-time pubs and nightclubs. We just have to make sure that all those details are thought through, in consultation with industry, and we will publish that information as soon as we have completed those discussions.

### Valneva Covid-19 Vaccine

**2. Gillian Mackay (Central Scotland) (Green):** To ask the Scottish Government whether it is in discussions with the United Kingdom Government regarding its decision to terminate its supply agreement with Valneva for its Covid-19 vaccine candidate, VLA2001. (S6T-00151)

**The Cabinet Secretary for Health and Social Care (Humza Yousaf):** The decision to terminate Valneva's contract was taken unilaterally by the UK Government. We are in discussions with the UK Government over Valneva's alleged failure to meet the terms of its contract, and we are awaiting further information. We are currently working with Valneva to secure the future of the site. The Minister for Business, Trade, Tourism and Enterprise, Ivan McKee, will meet the company shortly to discuss matters. The announcement to terminate the contract does not affect the Scottish Government's vaccination programme, which we continue to roll out as guided by advice from the Joint Committee on Vaccination and Immunisation. The First Minister will give details of that shortly. We have sufficient vaccine supplies to undertake any potential booster programme over the coming months.

**Gillian Mackay:** Many people in Scotland participated in clinical trials of the Valneva

vaccine, and the decision may understandably cause them anxiety about their vaccination status. Will the cabinet secretary confirm that the termination of the agreement will not impact the vaccination status of anyone who participated in the Valneva clinical trial?

**Humza Yousaf:** I will look at that, because, of course, we would not want anyone to be disadvantaged if they took part in a vaccine trial. We owe them a great deal of thanks.

I am not talking specifically about Valneva, because I do not have the details of that clinical trial. However, I will urge the UK Government to publish that detail, because I think that transparency in the matter is absolutely paramount. I will go away and look at the situation to double check, but it is the Scottish Government's starting position that anybody who is taking part in a clinical trial should not be disadvantaged in any way.

**Gillian Mackay:** I thank the cabinet secretary for that answer. There is some evidence that the Valneva vaccine could be more effective than other vaccines against variants. What impact does the cabinet secretary think the UK Government's decision could have on our ability to protect people against further mutations of the virus?

**Humza Yousaf:** I reiterate that, in the interests of openness and transparency, it will be important that the UK Government publishes the results of the COV-Boost trial and the clinical trials that are under way—when it is appropriate, because I know that there are sensitivities, including commercial ones, around such matters. I reiterate that, regardless of that decision, we have a plentiful supply of vaccines, and I am pleased to say that the clinical trials and the evidence that we have show that the vaccines that we are using are very effective in reducing the severity of illness from the coronavirus, including the delta variant.

**Fiona Hyslop (Linlithgow) (SNP):** Valneva employs constituents of mine, and the cabinet secretary will be aware that Angela Constance MSP and Hannah Bardell MP have written to the UK Government, asking it to provide transparency about its decision making and its on-going commitment to investment in the West Lothian site and French-owned facility. As Scottish Enterprise has also supported the company, will the cabinet secretary ask the business minister to discuss the company's worldwide vaccine market opportunities and the present situation when he meets the company?

**Humza Yousaf:** I will do that. I agree with everything that Fiona Hyslop has said. I spoke to both Angela Constance and Hannah Bardell yesterday, and I am more than happy to speak in detail with Fiona Hyslop and any other interested



member. The Scottish Government will do everything that we can to provide as much security for the site as we can. I am happy for my colleague the Minister for Business, Trade, Tourism and Enterprise to update the member once he has had discussions with the company.

**Sarah Boyack (Lothian) (Lab):** It is very welcome to hear from the cabinet secretary that the decision should not impact access to vaccines. Does that include the possibility of 12 to 15-year-olds being given vaccinations and older people getting boosters? Will it impact the surplus that the cabinet secretary referred to and the possibility of the Scottish Government supporting people from low-income countries who are coming to the 26th UN climate change conference of the parties—COP26—to access vaccinations?

**Humza Yousaf:** The answers to those questions are yes, yes and no. The First Minister will shortly outline our response to the advice from the chief medical officers and the JCVI with regard to 12 to 15-year-olds and the booster programme, respectively, but we have plentiful supplies even if we include those two possibilities in our future programming. The final answer is no—the UK Government's decision will not impact our ability to vaccinate people from the developing world who come to COP26. I reiterate, and I reassure the member, that there is a plentiful supply for the roll-out of our future vaccination programme, with all the possibilities that we are planning for.

**The Presiding Officer:** That concludes topical question time.

**Martin Whitfield (South Scotland) (Lab):** On a point of order, Presiding Officer. The first topical question related to vaccination passports, and there was great interest in asking additional questions to seek clarification on the matter. I ask your advice on how we can persuade the Government to give a ministerial statement on it, so that the significant number of outstanding questions can be answered.

**The Presiding Officer:** Martin Whitfield might be aware that there was a discussion about that among business managers at the Parliamentary Bureau. Such discussion will continue. It is, of course, a matter for the Government to decide whether a ministerial statement is made.

## Covid-19

14:20

**The Presiding Officer (Alison Johnstone):** The next item of business is a statement by Nicola Sturgeon on Covid-19. The First Minister's statement will be followed by questions, so there should be no interventions or interruptions.

**The First Minister (Nicola Sturgeon):** I will give an update on the latest Covid situation. I confirm that the Cabinet met this morning and decided not to make any immediate changes to the regulations that are currently in place. I will give an update on certain other issues, most notably the mitigations that are in place for schools, including our approach to the vaccination of 12 to 15-year-olds, and the issue of a vaccine booster programme, on which we received final Joint Committee on Vaccination and Immunisation advice this morning.

First, I will recap the latest statistics. Yesterday, 3,375 positive cases were reported, which was 11.4 per cent of all tests. Currently, 1,064 people are in hospital with Covid, which is 16 more than yesterday, and 89 people are receiving intensive care, which is one person fewer than yesterday.

Sadly, a further 21 deaths have been reported in the past 24 hours. Under the daily definition, the total number of deaths is now 8,263. As always, I send my condolences to everyone who has lost a loved one.

Good progress continues to be made in the vaccination programme. As of this morning, 4,144,904 people have had a first dose and 3,788,551 have now had both doses. Of people aged over 40, 95 per cent are now fully vaccinated with two doses, as are 73 per cent of 30 to 39-year-olds and 60 per cent of 18 to 29-year-olds. Around 76 per cent of 18 to 29-year-olds have had a first dose, so the proportion in that age group who will become fully vaccinated will continue to increase in the weeks ahead. In addition, 65 per cent of 16 and 17-year-olds have now had their first jab, which is five percentage points higher than at this time last week.

Although the level of infection in Scotland remains too high, there are continuing signs that the recent spike in cases is slowing down. We are now seeing early signs not just that the rate of increase is slowing but that the number of cases is starting to fall slightly. That can be seen in the past three weeks of data. In the week to 28 August, there was an average of 5,651 new cases a day, which was an increase of more than 80 per cent on the previous week. In the week to 4 September, the average number of cases was 6,290 a day, which was still an increase but one of

just 11 per cent. However, in the seven days to 11 September—the most recent seven-day period—the number of cases has fallen to an average of 5,506 per day, which is 12 per cent lower than last week.

It might be worth providing some detail on the age breakdown of cases. In the past week, more than 70 per cent of cases have been in the under-45 age group, which is consistent with the pattern that we have seen throughout the latest wave.

The picture varies across different age groups, but there are broadly positive signs in all of them. Two weeks ago, in the week to 4 September, the number of cases in the zero to 14-year-old band rose by 51 per cent. However, in the past week, the number of cases in that age group has fallen by 5 per cent. Among 15 to 24-year-olds, the number of cases fell by 16 per cent two weeks ago, and the number has fallen even further—by 34 per cent—in the most recent week. Two weeks ago, the number of cases in the 25 to 44-year-old age group rose by 7 per cent, but, last week, the number fell by 14 per cent. Finally, the number of cases among the over-65s has risen slightly, but, again, the rate of increase has slowed over the past week.

That most recent data underpinned the Cabinet's decision earlier today not to reintroduce any restrictions. I am grateful to everyone—organisations, businesses and individuals—who has taken extra care in recent weeks to try to stop the spike. It seems that those efforts are making a difference. That said, our position remains challenging. Although the number of new cases has fallen, it remains five times higher than at the start of August. Universities are now returning for a new term. That is welcome, but it also creates some additional risk. I will shortly say more about how we are working to mitigate that.

The key point is that, although the recent fall in cases is welcome, we cannot take it for granted. We must continue efforts to keep cases on a downward track. The national health service is already under considerable pressure, and any further rise in cases would intensify that.

As we know, vaccination has significantly weakened the link between cases of Covid and serious health harm from Covid. The proportion of people with the virus who end up in hospital is much lower now than it was before the vaccination programme started, but current case numbers reflect how transmissible the delta variant is. As we can see already, even a lower percentage of a large number of cases results in a high number of hospitalisations. To illustrate that point, on 20 August there were 312 people in hospital with Covid; today, there are 1,064. The number of people in intensive care has also increased from 34 on 20 August to 89 today. Those figures do not

include people who do not need hospital care but who are nevertheless suffering from long Covid.

It is also important to remember that the pressure that the NHS is experiencing falls on staff who have, in many cases, been working flat-out since the start of the pandemic and that it comes at a time when the NHS is working to catch up on a backlog and to care for everyone who needs that, not only Covid patients.

The Scottish Government is working closely with health boards to manage those pressures, but, as has been the case throughout the pandemic, everyone has a role to play. At the start of the pandemic, we constantly emphasised the need to protect our NHS. That is still necessary, and it should give all of us even more incentive to get vaccinated, test regularly and take all the basic precautions that we know can slow down transmission.

An additional reason for continued caution is that it helps to protect those who are most at risk. The United Kingdom Government announced earlier today that it will no longer use its shielding patient list. In the light of that, and to avoid any mistaken assumption, it is important to confirm that the Scottish Government is not following suit at this stage. We will continue to use our equivalent list, which is the highest risk list. We have used that throughout the pandemic to communicate with those at highest risk and to ensure they have advice and support. We will continue to keep that list under review, but, for the moment, we believe that it is important to retain it.

I will provide a brief update on some specific strands of work. First, I can confirm that cabinet secretaries are continuing to engage with representatives from business, the public sector and wider civic society to encourage maximum compliance with the mitigations that are still in place. I will take part in a round-table meeting with a range of stakeholders immediately after this statement in order to underline the importance of that work. I am, again, grateful to all businesses and organisations for the efforts that they are making to follow and promote measures such as the wearing of face coverings, good ventilation and hygiene, and, wherever possible, continued home working.

In addition, as I said, the university term is now starting, and colleges began their return a few weeks ago. We have been working closely with universities, colleges and the wider sector to make the return as safe as possible. As a precaution, colleges and universities will not be holding large, in-person lectures for now. Instead, there will be a mix of online and in-person learning, with institutions themselves deciding the level of in-person teaching that they will offer during this term. In addition, physical distancing will remain in

place on campuses and face coverings will be required in indoor public spaces.

We are also encouraging students to get tested regularly. Test kits are available on campuses, and students who are moving to term-time accommodation should book a polymerase chain reaction test before making that move. Above all, we strongly encourage students to get vaccinated if they have not done so already. Mobile vaccination units are being deployed in universities and colleges during freshers weeks, and vaccination will continue to be made available throughout the term. Health board web pages will contain details of local drop-in clinics and clinics that are operating within colleges or universities.

We also continue to work with local authorities to make schools and childcare centres as safe as possible—for example, through support for the use of carbon dioxide monitors and improved ventilation.

We have received further advice from the advisory sub-group on education, and I take the opportunity to highlight two points arising from that advice. First, we indicated at the start of term that secondary school pupils would need to wear face coverings in class for the first six weeks of term, subject to a review at that point. Given the continuing high levels of infection that are still being experienced at this stage, the advisory sub-group has advised that that requirement should remain in place until the October holidays and be reviewed again then. I know how unpopular it is with many pupils and I completely understand why, but, for now, it remains a prudent and necessary precaution.

Secondly, we intend to clarify an aspect of guidance on contact tracing in schools in order to ensure fuller understanding of the process. There is no change in the advice for close contacts who are thought to be at high risk of having Covid: they will continue to be advised to self-isolate until they have returned a negative PCR test. For children and young people, a high-risk contact is most likely to be a household member or someone they have stayed overnight with.

However, we will clarify the guidance on the letters that schools send to lower-risk contacts. Those letters should be sent on a targeted basis to those who are most likely to have had low-risk contact with someone who has tested positive. The letters ensure that parents, staff and pupils are aware of those cases, and they offer advice on issues such as looking out for symptoms and using lateral flow testing. Our updated guidance may mean, for example, that it is appropriate to send letters to the classmates of a pupil who has tested positive but not necessarily to everyone in their year group. We hope that better targeting will

help to reinforce the importance of the messages in the letters while minimising undue anxiety.

In addition, the advice in the letters will be strengthened in one respect. They will recommend to primary and secondary school pupils and staff who receive them that a lateral flow test be taken before they next return to school. That test should be in addition to the regular twice-weekly lateral flow testing that is recommended for all secondary school pupils and staff.

All those measures reflect our commitment to prioritising the wellbeing of children and young people and our determination to minimise disruption to education. That consideration was also, of course, central to the advice that the Scottish, Welsh and UK Governments and the Northern Ireland Executive received yesterday from our chief medical officers.

Members will recall that the JCVI concluded that the health benefit of vaccination for 12 to 15-year-olds outweighed any risks but that, because it was marginal, the JCVI could not recommend a universal offer of vaccine to that age group on health grounds alone. However, it indicated that it would be appropriate for chief medical officers to consider whether any wider issues might tip the balance in the other direction. The CMOs have now done that. They have concluded that vaccination could reduce disruption to education and that, taken together with the health benefits that were previously identified in the JCVI advice, extending the offer of vaccination to all 12 to 15-year-olds is justified.

Taking that broader view of the benefits and risks of vaccination, the CMOs are recommending that 12 to 15-year-olds should be offered one dose of the Pfizer vaccine, and that advice has been broadly endorsed by the Royal College of Paediatrics and Child Health. I am very grateful to all four chief medical officers for assessing the evidence on the issue with such pace and rigour, and I confirm to Parliament that the Scottish Government welcomes and accepts the recommendation. We believe that vaccination of 12 to 15-year-olds is important, and we will therefore move to implement the advice as quickly as possible. Our supplies of the vaccine are adequate to allow us to do that.

It is important to stress the importance of informed consent. I know that many young people and their parents will have questions. Material will be made available online later this week, and it will be appropriate to both young people and adults. It will seek to answer questions and provide balanced information to help young people and their parents to make informed choices.

I confirm that, from Monday 20 September—that is, Monday coming—drop-in clinics will be open for

any 12 to 15-year-old who has read the information and, in discussion with parents and carers, decided that they wish to be vaccinated. It will, of course, be appropriate for parents or carers to accompany their children to clinics, and vaccinators will be on hand to answer any further questions or address any concerns.

Starting in the following week—that is, the week beginning 27 September—letters will be sent to all 12 to 15-year-olds, inviting them to an appointment at a drop-in centre or vaccination clinic. Again, parents and carers will be invited to accompany their children and the appointment will include an opportunity to ask questions and discuss concerns.

Finally, after the scheduled community sessions, there will be a programme of vaccination in schools to ensure that anyone who has not been vaccinated and decides that they want to be will get a further opportunity.

I know that these are important decisions for young people and their parents and that many will have questions. I encourage everyone to read the information that will be provided and not to hesitate to visit a drop-in clinic to ask any questions or raise any concerns. Vaccination is a vital part of our overall protection against the virus. That is why it is important to support people—perhaps, especially, young people—to make informed choices that they feel comfortable with.

In addition to the CMO advice on 12 to 15-year-olds, we have this morning received the final JCVI advice on a vaccine booster programme. That is in addition to the third doses that are already being offered to people who were severely immunosuppressed or immunocompromised at the time of their first or second vaccination. I confirm that the Scottish Government also accepts that advice and that, again, we have adequate supplies for moving ahead.

The booster programme is intended to prolong the protection that vaccines provide against severe Covid illness. It will run alongside our biggest-ever flu vaccination programme, since both programmes are important for individual and public health. Wherever possible, eligible people will be offered Covid and flu vaccines together. Booster vaccinations will be offered to all adults over 50, to front-line health and care workers, to younger adults with certain health conditions that put them at higher risk, and to adult household contacts of people who have suppressed immune systems.

The JCVI has also advised that there should be an interval of at least six months between a second dose and a booster dose.

I will now give a broad outline of the order in which we will implement the booster programme. We will set out more details shortly.

Front-line health and social care workers will be able to book their booster appointment online through NHS Inform from Monday 20 September. Also from next week, residents in care homes for older people will be offered both flu and Covid booster vaccinations. Adults aged 70 or over, and everyone aged over 16 who is on the list of those at highest risk, will be contacted shortly either by letter or by their general practitioner. Other eligible groups—all adults over 50, all those aged 16 to 49 with underlying health conditions, adult carers, unpaid and young carers, and adult household contacts of people who are immunosuppressed—will be able to book online from October.

These two announcements represent a very significant and very welcome extension of the vaccination programme and will help us considerably in our on-going efforts against the virus. I therefore say to anyone who is eligible for vaccination: please take up the opportunity.

The final point about vaccination that I want to touch on very briefly is certification for certain venues, which Parliament approved in principle last week. We are now working with businesses, events organisers and sports governing bodies to finalise both the detail of the regulations and sector-specific guidance. Covid certification has, of course, already been introduced in countries across Europe—indeed, many of those countries have already gone much further than we are proposing to do. We know that it is not a magic wand, but we believe that, as part of a package of measures, it can help to reduce transmission while keeping our economy and society open—which, of course, is what we all want to see.

Presiding Officer, I will close by emphasising again the key things that we can all do to help and to ensure that we keep infections on a downward track.

First, as I have already been talking about extensively, please get vaccinated if you are eligible and have not yet done so.

Secondly, please test yourself regularly with lateral flow devices. You can order those through NHS Inform or collect them from a local test site or pharmacy. If you test positive, are identified as a close contact or have symptoms of Covid, please self-isolate and book a PCR test.

Thirdly, and finally, please continue to comply with the mitigations that are still in place: wear face coverings in indoor public places such as shops and public transport and when moving about in hospitality settings; think carefully about the number of contacts that you have—and, perhaps, reduce any that are not strictly

necessary; meet outdoors as much as possible; indoors, open windows if you can; although it is no longer required by law, try to keep a safe distance from people of other households, especially when you are indoors; and remember to continue to wash your hands and surfaces thoroughly.

As we can see from the most recent data, all of that really makes a difference, so please stick with it so that we can get cases down even further.

**The Presiding Officer:** The First Minister will now take questions on the issues that were raised in her statement. I intend to allow around 40 minutes for questions, after which we will move on to the next item of business. It would be helpful if members who wish to ask a question would press their request-to-speak buttons now.

**Douglas Ross (Highlands and Islands) (Con):** It is good to hear that cases are down week on week. However, our NHS continues to face considerable pressure. We have seen long waiting times for ambulances and lengthy queues for people to see their general practitioners. Even if the First Minister will not accept it, our NHS is in crisis and our health service needs more support.

Today, on top of all the issues that face our NHS, figures on suspected drug deaths were published that are—once again—shocking and heartbreaking in equal measure. After seven consecutive years of record drug deaths here in Scotland, the problem still seems to be getting worse. When will the First Minister and her Government finally tackle that national scandal?

I turn to the announcements on vaccines for 12 to 15-year-olds and booster jags. Both those measures have the potential to be game changing in halting the spread of Covid this winter. However, we need some more answers on delivery of those schemes. The First Minister mentioned drop-in clinics for young people. Will there also be mobile vaccination units at every school to encourage uptake, particularly in areas where vaccination rates are low?

On booster jags, the First Minister said that the programme will run alongside the existing flu vaccination programme. Are there also plans to use mass vaccination centres?

On vaccination passports, the First Minister said that she is finalising the detail and is “now working with businesses”. Why did that not happen weeks ago?

Finally, the First Minister told us that the cabinet decided this morning not to make immediate changes to Covid regulations. What restrictions did her Cabinet consider reintroducing?

**The First Minister:** The Cabinet did not consider any additional restrictions this morning, because the data—as I have narrated—suggest

that cases are starting to fall. We keep such things under weekly review; it would be deeply irresponsible of us not to do so. However, the decision of the Cabinet today was that it is not necessary to introduce any further restrictions at this stage.

I will quickly run through the other questions.

First, forgive me if I heard wrongly—I was struggling to hear Douglas Ross, at points—but I think that he said that I do not accept that there is pressure on the national health service. Not only do I accept that there is pressure on the national health service, but I spend a significant and considerable amount of time—as, indeed, does the Cabinet Secretary for Health and Social Care—reminding people of just how much pressure there is on the NHS.

That pressure is why it is so important that the Government does everything possible through resources and support for health boards, and through co-operation and collaborative working with health boards, to support those who are on the front line of the NHS. It is why it is important for all of us to behave in a way that reduces Covid cases, which helps to alleviate the pressure, and it is why, although none of us likes such things, it would be irresponsible of us not to take advantage of all the levers including, of course, Covid certification that we have at our disposal to try to push cases down.

This Government takes the issue of drug deaths extremely seriously. Although Douglas Ross might not agree with it—as is his right—a significant package of work is under way right now, backed by significant additional resource, to tackle drug deaths. The Minister for Drugs Policy, who reports directly to me, is overseeing that work daily. It includes work on new standards for treatment, including same-day access to treatment, a wider range of treatment options and more funding for community organisations and for rehabilitation, including residential rehabilitation. We will continue to take the action that is necessary to bear down on the unacceptable figures.

On vaccination, we received the chief medical officer’s advice on 12 to 15-year-olds yesterday and the JCVI’s advice on the booster programme this morning. Finer and more granular detail will be available in the coming days, but we are today giving the start date for vaccination of 12 to 15-year-olds and the start date for the booster programme, which is this Monday coming.

Drop-in clinics are already available right across the country; there are drop-in clinics in every mainland health board area. Those will be available to young people from Monday. Appointment letters with specific appointments will be issued for those who do not take advantage of

the drop-in clinics, and we will use school vaccination to make sure that we reach as many young people as possible.

The judgment that has been made is that, in order to facilitate and support maximum informed consent and involvement by parents and carers, it is better in the initial stages to use clinics and appointments than to vaccinate through schools. Our aim is to reach as many people as possible and to encourage as many as possible in that age group to take up the offer of vaccination. We will use all the existing resources—mobile clinics and the other resources—to maximise uptake.

I think that Douglas Ross made a point about flu vaccination and mass clinics. The flu vaccination programme will be delivered through a combination of GPs and vaccination clinics. Health boards will not all do it exactly the same way, but the flu vaccination programme will be first, together with the Covid booster vaccine, in our older residents' care homes. That is a massive undertaking for health boards, but given how well they have progressed the Covid vaccination programme so far, I think that we should all have great confidence in their plans to deliver the next stages of the programme with flu vaccination.

Finally, we work with businesses on an on-going basis and will continue to do that. None of us wants to be in a situation in which we are still having to deal with the virus, but it is important that we deal with it resolutely and that we continue to do all the things that we are doing now to keep downward pressure on cases.

**Anas Sarwar (Glasgow) (Lab):** I send my condolences to all those who have lost a loved one in the past 24 hours and throughout the pandemic.

The route to something that looks like normal for Scotland continues to be through testing, tracing and vaccination. Last week, I called for front-line NHS and social care workers to be included early in the booster programme, so I am pleased to have heard today that that will happen. However, given the high number of cases in schools, surely teachers and support staff should also be included.

I have also highlighted concerns about test and protect not functioning in our schools. I welcome the movement on that today. However, there is still work to do. I think that we will look back and think that pulling back test and protect was a catastrophic decision.

I note that there is still no detail about how vaccination passports will operate, although we are expecting businesses and individuals to implement the approach in just two weeks. We should focus instead on strengthening our existing systems. Test and protect is still failing to meet

World Health Organization standards—the rate is as low as 60 per cent in some areas, and I note that last week the First Minister said that that was the rate 72 hours from when cases were logged on the system, which is a pretty heavy caveat. I note that the average number of primary contacts per case has fallen to 1.5—that is, the positive case and half a person. Just weeks ago the average number was 3.4. Will the First Minister commit to fixing test and protect and supporting staff, instead of rushing through an ineffective new system?

The Scottish Government has been saying that it has been planning for months—rightly—for roll-out of vaccinations for 12 to 15-year-olds, so it is a bit disappointing that letters will go out only from the end of this month. As we get to the harder-to-reach people, we should not be asking people to go to vaccination centres; rather, we should be asking the vaccination centres to go to people. Will the First Minister make a commitment that every child who wants vaccination will be able to get it at school and before the October holidays? We should not miss that opportunity. Surely that is the approach that should have been in planning for months.

**The First Minister:** First, on 12 to 15-year-olds—because that is probably the most important issue that we are covering today—we received the final advice yesterday. Any 12 to 15-year-old who wants to be vaccinated will be able to be vaccinated from Monday. That is less than a week away.

Why are there a few days in between? That is because we have to make sure that, taking account of the final advice, which we got only yesterday, we make available the information that young people and their parents and carers will want to consider before they make an informed choice. That is why there are a few days before vaccination will start. I think that most reasonable people—that might or might not include Anas Sarwar—will think that that is a pretty speedy start to the programme.

We have made the judgment that, in the initial stages, it is better to use drop-in clinics and vaccination appointments, because that better facilitates the involvement of parents and carers in decisions and allows them to accompany young people when they get vaccinated, so that questions can be answered and concerns addressed. Doing it that way will be quicker than trying to put in place a new programme—in effect—in schools. Doing it through the mechanisms and infrastructure that have been available for most of this year will allow us to get the programme under way more quickly.

We will then use school vaccination to make sure that nobody is losing out on the ability to be

vaccinated. Having spent a fair bit of time with the health secretary looking at those plans in detail, I think that that is the best and quickest way to proceed.

On the booster campaign, Anas Sarwar said that he would like teachers to be included. Teachers in the over-50 age group, and those in the under-50 age group with particular underlying health conditions will, of course, be included. I suppose that the key point of difference here between Anas Sarwar and I, perhaps it is because I have responsibility for implementing the decisions, is my belief that we have to base our decisions on expert advice—on the recommendations that come from those who have the expertise to give us such recommendations. I am a politician. It is not for me to second-guess the experts when it comes to vaccination.

Test and protect is functioning well. When cases are high, it is under significant pressure and we support it to do its work. As cases reduce—as they are doing now, thankfully—that pressure will reduce. Test and protect has never stopped functioning in schools, and it is not correct to say that it has. It is functioning on a more targeted basis in order that it can protect people from the risk of infection without undue and unnecessary disruption to young people's education. That is an important aim.

Lastly, vaccination certification is not “instead of” doing all of the other things; it is in addition to them. One of the things that we know, and that we have learned, is that we need to use all the levers that are at our disposal to bear down on cases to maximum effect. We will continue to take proportionate targeted action to keep cases coming down and, I hope, to get through this winter without the need to impose any restrictions, but instead keep our economy and our society open.

**Alex Cole-Hamilton (Edinburgh Western) (LD):** I say for the record that Covid identification cards must be ruled out for children, because there should be no external pressure on families when deciding about the vaccine.

Last week, the First Minister leaned in to the words of Professor Stephen Reicher to justify the ID card scheme, but he is actually against it. She implied that Geoff Ellis from the events industry supported it, too. He does not. In fact, he told me today:

“I am prepared to support a drive to encourage young people to get the vaccine, but that is different to saying you are going to exclude them if they don't.”

The First Minister is running out of experts to quote, so will she cancel Covid ID cards for all age groups today?

**The First Minister:** No, I will not, because it is really important that we do not rule out measures that many people accept. Even Steve Reicher who, yes, on balance, has decided that he does not think that vaccination certificates are a good idea, recognises—*[Interruption.]*—that they have advantages and that there are benefits to them. We are facing a situation right now where cases have been high—*[Interruption.]*

**The Presiding Officer:** Colleagues, I am finding it difficult to hear the First Minister. I would be grateful if we could all hear the First Minister.

**The First Minister:** When we are desperately trying to keep cases under control, while keeping our economy open, it would be a foolish Government that simply ruled out anything. The scientific advisory group for emergencies recognises that vaccination certification can play a part in reducing transmission. Indeed, after a fanfare at the weekend of suggesting that it had ruled them out, the UK Government has been very clear today that it is keeping the option of vaccination certification open and, even without doing it on a mandatory basis, is encouraging venues to do it voluntarily.

It is really important that we do not limit our options here, because we want to get through this winter with everything open and with cases at a manageable level. That is what we will continue to try to do, and I make no apology for that. We will, of course, continue to involve the Parliament fully in the detail of that.

**Stuart McMillan (Greenock and Inverclyde) (SNP):** Can the First Minister provide an update on the work that is being conducted to establish an independent public inquiry into the handling of the coronavirus pandemic in Scotland?

**The First Minister:** We will continue to work across the education sector to make sure that we take all appropriate actions to support the safe return of teaching, and to ensure that physical distancing remains in place, face coverings continue to be used and vaccination continues to be encouraged. There is an opportunity over the next few weeks to really maximise the uptake of vaccination, and to use testing to full extent, too. There is a big responsibility on the part of everybody here to make sure that everything possible is being done to reduce the risk of outbreaks in the weeks to come.

**Sharon Dowey (South Scotland) (Con):** As the First Minister will know, this week, NHS Ayrshire and Arran halved elective surgeries and suspended visiting unless it is essential. Accident and emergency has reached breaking point. I have been contacted by staff at Crosshouse hospital who say that cancer operations have been cancelled due to a lack of beds, and nurses

are quitting the profession due to chronic understaffing.

The First Minister has boasted of how many nurses we have, but staff at NHS Ayrshire and Arran feel angry, unsupported and let down. What action will the First Minister take to improve staffing levels at Crosshouse? Can she guarantee that all cancer treatment at NHS Ayrshire and Arran will resume by the end of the month?

**The First Minister:** I want to take the opportunity again today to express my gratitude to the nurses and everyone else who is working so hard across the national health service. We have a record number of staff in our health service, including nurses, but we need to do more to support them. We have made a commitment to further increase the number of those working in our national health service over this parliamentary session.

We will continue to work closely with health boards to ensure that they are supported to minimise any need to postpone or cancel elective treatments and to ensure that the most urgent treatment—cancer treatment comes under that definition—continues as people need it to.

However, there is a fact at the heart of this: if we are to get our NHS back to normal—as everyone is working hard to do—we need to get Covid cases down further and to keep them down. This comment is particularly relevant for those on the Conservative benches: we need to be prepared to take the action that gets Covid cases down. Over the past few weeks, almost every mitigation that we have proposed to try to reduce the number of Covid cases has been opposed by the Conservatives. Covid cases will not fall of their own accord—they will only fall through the actions that we take individually and collectively. We all desperately want to reduce the pressure on our national health service, and if we are to do that, we need to keep doing all the things that we know will reduce transmission of the virus.

**Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP):** On cross-border vaccination between England and Scotland, the advice is that if someone lives in Scotland and they received their first, second or both vaccine doses outside Scotland but in the common travel area, which includes England, they should now be able to get proof of their vaccination status through the normal process online or by phoning the Covid helpline. However, when my constituents phone the helpline, they are told that they need to request proof of vaccination in England from NHS England. There seems to be some confusion here. Can the First Minister clarify the situation?

**The First Minister:** Everyone recognises that it is important to have consistency in schemes that operate across the UK so that citizens can travel easily between different parts of the UK. Our app is designed to offer interoperability across not just the UK but the common travel area, including Ireland and the Crown dependencies.

That said, it is right and proper that we have designed a scheme that is right for Scotland, works first and foremost in our context and offers us the flexibility to adapt to changing circumstances. Work is well under way to ensure that, where a person has their first and second vaccinations either side of the border, that is fully recorded. I will ask the health secretary to submit further information on the detail of that to the Scottish Parliament information centre.

**Jackie Baillie (Dumbarton) (Lab):** I have had several recent cases of people who have applied for a self-isolation grant but eight to 11 weeks later are yet to receive any support. That puts enormous pressure on household finances, especially for those on low incomes. Many people may be forced to return to work for financial reasons even though their self-isolation period has not ended.

I am told by West Dunbartonshire Council that the delay is because the local authority had not received money from the Scottish Government. Will the First Minister say whether that is true and what action she will take to ensure that self-isolation payments are made promptly?

**The First Minister:** I am not aware that that is the case. I will look into it and if there is any issue there, I will undertake to ensure that it is resolved.

Not everyone who applies for a self-isolation payment is eligible for one. If her constituents are eligible, and Jackie Baillie wants to send me the details, I would be happy to look into the circumstances. Although I am not aware of the flow of resource being a specific issue, I will undertake to investigate that.

**Siobhian Brown (Ayr) (SNP):** Last week, I met the chair and directors of Ayr United Football Club, who listed their concerns about vaccine certificates. Will the First Minister provide an update on what training and support will be in place for businesses, events and sporting stadiums that need to implement vaccination certification next month?

**The First Minister:** The provision of training and support is important. As we said previously, we are working with sectors on an on-going basis on all the operational issues around certification. We are working to provide appropriate sector-specific guidance that will allow businesses to provide information and appropriate training to staff. That has to be sector specific, because the



requirements in, for example, a nightclub with a relatively small number of people attending will be different from the requirements at a stadium with many people attending. That sector-specific guidance is currently being developed and finalised.

**Russell Findlay (West Scotland) (Con):** It is almost two weeks since the First Minister announced the introduction of vaccination passports. We just heard from the Cabinet Secretary for Covid Recovery that there is still no definition of what a nightclub is—and I am not talking about the Google definition. With the scheme due to start in less than three weeks' time, can the First Minister tell businesses when a definition will be given to them and why it is taking so long?

**The First Minister:** It is taking a bit of time because we are doing what Conservative members usually ask us to do and say that we do not do enough, which is consulting with businesses in affected sectors to make sure that we get the granular detail of the issue correct. We will finalise the definition very soon; it will take account of whether, for example, settings are open between particular hours, whether they are serving alcohol between those hours, whether there is space for dancing and whether there is live or recorded music. We are taking the time to make sure that we properly consult with the Night Time Industries Association to get the detail of that right, and we will publish the definition soon, once that work has concluded.

**Audrey Nicoll (Aberdeen South and North Kincardine) (SNP):** Throughout the past year, I have been in regular contact with constituents who were vaccine trial participants. Will the First Minister provide an assurance that trial participants will be included in the forthcoming vaccination certification scheme?

**The First Minister:** That is an important issue for those who took part in vaccine trials, and I thank anybody who did so. We have been very clear that nobody who took part in a trial will be disadvantaged; the scheme will recognise their vaccination for domestic purposes. All clinical trial participants have already received a letter from their principal investigator, which can be used for proof of their trial status. That provided an interim measure to enable people to gain access to domestic venues where certification is required. Recently, we have also issued participants with a record of vaccination that contains a 1D barcode and security features consistent with all records of vaccination.

**Gillian Mackay (Central Scotland) (Green):** Millions of children around the world have already been vaccinated, but the UK is significantly behind other countries in its roll-out to young people. As

the First Minister outlined, cases are beginning to fall, but numbers are still far too high and it is vital that we vaccinate 12 to 15-year-olds as quickly as possible. What action will the Scottish Government take to encourage take-up of the vaccine for that age group and how can we encourage looked-after children and, in particular, young carers to ensure that they get their vaccinations?

**The First Minister:** As I said earlier, we will move as quickly as possible, but we will also move in a way and at a pace that allows informed consent to be arrived at, which is particularly important for that age group. I have expressed frustration in the past that it has taken so long to get to this point, but we are where we are and it is important that we now move forward at pace.

The information that is provided will be important, because it needs to be accessible for young people themselves, not just their parents or adult carers. It is important that people in drop-in clinics and vaccination clinics are available to address concerns and answer questions. Of course, vaccinators are used to doing that with other vaccination programmes, so they are best placed to do that.

It is also important that we strike the right balance between encouraging people in that age group to engage and get vaccinated, as I will do unreservedly, and being understanding about the issues and questions that younger people will have. If we proceed on that basis, we will have every reason to be confident that we will achieve uptake levels in that age group that are as good as those in other age groups.

**James Dornan (Glasgow Cathcart) (SNP):** We know that, because of its complexity and the diversity of its symptoms, long Covid cannot be properly handled with a one-size-fits-all approach. What steps can the Scottish Government take to ensure that different health boards have flexibility to deliver the care that local people who are living with long Covid need?

**The First Minister:** James Dornan is absolutely right that we cannot have a one-size-fits-all approach to dealing with long Covid. I do not think that any country can. We are trying to recognise the need for flexibility in all the approaches that we take.

As James Dornan will be aware, we recently established a £10 million long Covid support fund. That is additional resource that is designed to strengthen services throughout the country for people with long Covid. We are also working with boards and others to identify where that additional resource is most needed and where it will have the biggest impact for those affected. As he has rightly said, supporting health boards to deliver tailored responses to meet the differing needs of people

with long Covid is key to that. That will allow people to access services that are appropriate to their own health needs and appropriate to the part of the country that they live in. I very much hope that that fund will, in the weeks and months to come, lead to a lot of developments that will help those who are living with the condition.

**Rona Mackay (Strathkelvin and Bearsden) (SNP):** Will the First Minister provide an update on the Scottish Government's latest engagement with the United Kingdom Government regarding international travel restrictions?

**The First Minister:** There is regular official-level dialogue on border health measures, and there is due to be a four-nations ministerial meeting this week that will address the regular review of country risk ratings and look at wider policy issues. We expect that that meeting will take place on Thursday morning, as usual. I know that there is a lot of speculation in the media about the UK Government's intentions. That speculation is happening before those intentions have been properly discussed with counterparts in the devolved Administrations. We want to work on a four-nations basis wherever we can, and we will aim to make further announcements on any future changes on a four-nations basis after, I hope, proper consideration and discussion.

**Edward Mountain (Highlands and Islands) (Con):** The Covid pandemic has shown us how important our front-line NHS staff are. The First Minister has stressed that point this afternoon. The pressures that our front-line NHS staff face mean that we must protect their wellbeing and provide them with high-quality leadership. However, a recent survey suggests that bullying, even during the pandemic, remains a problem in NHS Highland. Last week, the First Minister's Cabinet Secretary for Health and Social Care reneged on the Government's promise to bring forward a debate on that issue in the Parliament. Does she support him? Is she happy with his breaking her Government's promise?

**The First Minister:** Bullying in the national health service is unacceptable, just as it is in any setting.

There is no hesitation. I think that the Cabinet Secretary for Health and Social Care said that our priority right now—most people would understand this—is to deal with all the various Covid-related issues, not least the extension to the vaccination programme. I am perfectly happy for a debate to be held in the Parliament in Government time, if that is the view. I think that the Tories have Opposition business tomorrow. It would have been an option for them to debate that issue in their time. That is entirely up to them. However, I am happy to repeat the commitment that, when we

are able to, we will bring forward a debate on that issue in Government time.

**Fiona Hyslop (Linlithgow) (SNP):** What discussions has the Scottish Government had with the UK Government about its vaccine procurement contract with Valneva in West Lothian? The Valneva facility is a well-established vaccine production facility that was previously visited by the Prime Minister and the then UK Secretary of State for Health and Social Care on separate visits during the pandemic.

**The First Minister:** I recognise Fiona Hyslop's constituency interest in the matter alongside that of Angela Constance. I know that she was in the chamber when the Cabinet Secretary for Health and Social Care answered a question on that issue a few moments ago.

The UK Government's decision to terminate the contract with Valneva was taken unilaterally by the UK Government. As the health secretary has indicated, he was informed of that on Saturday by the Secretary of State for Health and Social Care. We do not have the full details of everything that lies behind that decision, but I know that the Secretary of State for Health and Social Care has indicated in the House of Commons today that the vaccine might not receive Medicines and Healthcare products Regulatory Agency approval. I repeat the call from our own health secretary that the UK Government should publish all the relevant information on that for transparency.

On the Scottish Government's part, Scottish Enterprise is already in contact with the company. We will do everything that we can to support the company in light of the decision because, obviously, we want to see that facility not just remaining in Livingston but going from strength to strength in future. We will do everything that we can to support that.

It is important to reiterate the point that the health secretary has made that, however regrettable the decision might be, it does not affect our ability to extend the vaccination programme in the ways we have talked about today.

**Michael Marra (North East Scotland) (Lab):** Figures show that just 5 per cent of senior pupils in Scotland took a Covid test last week, as Covid-related school absences soar. With test and protect virtually non-existent in schools and no tangible action yet taken on ventilation in classrooms, testing is one of the only tools of defence that the Government has made available to keep pupils and staff safe and minimise further educational disruption. What immediate action can the First Minister take to increase those testing figures?

**The First Minister:** First, lateral flow testing is not the only mitigation that is being applied in

schools. The work around carbon dioxide monitors, leading to the assessment of ventilation, is under way. A range of other mitigations are in place and, of course, contact tracing has not been ended in schools; it is being done, rightly, on a more targeted and proportionate basis because, before the summer holidays, we knew that significant numbers of young people were having their education disrupted when that was not strictly necessary.

On how we get more young people to take lateral flow tests, we make the tests available free of charge and they are easily accessible. I think that it is incumbent on all of us, both in the chamber and in our own constituent networks and in every possible way, to encourage young people to take those tests. I understand that, for young people in particular, they are not pleasant and are inconvenient, but they provide us with an added layer of protection. I take the opportunity today to encourage all young people—and encourage parents and carers—to take up the opportunity of LF testing twice a week and additionally if they get a low-risk contact letter.

**Emma Harper (South Scotland) (SNP):** Covid vaccination certificates will play an important role in reducing risk while maximising the ability to keep open certain settings and events where transmission is a high risk, so it is important that staff at the venues that are affected are properly supported to implement the scheme. Can the First Minister provide an update on the work that is being conducted to prepare detailed guidance on how to use the NHS Scotland Covid check verifier app?

**The First Minister:** We should remember that 85 per cent of the adult population are now fully vaccinated, and that number is increasing daily. In Scotland, first doses for 18 to 29-year-olds increased by 11 per cent in the 12 days following our announcement of Covid certification compared with the numbers in the previous 12 days. Again, I think that we can see—although it is still early—that that is having an impact in driving up vaccination uptake.

We encourage everyone to get vaccinated. Some people will not have completed their full vaccination course when the certification scheme comes into place, but people can check their vaccination status through NHS Inform, and details are available of how to do that. The app will go live later this month, which will make the system even easier.

These are all things that none of us wants to have to do and I hope that the vaccination system does not have to be in place for very long. However, while it can give us an added layer of protection, particularly as we go into the winter

months, it is important that we take advantage of it.

**Jenni Minto (Argyll and Bute) (SNP):** Can the First Minister provide an update as to the Scottish Government's work to respond to the global impacts of Covid-19?

**The First Minister:** That is a very important question because, although we understandably and rightly, to some extent, focus on the domestic impact and implications of Covid, it is a global pandemic and none of us will be truly safe from it until it is well under control across the whole world. In summary—I can provide more information for those who are interested—we have provided support to our existing international partners; undertaken a review of our approach to international development at an early stage of the pandemic so that we could better target support; and authorised over £3 million of support from our international development fund, targeting Covid-specific initiatives in our partner countries, which are Malawi, Rwanda, Zambia and Pakistan. That includes £2 million to UNICEF to help prepare health systems to distribute vaccines and £0.5 million to support vaccine roll-out and online learning on healthcare. More recently, our donations of vital medical supplies include oxygen concentrators, ventilators and personal protection equipment through the NHS Scotland global citizenship programme. We also sent oxygen and ventilation equipment to India and, lastly, our humanitarian emergency fund has supported vulnerable communities in countries such as Syria, Yemen, Somalia, South Sudan and Afghanistan.

**Maurice Golden (North East Scotland) (Con):** My 31-year-old constituent received a first dose of AstraZeneca before others in her age group because she was in an at-risk group. When it subsequently emerged that those in that age group were being offered the Pfizer vaccine, my constituent opted not to receive the second AstraZeneca dose, after discussing the issue with her GP. Would it be possible for those in that category to be granted a vaccination certificate in order to access certain venues?

**The First Minister:** The advice for someone in that position is to get the second dose of vaccine but, obviously, I do not want to say too much about the individual case because, clearly, the person has received input and advice from their GP. I am happy to look into the issue in more detail and come back with a considered answer rather than answering before I have had the opportunity to consider the matter properly.

The default position is that we would encourage people to complete their second doses but, if there are circumstances where, for good reason, that cannot be done, we would want to take account of that. I will ask the health secretary to write to the

member once we have had an opportunity to consider the issue further.

**Colin Smyth (South Scotland) (Lab):** I want to come back to the cross-border issue. The First Minister knows that, every day, thousands of my constituents travel a few miles to Cumbria and Northumberland for work. Many of them work in the NHS so, naturally, they were vaccinated by their employer in England. However, they cannot get a vaccination certificate from NHS England because they are registered with a GP in Scotland and they cannot get a vaccination certificate from NHS Scotland because it has no record of the vaccination. I am already dealing with cases involving NHS staff who cannot get a well-earned break because they cannot get vaccination certification.

The First Minister says that action is taking place at the moment to resolve the issue. Can she give a categorical assurance that, if this policy is rolled out to events and nightclubs in just two weeks' time, none of my constituents will be denied a vaccination certificate simply because they were vaccinated in England?

**The First Minister:** Yes, I want to give that assurance. Clearly, we are working to resolve the cross-border issues. As anyone would realise, we are not in control of what happens in England, and it is not something that we can do unilaterally. That is why the discussions between Governments are important.

We hope and expect that a solution will be in place soon and we will make the details of that known. However, it is in nobody's interests to disadvantage anybody. The whole point of vaccination certification is to allow people to go about their normal lives and not have to see places close or be unable to access them. The policy is about enabling activity in the economy, not the reverse.

**Jamie Halcro Johnston (Highlands and Islands) (Con):** We know that the detail of the Scottish Government's plans for vaccination passports has been severely lacking. Therefore, can the First Minister say whether everyone who is eligible for vaccination will be required to have a vaccination passport for certain events and if, as is now recommended by the UK's chief medical officers, 12 to 15-year-olds will be offered a single vaccine dose, does that mean that a 14-year-old might need to have a vaccination passport just to go and watch their local football club play if the attendance is over 10,000 people?

**The First Minister:** The requirement for vaccination certification does not apply to 12 to 15-year-olds, so that point is not relevant.

I will not repeat all the points that I have made about the on-going work to develop the finalised

detail of the operation of the system on a sector-specific basis, but I can say that the detail of the vaccination certification programme in Scotland is identical to that published on page 24 of the UK Government's document today, in which it sets out what it continues to call plan B, which concerns its continued plans to introduce vaccination certification should that be required. The only difference is that we are trying to give businesses here certainty and the UK Government appears to have removed that certainty and is just saying that maybe it will introduce vaccination certification and maybe it will not. However, the level of detail is pretty identical.

**The Presiding Officer:** That concludes questions on the First Minister's statement.

**Stephen Kerr (Central Scotland) (Con):** On a point of order, Presiding Officer. For the second time in two weeks, the First Minister read the wrong pre-scripted answer to one of her back-bench members' pre-scripted questions. Stuart McMillan asked about the inquiry into the Scottish Government's handling of the pandemic and the First Minister's answer was all about schools. Presiding Officer, can you advise what options there are to ensure that we hear an answer to the question that was actually asked?

**The Presiding Officer:** I thank Mr Kerr for his point of order. The content of members' contributions is not a matter for me. There is a mechanism by which members can accurately reflect any change that they might wish to make via the *Official Report*.

That concludes the First Minister's statement on Covid-19. There will be a short suspension before the next item of business.

15:20

*Meeting suspended.*

15:22

*On resuming—*

## Urgent Question

**The Deputy Presiding Officer (Liam McArthur):** I remind members that social distancing measures are in place in the chamber and around the Holyrood campus. I ask that members take care to observe those measures, including when entering and exiting the chamber. Please use the aisles and walkways only to access your seat and when moving around the chamber.

### Scottish Parliament (Designated Status)

**Gillian Mackay (Central Scotland) (Green):** To ask the Scottish Parliamentary Corporate Body for what reason it applied for designated status for the Scottish Parliament under the Serious Organised Crime and Police Act 2005, and whether it will publish the background paper upon which this decision was based.

**Claire Baker (Scottish Parliamentary Corporate Body):** On behalf of the Scottish Parliamentary Corporate Body, I welcome the opportunity to correct some of the significant misunderstandings and inaccuracies that have been reported and commented on regarding our decision to seek designated status for the parliamentary estate.

The SPCB takes its responsibility to provide a safe and welcoming parliamentary estate very seriously. As members all know, the Parliament welcomes and facilitates thousands of protests all year round as an essential part of the expression of democracy in Scotland, and I categorically assure the Parliament and the public that that will not change.

Corporate body members considered a paper, received a comprehensive briefing from Police Scotland, and had an opportunity for full discussion. The decision to seek designated status was unanimous, and no member requested that it be put to a vote.

In applying for designated status, we are not seeking to curb or limit protest. The reason for applying for designated status is to give the Parliament the means by which to address protests by individuals whereby they try to prevent the Parliament from meeting to carry out its essential role, or seek to interfere with the rights of others to engage at Holyrood, or where their actions make it unsafe for others. Unfortunately, the Parliament has experienced such disruption, impacting on its democratic role.

In taking the decision to apply for designated status, the SPCB has listened closely to police

advice. We have considered the experience of other Parliaments, such as Westminster and the Welsh Parliament, where the same measure is available. After very careful consideration, we were assured that the measure offers additional support that will be used in only a small number of the most exceptional circumstances, when the situation cannot be resolved by the usual means via our on-site security and Police Scotland.

In practice, we are assured that the corporate body will be consulted and engaged on any circumstances in which the designation will be used.

As the chamber knows, the corporate body does not publish papers that include security advice.

**Gillian Mackay:** Colleagues will recognise the significant concern around the change of status of the Scottish Parliament estate from 1 October, which will criminalise forms of peaceful protest, as we have seen elsewhere, such as the reading out of the names of dead soldiers. Unfortunately, statements from the SPCB have failed to recognise that.

I know that many MSPs have joined protests outside the Scottish Parliament, as I have, on a whole range of issues. Protest is a fundamental part of our democracy and the Parliament should be open, accessible and welcoming of peaceful protest. I urge the SPCB to reconsider the decision, which I do not believe can be justified.

**Claire Baker:** I make it very clear that the measure will not criminalise protesters who come to put their case outside the Parliament. I have been on marches and demonstrations all my life and I would not support measures to curtail them. They are a vital part of our democracy and I fully support people's right to protest at this Parliament.

The measure is about protecting the functions of the Parliament, our ability to conduct business, the health and safety of all who come here, including our Parliament security staff, and being cognisant of the impact on the public purse of the current limited options that are available to us.

**Gillian Mackay:** I also have concerns about how the process has been conducted. The minutes of the SPCB's meeting on 24 June note that the corporate body discussed the matter and highlight that concerns were raised by Maggie Chapman.

The minutes make no mention of consulting MSPs or the public. In fact, MSPs were not informed of the change until legislation had already been laid in the House of Commons. Does the member not accept that the controversy around the matter could have been avoided if the SPCB had adopted a more transparent approach,

in line with the Scottish Parliament's key principles of accountability and open participation?

**Claire Baker:** The member will know that members of the corporate body have a responsibility to make decisions on behalf of the Parliament in certain circumstances. Often, that is when an issue includes the security of the Parliament and involves security advice that we receive from Police Scotland.

We had a thorough debate at the corporate body. No member proposed that we hold a vote. We listened very carefully to the arguments that were made. We expressed some of the concerns that have been raised by members, and we were satisfied from the answers that we received that the approach was the correct course of action to take.

**The Deputy Presiding Officer:** Given the public interest in the matter, I will call a couple of members to ask supplementary questions.

**Stephen Kerr (Central Scotland) (Con):** I thank Claire Baker for her clarification of the matter. I was dismayed to see that it was a member of the Scottish Parliamentary Corporate Body who was guilty of passing on the kind of misinformation that we have seen in the media and elsewhere. Does the member agree with me that, as parliamentarians, we have a duty and responsibility to ensure that the public is not misled?

**Claire Baker:** I am pleased that, this afternoon, I am able to give clarity to some of the reporting over the weekend and make it clear that the measure is not about criminalising protests that take place at the Parliament.

Members should avoid making misleading comments in public. We all have a responsibility to ensure that the information that we provide is clear and accurate. Last Thursday, all MSPs received an email from the Presiding Officer explaining the corporate body's decision.

**Martin Whitfield (South Scotland) (Lab):** I echo Stephen Kerr's conclusion that this is a good opportunity to clarify the situation that arose over the weekend. This is possibly a situation in which better communication at the start might have avoided that. I know that that is challenging, given that much of the evidence that the SPCB receives from the police is confidential—rightly so—and the corporate body makes decisions based on that. However, could you give an example of a situation to which the designation would apply, if not to people who want to gather outside to make their views known to us in here?

**Claire Baker:** It is difficult, in the chamber this afternoon, to provide an example that links directly. However, members can reflect on

instances that the Parliament has had to deal with in recent years, when solutions have been protracted and costly. The designation will, I think, help in those situations.

## Health and Social Care

**The Deputy Presiding Officer (Liam McArthur):** Before the cabinet secretary's crutches give rise to any further mishaps in the workplace, we move to the next item of business, which is a debate on motion S6M-01190, in the name of Humza Yousaf, on a caring nation—recovering, remobilising and renewing health and social care in Scotland. I invite members who wish to participate in the debate to press their request-to-speak button now or to type R in the chat function if they are joining us online.

15:30

**The Cabinet Secretary for Health and Social Care (Humza Yousaf):** I apologise to Mr Carlaw for the unfortunate positioning of my crutches. We would not have wanted to add to our waiting lists, given the significant challenges that we already have.

I am delighted to open the debate on behalf of the Government. We are living in extremely challenging times, through a global pandemic that has brought significant challenge for health and care services across the world. Right now, our national health service and social care system are under more pressure than they have been under at any other point in the pandemic. In fact, the NHS is undergoing the biggest shock of its 73-year history.

Today, there are more than 1,000 Covid patients in our hospitals. That number has more than doubled in the past two weeks. To provide wider context, our hospitals have dealt with more than 31,546 Covid admissions over the past 18 months, which is enough to fill well over half of Hampden Park, and more than 2,455 of those people have been admitted to intensive care units. Those numbers are not just staggering in their scale but tragic in terms of the human impact that they have had on so many people. My thoughts and those of everyone in the chamber go to every family and community that has been bereaved by the impact of Covid.

At the same time, we have seen our NHS continue to deliver emergency and urgent care—for example, for cancer—as well as standing up the biggest vaccination, testing and contact tracing programmes ever seen in this country. I suspect that they are the biggest that we ever will see.

Through the first two waves of the pandemic, we responded by standing down non-urgent procedures and pausing some important aspects of our health service, such as some screening programmes. Critically, demand for primary care and accident and emergency services was significantly reduced because people stayed at

home or, sadly, were reluctant to seek advice on their symptoms.

The pandemic is not over, however—far from it. The third wave has already brought pressures to a new level. Covid case numbers are high again—in the past couple of weeks, they have been at record levels—and we are still dealing with urgent and emergency procedures, we are restarting paused services as quickly as possible, and we are still running our test and protect and vaccination programmes.

On top of that, we are seeing record levels of presentations to A and E services. One statistic that demonstrates that challenge is the fact that, during the last week of August, more than 27,000 people presented at A and E. The previous time there were more than 1,000 people in hospital with Covid, which was last December, there were just over 19,000 presentations to A and E, so we have seen a 40 per cent increase, which is currently placing even more pressure on our NHS.

Acute bed occupation across our health boards is sitting as high as 98 per cent in some cases, so there is simply not the headroom that we had at the beginning of the pandemic. Important infection prevention and control measures mean that it takes longer to assess people and to move them to discharge or admission. All of that, coupled with increased lengths of stay in hospital due to people presenting at hospital later and sicker, means that our hospitals are fuller than ever with people who have a wide range of ailments, not just Covid.

By definition, the workforce has been under sustained and unprecedented stress. NHS staff are not immune to stress, and nor are they immune to Covid. They live in communities like the rest of us, and with high prevalence comes staff absence across health and social care settings. That means that it can take longer to discharge people who are ready to leave hospital but cannot be accommodated in care settings due to staffing pressures, which adds to pressure on hospital beds.

No single part of the health and social care system operates on its own. We are all aware that those parts are interconnected and interdependent. That is why we are tackling the challenges that we face on all fronts with a comprehensive programme of investment, and that investment is not targeted at just one part of the health service—we have taken a whole-system approach across GP services, NHS 24, the Scottish Ambulance Service, our acute sector and social care.

**Willie Rennie (North East Fife) (LD):** I assume that the cabinet secretary will come on to the justification for the centralisation of social care. This will be the third such bureaucratic

reorganisation since the Scottish Parliament was created. The others have not worked, so what makes the cabinet secretary think that, this time, another reorganisation will make a difference?

**Humza Yousaf:** I will not go into past battles around Police Scotland, but, on that issue, the Liberal Democrats were thoroughly defeated.

On the national care service, we would like to improve the terms and conditions for social care staff right across the country, and we can do that by ending the postcode lottery of social care by ensuring that it is accountable to ministers. I am sure that we will speak at length in the chamber on many occasions about the national care service.

Our colleagues across the health and social care system—

**Stephen Kerr (Central Scotland) (Con):** Will the cabinet secretary take an intervention?

**Humza Yousaf:** I will.

**Stephen Kerr:** The cabinet secretary was speaking about waiting times and waiting lists. How many people in Scotland are currently on a waiting list for treatment, and how long does the model estimate it will take to get the backlog under control?

**Humza Yousaf:** I will come on to the detail of waiting lists, which, as Stephen Kerr knows, is an extremely significant issue. He also knows that it is a challenge that Governments across the United Kingdom face. He is right to ask how long it will take to resolve, and I have two things to say on that. We are still adding to the backlog, because we are in the middle of a global pandemic. The pandemic has not ended, so we are still facing challenges and pressures. However, our NHS recovery plan, which is backed by more than £1 billion of investment, sets out in detail how we will recover in regard to the backlog.

**Fergus Ewing (Inverness and Nairn) (SNP):** Will the cabinet secretary give way?

**Humza Yousaf:** If you do not mind—oh, my goodness! As it is Mr Ewing, I will give way.

**Fergus Ewing:** It is very generous of the cabinet secretary to give way—I thank him. The cabinet secretary has given details of the heavy burden on NHS services throughout the country, which is perhaps largely a result of the Covid pandemic. Plainly, with the 26th United Nations climate change conference of the parties—COP26—close on us, we will see the arrival in Scotland, with a focus on Glasgow, of several tens of thousands of people, and there are concerns about the importation of new strains of the virus. Will the cabinet secretary assure members that the Scottish Government has given the fullest consideration to, and carried out a detailed

assessment of, what possible contingent consequences there may be with regard to the arrival in Scotland of such a large number of people at a time when we have concerns about mass events?

**The Deputy Presiding Officer:** I can give you back a bit of that time, cabinet secretary.

**Humza Yousaf:** I give those assurances to Fergus Ewing. We are working with the UK Government, the United Nations and all stakeholders to make the event as safe as possible. However, I cannot stand here and tell Fergus Ewing, in all honesty, that it will be a risk-free event. We will do our best to mitigate the risk as best we can.

I will give some details of some of the funding that we are providing right now—we are not simply waiting for the pandemic to be over before taking action to help our care and health service. Additional funding of £30 million has been given to the Scottish Ambulance Service and NHS 24; £12 million has been given to support acute care, which will help in opening additional bed capacity; £23 million has been given for the redesign of urgent care, which will reduce demand at A and E by providing more support in the community; £155 million has been given for primary care, including for the restoration of face-to-face treatment and additional support for NHS 24 and the Scottish Ambulance Service; and £120 million has been given for mental health services, which will focus on prevention and early intervention, as well as on helping to clear the challenging child and adolescent mental health services backlog.

Some of the immediate actions that we have taken to address social care pressures include funding support to advertise vacant posts on a dedicated social care web page and targeted communication with further and higher education health, care, nursing and social work students to encourage applications to join the workforce. That is in addition to our provision of funding to ensure that social care staff are paid at least the real living wage. We will do all that we can to support and reward those who work in health and social care. We have already implemented a 4 per cent pay increase for agenda for change staff, which is the biggest single-year rise in the lifetime of this Parliament.

As I said in my response to Mr Kerr, our recovery plan sets out how we will deal with the significant challenges that we face. There is a significant backlog. I know that there were challenges before the pandemic, but it is fair to say that those have been significantly exacerbated by the shock of the pandemic.

**Paul Sweeney (Glasgow) (Lab):** Will the cabinet secretary give way?



**Humza Yousaf:** I have not yet given way to a Labour member and am happy to do so.

**Paul Sweeney:** The cabinet secretary notes the significant pressures that the health service faces in the current situation. He may have noticed the particular case of Brian Sneddon in today's *Daily Record*. The case relates to ambulance services. Brian suffered a stroke last week but was left in his house for more than two hours. His son and his son's cousin eventually had to drive Mr Sneddon to the hospital. Because he did not get treatment within four hours of suffering a stroke, he now faces a far more complex journey to rehabilitation, which in turn creates further long-term costs and pressures for the NHS.

I urge the cabinet secretary specifically to examine ambulance responses to urgent cases such as those of stroke victims. I do not think that there is much that he can say to assuage the suffering of Brian and his family as a result of the complexities that he now faces, but the situation is particularly problematic and we must get on top of it quickly.

**Humza Yousaf:** How much time do I have to the end of my speech, Presiding Officer?

**The Deputy Presiding Officer:** I can reimburse you. You have 12 and a half minutes. We are quite tight for time.

**Humza Yousaf:** I was going to say that you were being generous.

I have seen the details of the very serious case that Mr Sweeney raises. I extend my sympathy to Mr Sneddon, but Mr Sweeney is right to say that it is not my sympathy that he needs; it is action. I have just detailed some of the work that we are doing to invest in the Scottish Ambulance Service. Mr Sweeney will understand that I cannot wave a magic wand to make the effects of the pandemic that we are living through disappear, but I promise that I speak regularly to the Scottish Ambulance Service to see what more we can do—and not only to invest in the ambulance service. If we improve the flow of patients into A and E, that will allow ambulances to be discharged to other patients sooner. I thank Mr Sweeney for raising the important case of Mr Sneddon.

Our recovery plan gives a great deal of detail of how we intend to meet the challenges of remobilising, renewing and recovering our NHS. We will increase in-patient capacity by 20 per cent and out-patient capacity by 10 per cent. We will recruit an additional 1,500 staff for our network of national treatment centres. I leave it to my colleague Kevin Stewart to give more detail of the national care service, which I know is of great interest.

We all know how challenging the past 18 months have been for everyone, and we would all agree that the staff in our national health service and in social care have made heroic efforts. That is why a common thread throughout the NHS recovery plan is ensuring that we invest in the wellbeing of our NHS and social care staff. We have committed to an £8 million package of support within which £2 million is targeted at social and primary care. We will continue to work closely with the NHS, trade unions and others to see what additional support we can offer.

We all agree that NHS and social care staff make a heroic effort every day, and they have done so particularly in the past 18 months. I thank them all and give them an absolute guarantee and promise that the Scottish Government—and all in the chamber—will ensure that they are recognised and supported for what will still be a challenging period ahead.

I move,

That the Parliament thanks Scotland's NHS and social care staff for their heroic efforts during the COVID-19 pandemic; recognises that the pandemic has been the biggest shock that the NHS and social care services have ever faced; notes that the NHS is currently under intense pressure due to the pandemic and that primary care, ambulance and hospital staff are working around the clock to deliver care to patients; recognises that well in excess of £1 billion has already been provided this year to address COVID-19 pressures in health and social care and that further funding will be allocated to support service pressures; welcomes the £1 billion NHS Recovery Plan that will significantly increase NHS inpatient, outpatient and diagnostic capacity; notes that this increase includes recruiting an additional 1,500 staff to work in the network of National Treatment Centres; recognises that the Plan puts particular focus on early cancer diagnostics and referral pathways as well as child and adult mental health services; agrees that the mental health and wellbeing of health and social care staff is a key priority and central focus of the Plan; supports the commitment to create a National Care Service; recognises that ethical commissioning, and setting terms and conditions that meet the Fair Work principles, could greatly improve how social care is delivered, and believes that the voices of lived experience, including those who access support and care, the workforce and unpaid carers must be central to the ongoing consultation on the service.

**The Deputy Presiding Officer:** We are quite tight for time. I encourage members to make and take interventions but to do so briefly. I will try to reimburse speakers for that time.

15:44

**Craig Hoy (South Scotland) (Con):** Covid-19 has been linked to nearly 11,000 Scottish deaths, and one in three of those, tragically, has taken place in our care homes. Our thoughts go out to the families of all those who have died during the pandemic.

The cost of cancelled operations, delayed diagnoses and the inability of many patients to access healthcare will be significant, but ministers must accept that many of those problems pre-date the pandemic. Before I turn to the proposals for the creation of a national care service, I note that a brief review of the challenges that are facing our national health service has proved to be sobering.

In our accident and emergency units, over a quarter of patients are still not seen within four hours, and 115,000 patients are waiting to be seen for key diagnostic tests. Performance against the 12-week treatment time guarantee is at its third-lowest level since records began, and a fifth of patients are waiting too long for mental health treatment.

**Humza Yousaf:** Will the member take an intervention?

**Craig Hoy:** I would like to make some progress, first.

Drug deaths have tripled under the SNP Government, and waiting times for residential rehab regularly exceed a year. The chairman of the British Medical Association Scotland, Dr Lewis Morrison, says that doctors are exhausted and that many are simply considering leaving the NHS altogether. The Royal College of Emergency Medicine says that there is genuine concern that hospitals will not be able to cope this winter.

Covid has contributed to those challenges, but it is not, ultimately, the root cause. Years of this Government's poor workforce planning are finally taking their toll on our NHS. The First Minister told Parliament last week that the creation of a national care service is

"the most significant public service reform since the creation of the national health service."—[*Official Report*, 7 September 2021; c 13.]

The builder who botched the extension is now asking whether they can build a new house, all while a public health typhoon is blowing.

According to the Feeley review, the creation of a national care service will put adult social care on "an equal footing" with our NHS, but a brief look at our NHS in the present crisis raises serious questions about whether this is the right time to embark on such significant reform of adult social care. The Scottish Conservatives readily concede that social care in Scotland needs reform and investment, so we will look closely at the Government's final proposals. The question is how far and how fast the process should go.

Hard-working staff are exhausted and the system is under immense strain. There are long-term demographic, structural, staffing, commissioning, funding and delivery challenges. Last year, the Care Inspectorate issued 197

warnings about staff shortages in care homes. In Fife, 395 people are waiting an average of 77 days for care-at-home packages. However, rather than looking to fix the urgent failings in the system, ministers now propose to bite off far more than they can chew, with a widespread reform programme.

Despite the current crisis in care, the Scottish Government proposes to consolidate adult social care, social work, children's services, justice social work, alcohol and drug services and areas of mental healthcare in one service under direct ministerial control. Those reforms focus on structures for tomorrow and ignore the crisis in social care today. Although I welcome Kevin Stewart's commitment to further consultation, I wonder whether he is genuinely listening. If he is, he must already be hearing the alarm bells ringing on the scope of the proposed service.

**The Minister for Mental Wellbeing and Social Care (Kevin Stewart):** I thank Mr Hoy for giving way. I challenge him and other members to go and talk to folk with lived experience. Covid has shone a light on social care; folks are not happy with the current situation and they want change. I ask Mr Hoy, please, to talk to the stakeholders and not just to the people who are normally listened to in Parliament.

**Craig Hoy:** I recognise that families and people with lived experience have raised legitimate concerns about social care, but I do not think that they have asked for a major structural review to fix it.

The president of the Convention of Scottish Local Authorities, Councillor Alison Evison, has rightly asked why local government services were wrapped into plans for the national care service at the very last minute. She said:

"If there is nothing to hide it should be a fairly straightforward question to answer".

Where was the consultation—unless I missed it—on the decision to significantly expand the scope of the Feeley recommendations?

**Kevin Stewart:** Will the member give way?

**Craig Hoy:** I will not.

Despite repeated disasters in Government information technology procurement, the plan glibly proposes a wholesale data-sharing system across all care settings, including an interface with NHS medical records, despite the fact that the two commonly used GP record systems—EMIS and Vision—do not currently speak to each another. Almost all large-scale SNP-commissioned public sector data systems have hit serious cost overruns, yet the minister appears to be confident that that huge IT project can be achieved in the current session of Parliament.

Ministers must do more to explain why a centralised service under direct ministerial control will lead to better outcomes. The lessons from Police Scotland tell us that centralisation undermines local delivery and leads to poor and, sometimes, tragic outcomes, as we saw, sadly, only last week. The plans amount to an attack on local authorities and local accountability.

By proposing to scrap health and social care partnerships and integration joint boards, ministers are finally admitting that their previous attempts to deliver greater integration have failed. Why, then, is the Scottish National Party Government so confident that making Scottish ministers accountable for social care while driving local delivery through new community health and social care boards will lead to any meaningful positive impact on social care outcomes? In fact, centralisation ignores the clear need for services to be designed and delivered as close as possible to the people who use them.

Centralising children's services runs the risk of placing vulnerable children far from the local agencies and communities that understand their past problems and present needs. How can that possibly lead to better outcomes?

When it comes to staffing, pay and the absence of structured career development in social care, will moving to a system of national pay bargaining really tackle the recruitment, retention, and career development crisis in our care system? The Royal College of Nursing has said that the reform process overlooks the nursing contribution in social care.

What of future capital investment? Fears are growing that centralisation will lead to creeping nationalisation, which will undermine future investment by the private sector.

The proposals for a national care service go way beyond the plans that were set out in the Feeley review. It is yet another blatant and unjustified power grab by the Scottish Government. After years of hollowing out councils' finances, the SNP is now mounting a direct assault on local authorities. It proposes to scrap local accountability by imposing a system of direct ministerial control. So far, the Scottish Government has failed to outline exactly how much those vast reforms will cost.

In conclusion, I say that we have very real concerns about the current operation of the NHS and the future operation of a national care service. The reforms are all about structure and are not about improving patient care, and they fail to address the growing crisis in Scotland's social care sector.

That is why I move amendment S6M-01190.3, to leave out from the second "recognises" to end and insert:

"believes that concrete plans should be set out on tackling the immediate crisis in the NHS, such as the record A&E waiting times; recognises the publication of the consultation for a National Care Service; notes that the proposed scope of the National Care Service is a significant expansion of the recommendations contained in the Feeley Review and that the health and social care system is already under immense strain due to the pandemic and previous Scottish Government failures; considers that such a significant service reorganisation could be hugely damaging at this time, and believes that local delivery is key in delivering services."

**The Deputy Presiding Officer:** I call Jackie Baillie to speak to and move amendment S6M-01190.2. Ms Baillie—you have around six minutes.

15:52

**Jackie Baillie (Dumbarton) (Lab):** It is absolutely right that we express our deepest gratitude to those who work in health and social care, for all that they have done not just during the pandemic but, equally, before it. They risk their lives in order to keep us safe.

However, I do not want just to thank them, because if the applause on Thursday nights is to mean anything, the Government needs to step up to the plate now and to truly appreciate and support what they do. Instead of the complacency that has been displayed by the cabinet secretary and the First Minister, the people of Scotland need and deserve action. They need that now because—make no mistake—the NHS is in crisis now.

The NHS recovery plan has been criticised by a number of professional bodies, including the BMA, which described it as "unrealistic" with a number of "worrying gaps", especially on how to tackle staff shortages. It is one thing to be criticised by the Opposition, but it is entirely another to be criticised by clinicians. That demonstrates to me that the Government is simply not listening.

The problems that are being experienced by the NHS are happening now, in real time. However, we should be honest and say that that is built on 14 years of the SNP's mismanagement and neglect of our NHS. It was, frankly, astonishing to hear that the First Minister blames staffing shortages on Brexit, given that, as a health minister, she cut training places for nurses and doctors.

We should also not forget that it was Nicola Sturgeon who failed to pass on to the health service all the funding that was given to her by the United Kingdom Government in her first two years as health minister. That means that the NHS is now £1 billion worse off, under the SNP.

The SNP's lack of awareness is simply extraordinary. [Interruption.] I want to make progress. Given that track record, how can the SNP Government expect us to take it seriously? A crisis is unfolding under its watch. Ambulance waiting times are, on average, six hours for urgent and critical cases. Some people have waited as long as 30 hours, and their condition has deteriorated to such an extent that it has become life threatening.

The Red Cross, for goodness' sake, is having to provide support and assistance to ambulance crews and to patients who are waiting in queues outside the Queen Elizabeth university hospital.

Waiting times for diagnostics are up and waiting times for treatment are up; there are currently 600,000 people on waiting lists in Scotland. Those who can afford to do so are going private. The 62-day waiting standard for cancer treatment is going the wrong way; in fact, it has not been met since 2012. That is shameful.

Some of the biggest health boards have cancelled elective surgery. Covid infection rates are rising; there have been more than 1,000 hospitalisations, and test and protect is failing to contact people, with performance now well below World Health Organization standards. Delayed discharge is—of course—also up by 50 per cent.

The workforce is struggling. A paramedic described how ambulance workers are feeling “exhausted, undervalued and overwhelmed”. Doctors and nurses go home from a shift at A and E crying because of the stress that they are under—and all that is before the winter flu season starts.

The NHS recovery plan does not address any of those immediate challenges. It talks about a rise in activity starting in 2022. Outpatient increases that were, during the election, promised for next year will not happen until 2025. As for workforce planning, in the last session of Parliament three plans were published that simply failed to address the shortage of staff.

Scottish Labour set out very clear plans for what we would do differently to remobilise our NHS and support the staff who work so hard on our behalf. I commend them to the cabinet secretary to read.

Let me turn to social care, which will be covered substantively by my colleague, Paul O'Kane. The Government's approach to that is—frankly—hugely disappointing. Instead of changing culture, as the Feeley review recommended, the focus has all been on structural change. It looks like a case of rebadging and of shifting the deck chairs when what is required is a move away from funding of crisis to funding of prevention, and a move away from limiting care based on budget to doing an

honest needs assessment and building care on that basis, so that people can live independently.

As for the £800 million that was promised over the next five years, Feeley identified the gap as being about £660 million, so there is little room for growth and little headroom available. Frankly, the Government does not need to wait for the establishment of the national care service: it can do things now. Where is the remobilisation plan for social care—restoring people's care packages, restarting respite care, ending non-residential care charges and pausing commissioning? The Government could do all those things now.

When we talk about valuing staff, it applies equally to social care. Social care staff have been at the front line in the pandemic. The epicentre of Covid cases was our care homes; one third of Covid deaths have occurred in our care homes. Social care staff had to fight for testing and for access to PPE. The cabinet secretary knows that it is a predominantly female workforce that is characterised by low pay. I know that the SNP is opposed to giving them a wage rise to £15 per hour—indeed, the SNP is aligning itself with the Tories. The Greens promised it in their manifesto, but it has been sacrificed at the altar of expediency in exchange for ministerial positions.

We have a real opportunity to change care, to value the workforce, to treat people with dignity and to create a system that enables people to live independently. The Government's plans are found wanting in that regard, and the voices of carers and people who are cared for are not being heard, which is a disgrace.

I move amendment S6M-001190.2, to leave out from “thanks” to end and insert:

“appreciates all health and social care staff for their hard work both before and during the COVID-19 pandemic; recognises that the pressure they are currently facing is compounded by the historic workforce planning failures of the Scottish Government; regrets that the impact of the current COVID-19 pandemic on the NHS has been exacerbated by 14 years of Scottish Government mismanagement, which left NHS services struggling to keep up with demand long before the pandemic, with patients waiting too long to access medical treatment, and hardworking staff facing burnout and stress, and feeling undervalued; considers that the NHS is currently in crisis, with the average wait for an ambulance now at an alarming six hours, and recent statistics showing A&E under significant pressure as only 81.5% of patients were admitted, transferred or discharged within the four-hour target in July 2021, which is the lowest monthly percentage for at least 14 years; acknowledges that, despite there being over 600,000 people on NHS waiting lists for treatment, diagnosis or outpatient appointments in Scotland, the NHS Recovery Plan published by the Scottish Government does not include proposals on how to increase activity to address this backlog until next year; agrees with the BMA that the commitments within the plan are ‘unrealistic’ and that it has a number of ‘worrying gaps’, especially on how to address staff shortages; believes that tackling the mental health crisis facing Scotland should be

an immediate priority for the Scottish Government, with new statistics showing that the number of children and young people waiting for appointments is at a record high, with almost 12,000 young people waiting to be seen at the end of June 2021; strongly believes that the Scottish Government urgently needs to get the pandemic under control by improving the Test and Protect system, which is currently failing to meet the World Health Organization's standards on contact tracing, as only 60.5% of contact tracing in the week ending 29 August 2021 was completed within 72 hours; notes the Scottish Government's commitment to create a National Care Service, but urges the Scottish Government to also address immediate issues in social care by restarting respite services, ending non-residential care charges and addressing poverty pay in the sector by supporting a pay rise for social care staff to at least £15 per hour."

**The Deputy Presiding Officer:** I call Alex Cole-Hamilton to speak to and move amendment S6M-01190.4. You have four minutes, Mr Cole-Hamilton.

15:59

**Alex Cole-Hamilton (Edinburgh Western) (LD):** I start by echoing the thanks that have been offered to our valiant health and social care workers. We will never be able to fully repay the debt that we all owe them.

American clinician Atul Gawande once wrote:

"The battle of being mortal is the battle to maintain the integrity of one's life—to avoid becoming so diminished or dissipated or subjugated that who you are becomes disconnected from who you were or who you want to be."

The provision and effective delivery of social care is a vital part of how we answer that challenge and offer dignity, agency and independence to our most vulnerable residents. It is a critical piece of the jigsaw when it comes to all other aspects of treatment and care in our society.

Let me put it simply: if social care is broken, it interrupts flow throughout the whole health service. We know that the record-breaking A and E waiting times are not caused by a deficiency in emergency care but are the result of insufficient social care provision in our communities. People are waiting in A and E departments for admission to the main hospital because in-patient beds are taken up by people who are well enough to leave hospital but lack the necessary care provision that would enable them to be received at home.

We need to reform social care—of that there is no doubt—but we need to do so by paying care workers handsomely, dealing with market inconsistency, reforming self-directed support and making care a profession of choice again. We do not reform social care by stripping decision-making power and money from the local care partnerships that currently deliver it. The last thing we need is a big, clunking, centralised bureaucracy that is ultimately run by the Scottish

ministers—the same ministers who are, in part, responsible for the catastrophe in our care homes in the foothills of the pandemic.

It is cynical of the Government to brand its proposals a "national care service", when they are in fact a ministerial takeover of social care. The branding exercise is designed to make the proposed arrangements sound like our most treasured national institution, the national health service, but that is where the similarity ends. The NHS was forged in the rubble and poverty of war. It offered, for the first time, medical care and treatment to every citizen in the United Kingdom, free at the point of delivery. It is the most successful model of socialised medicine in the world. The proposal behind the national care service is not for a service that will be offered free at the point of delivery. There will not be a socialised model for the delivery of care; nor will care be nationalised—it will still be provided by the private and charitable organisations that account for the lion's share of the market.

The naming of the project is a cynical attempt to win public support, when, in all actuality, the delivery of care will suffer. The new model simply transfers power from local authorities and communities and gives it to ministers, to determine the shape of the care service.

**Kevin Stewart:** Will Mr Cole-Hamilton give way?

**Alex Cole-Hamilton:** I will.

**Kevin Stewart:** I think that Mr Cole-Hamilton—

**The Deputy Presiding Officer:** Wait to be called before you make your intervention, Mr Stewart.

**Kevin Stewart:** I beg your pardon, Presiding Officer.

Mr Cole-Hamilton said that the Government will set the frameworks. That is right. We want to see standardised and high levels of care throughout the country, rather than the postcode lottery that folks moan about just now—

**The Deputy Presiding Officer:** Briefly, Mr Stewart.

**Kevin Stewart:** How does Mr Cole-Hamilton suggest we tackle the postcode lottery?

**Alex Cole-Hamilton:** The Government's meddling in centralisation projects that have gone before has not helped people at the business end of the delivery of services and the approach will not help with the delivery of care. Liberals stood against the centralisation of Police Scotland and we shall stand against the centralisation of our care system, because our party believes, as a matter of principle, that decisions are better when

they are made closer to the people whom they most affect.

For all that the Government wants to be remembered with the reverence with which Nye Bevan, the father of the NHS, is remembered, its national care service is a cynical power grab and nothing more.

I move amendment S6M-01190.4, to leave out from “welcomes” to end and insert:

“notes that the NHS is under intense pressure because ministerial mistakes in workforce planning since 2007 contributed to the failure to meet key waiting times targets for years pre-pandemic; believes that the NHS Recovery Plan should be strengthened with a trajectory for meeting those targets to give new hope to overworked staff and patients waiting; further believes that there should be new national entitlements to guarantee quality of care for service users, with the funding to match, and new national fair work standards for staff to improve pay, conditions and career progression; believes, however, that Scottish Government proposals for a centralised ministerial takeover of social care will distract and detract from those ambitions; recalls the mistakes of previous centralisations conducted by the Scottish Government, and calls for the additional proposals contained in the Scottish Government consultation to use centralisation to seize control of other services, including children and young people, community justice and social work, described as an attack on local government, to also be withdrawn.”

**The Deputy Presiding Officer:** We move to the open debate. As a result of a number of fairly lengthy interventions, whatever headroom we had in terms of additional time has been exhausted, so any interventions will have to be accommodated in members’ allotted time.

16:04

**Dr Alasdair Allan (Na h-Eileanan an Iar) (SNP):** To say that our health and care services have been through an unprecedented shock in the past year and a half would be a triumph of understatement. We are all aware of the impact that the pandemic has had on those services in our communities.

As the cabinet secretary said, the health and care workforce has been instrumental in delivering an amazing vaccination programme since December, despite the numerous challenges that it had to overcome in the process.

**The Deputy Presiding Officer:** Dr Allan, could you move your microphone slightly towards you?

**Dr Allan:** Yes. Is that better? Good.

Families have often faced distressingly minimal contact with loved ones in hospital and care settings, staff have had to deal with the physical and emotional exhaustion of a year and a half from hell, and all of that is before we consider the huge stresses on staff of trying to treat individual people with Covid. I mention all that not as a

platitude to everyone concerned, nor as a means of deflecting from the challenges ahead. This winter will bring with it some daunting challenges, not least of which, as other members have pointed out, will be dealing with the backlog of non-Covid procedures that clearly now exists.

The plan that the Scottish Government is setting out today is genuinely ambitious, with, not least, the billion-pound NHS recovery plan, the development of a national care service and the recognition of the needs of our care workers. The policy of ensuring that at least 10 per cent of front-line health spending will be dedicated to mental health is a major step forward in its own right, and the plan’s focus on providing alternative pathways of care to allow people to be treated more quickly closer to home will, I am sure, be welcomed. When fully operational, the national treatment centres will provide capacity for more than 40,000 additional surgeries and procedures across 12 specialties, including cataracts, and hip and knee surgery. It will mean recruiting an additional 1,500 staff to run the centres.

Standing still is not an option for our health and care services. The way ahead demands that we make changes, and there are many to be made. I have an island constituency, so I make no apology for asking today that those changes are island proofed.

**Stephen Kerr:** The member is making a very good point about island proofing. COSLA has commented that the consultation

“cuts through the heart of governance in Scotland”

which will have

“serious implications for Local Government”.

Does the member agree?

**Dr Allan:** Before I come to the island issue, I will merely say that, understandably, members regularly raise what is referred to as a postcode lottery in services. If we are going to address that, we will have to think about what it implies for how we provide the same high standard of care across the country. As I say, that will mean change.

People in the islands who have a family member in hospital on the mainland face significant extra stresses and costs just to visit them or even just to find out what is happening to them—stresses and costs that are multiplied if there is not good communication between different parts of the NHS, as well as with patients, airlines and families. I am afraid to say that hospitals have not always quite appreciated, for instance, what discharging a frail person in Glasgow and asking them to find their way home to the Outer Hebrides actually implies. We need a stronger protocol in place about those issues. Healthcare cannot be seen in isolation from wider economic issues in

the islands. If we are going to have more care workers in rural areas, for instance, we will need to do some serious planning about where they will live.

Today is an opportunity for the chamber to unite—if such a prospect is not altogether far fetched—and recognise the needs of our health and care services and the ways that we can make those services fit for the future.

16:08

**Sue Webber (Lothian) (Con):** Scotland's accident and emergency service is in crisis. Waiting times have spiralled out of control and referral times are equally bad. Our workforce in the NHS is at breaking point. A fifth of patients, and more than a quarter of all vulnerable children, are waiting too long for their mental health treatment.

There is no doubt that the creation of a national care service would be a massive undertaking. Has the SNP reached a new low in self-awareness? I am sure that I am not alone in wondering why the Scottish Government thinks that it can run a national care service, given all the issues that it faces running the long-established NHS. The drug death rate has almost tripled on the SNP's watch, deaths caused by alcohol are at their highest level since 2008, waiting times for residential rehab can be up to a year, Frank's law has not yet been fully implemented, and yet the SNP wants more powers and responsibilities, when it is incapable of using those that it already has.

We know that, under the SNP Government, Scotland is facing an A and E crisis and that NHS waiting lists are faring no better. We have heard that, before the pandemic, 450,000 people were on the waiting lists and now that figure is topping 600,000. The crisis is an indicator that the entire system is fractured. Behind every statistic is a person—often in chronic, debilitating pain—or a family who are desperate for help. They have all been failed by the SNP, which has shown no leadership or detailed plan of action.

The SNP has neglected the NHS and the people of Scotland for years. The SNP should stop trying to rewrite history when the facts clearly tell a different story. The pandemic did not cause this crisis—the SNP did. Bed capacity had been routinely operating at 95 per cent before the pandemic. The SNP spoke of admissions, but not of discharges.

The public have demonstrated immense gratitude to all those working in the NHS throughout the pandemic and beforehand. Covid has made NHS staff work harder and faster than ever before. I know that at first hand because I have stood and worked alongside them for many

years. I am not telling how many years—it gives my age away.

Other amendments focus on the workforce challenges. One in 17 people already work in the NHS in Scotland and there is now a longstanding recruitment crisis. Across Scotland, a record 4,854 nursing and midwifery posts are vacant. A significant number of nursing staff are on work-related sick leave through stress and other mental health issues. Where are we going to find the 1,500 new staff for the treatment centres? How long will it take us to train them?

In 2017, SNP ministers pledged to recruit 800 general practitioners by 2027. However, with just over 200 GPs added to the overall national headcount right now, it looks like that target will be missed, too.

Mr Hoy spoke of the 197 warnings that were issued by the Care Inspectorate over staff shortages in care homes. Staffing levels are reaching crisis point in all healthcare sectors across Scotland. There is no overnight solution to the workforce crisis. The SNP's NHS recovery plan is a flimsy pamphlet that recycles old promises and fails to tackle the longstanding issues—[*Interruption.*] I have literally 12 seconds left.

The plan is full of gaps. The Scottish Conservatives believe that healthcare professionals should be given the support that they need to end the backlog in treatments in hospitals, restore A and E waiting times, speed up our ambulance service and return to full, face-to-face GP surgeries. Scotland's NHS needs a real plan to get our health service back on track.

16:13

**Clare Adamson (Motherwell and Wishaw) (SNP):** Covid has changed all our lives. As my colleague Kevin Stewart pointed out earlier, it has shone a light as never before on the challenges faced by those who depend on social care and health services, showing us the impacts on carers, those in isolation, those on shielding lists, those with disabilities, and those who are lonely in our communities. It has also shown the civic spirit in our communities, as they rose to the challenges of Covid.

We must learn the lessons from that. It is not about getting back to normal, but about getting back to better—building better solutions in our communities and a patient-centred service that has the wellbeing of the workers and fair work at its heart.

In 2009, I was a councillor, and something that disturbed me deeply at that time was a Scottish council that commissioned services by a reverse

auction. It was a race to the bottom on cost, which was not about the quality of service, an existing quality workforce or the wellbeing of those who would have to deliver the services.

Having fair work at the heart of the national care service will mean that the wellbeing of those workers will be better and they will be paid at least the living wage. It is crucial that we build a care service that delivers dignity and respect to our neighbours, families and friends and those in our communities who depend on those vital services.

It will be no surprise to those who have been here for a while to hear that for many years I have championed the cause of tackling pancreatic cancer. I have worked with the community over the years, and it is asking for a sea change in the way that we look at and tackle pancreatic cancer. It is an unforgiving illness like no other. It has one of the poorest survival rates of any cancer, with late diagnosis frequently an issue. What are days and weeks for pancreatic cancer can be months or years for survivors of other cancers.

One of the things that the community has asked for is a pathway to diagnosis that meets the needs of those who come into contact with this terrible disease. The cancer recovery plan that was announced in December is investing £114.5 million to tackle the disease and help those with pancreatic cancer. The early patient support that will be given and the one-stop shop of diagnosis and treatment will immeasurably change the lives of people who come into contact with the disease. In addition to that, the Scottish HepatoPancreatoBiliary Network now has a patient support network. That was all championed by Jeane Freeman and has been happening during the Covid pandemic, and it is testament to our health service people that they have made such progress in the area despite the immense pressure that they have been under. We have to move forward with that.

The independent review of social care gives us a road map for recommendations for future care provision in Scotland that we can all be proud of and take part in. It meets the needs of our friends, neighbours and communities, and builds dignity for those in receipt of those services and those who work in them.

16:16

**Carol Mochan (South Scotland) (Lab):** Like the cabinet secretary and previous speakers, I wish to mark the heroic efforts of our incredible NHS and social care workers during the Covid-19 pandemic, and I recognise the work that they will no doubt have to continue doing for some time. However, let me be plain: the best way to recognise that heroism is to give staff the pay

increase that they deserve. A round of applause is nice, but a pay rise will keep a roof above your head and food on the table. It is of course welcome news that further staff capacity will be added to the health service, which is struggling from years of poor management and underfunding, but the best way to retain staff and make them feel valued is through good well-paid jobs.

BMA Scotland has correctly described the proposed 3 per cent pay increase for medical and dental staff as doing

“virtually nothing to help low morale”

or end serious difficulties with staff retention, and the slightly larger increase for staff on agenda for change grades has been contentious to say the least.

It is clear that the annual difficulties in getting a fair settlement for NHS staff is rooted in the fact that the work of those in the community, hospitals and emergency response is not valued as highly as it should be. In one area in particular, the problem is becoming acute. I could go on for a long time about the problems in mental health services in Scotland, but I have only four minutes.

Members are more than aware of the need to improve mental health services, but a key starting point for any forward plan has to be the recognition of what has gone wrong. However, I do not see that from the Scottish Government. In fairness, it says things but never does anything, which says to me that it does not recognise the scale of the problem.

I remind the Government that the number of children and young people waiting a year or more for mental health appointments is at a record level, and there has been an increase of 115 per cent in that number over the past year. The Government's target for 90 per cent of referrals to be seen within 18 weeks has never been met—not once. Almost one in four referrals to CAMHS is rejected, and there is little data on what happens to those who are not accepted.

Undoubtedly, successive lockdowns, though necessary, have taken a considerable toll on services and the mental health of many, but we should not pretend that Covid is the cause of those startling failures—it all stems from policy decisions and where priorities lie.

It is a fact that mental health has never been given the precedence that it warrants by the Government. Until that changes, the spiralling decline in the mental health of thousands throughout Scotland will continue.

**Emma Harper (South Scotland) (SNP):** Does Carol Mochan agree that the Government is the



first Government in the four nations of the UK to have a mental health minister?

**Carol Mochan:** Yes, and we would therefore hope that we would be making more progress and fewer reports, and that we would be changing services for the better of the people.

To start to make progress, we need dedicated mental health workers in every GP practice, not just access to one, and a significant increase in mental health spending across the NHS without detriment to other services that are equally under strain. We need the resources. There are not simply possibilities at this point; there are absolute necessities.

If we are to get the country back on its feet, we will be asking people to work hard and rebuild Scotland, but we have to do our bit. We have to work hard for them.

**The Deputy Presiding Officer (Annabelle Ewing):** Will you bring your remarks to a close, please?

**Carol Mochan:** Yes.

That means giving people the world-class treatment that Scotland was once famed for. The cabinet secretary can play a leading role in that, but the Government needs to take action.

16:21

**Paul McLennan (East Lothian) (SNP):** The first line in the Scottish Government's "NHS Recovery Plan 2021-26" is:

"Scotland's National Health Service is our most precious institution."

We can all agree on that. It continues:

"In our hour of greatest need during the pandemic the women and men who staff our NHS provided exemplary care in the most trying of circumstances."

It says:

"The aim of this plan is to drive the recovery of our NHS, not just to its pre-pandemic level but beyond. This recovery plan is backed with over £1 billion of targeted investment over the next 5 years to increase NHS capacity, deliver reforms in the delivery of care, and get everyone the treatment they need as quickly as is possible."

We have only four minutes in which to speak. I want to focus on a couple of key points in health and social care.

The plan sets out key actions for the next five years to help to address backlogs in healthcare and increase capacity by at least 10 per cent. Other key actions include

"increasing investment in National Treatment Centres ... to more than £400 million, contributing to delivery of over 40,000 additional elective surgeries and procedures per year".

I know that my constituents will welcome that at East Lothian community hospital. The other key actions include

"raising primary care investment by 25%, supporting GPs, community pharmacists, dentists and optometrists"

As well as work to support workforce capacity and planning, a national workforce planning strategy that supports remobilisation, recovery and the rebuilding of health and social care services is vital—*[Interruption.]* We are tight for time. I am sorry.

The strategy will be published by the end of the year and will articulate a long-term health and social care workforce vision alongside our priorities for workforce growth, recruitment, retention, and training and development. I know that the Cabinet Secretary for Health and Social Care is dedicated to that really important piece of work. The strategy builds on on-going work to support the boards' workforce capacity.

A national care service will be among the biggest-ever achievements of the Parliament.

**Craig Hoy:** Will the member take an intervention?

**Paul McLennan:** I am sorry; I will maybe take an intervention later on. I am tight for time.

**The Deputy Presiding Officer:** The member has said that he is not taking an intervention. *[Interruption.]*

**Paul McLennan:** I am sure that he did not.

The social care sector directly employs 205,000 people in Scotland, which is approximately 8 per cent of the country's workforce. It has been estimated that the sector contributes around £3.4 billion to Scotland's economy, so it is a really important part of it.

Like everyone else, I received Oxfam Scotland's briefing for the debate, which was on placing care at the heart of the Covid-19 recovery. We have to remember that. Oxfam Scotland mentioned care issues and poverty, which are deeply linked. Those who care for adults unpaid report escalating care needs and financial pressures. Polling that has been conducted during the pandemic shows that nearly 30 per cent reported struggling to make ends meet. Oxfam Scotland also says that Scotland must commit to a new national outcome on valuing and investing in all forms of care.

We had the Cabinet Secretary for Social Justice, Housing and Local Government, Shona Robison, and the Convention of Scottish Local Authorities at the Local Government, Housing and Planning Committee. They also said that outcomes are really important. A proposed new national outcome on valuing and investing for care is vital as we move ahead, and it is to be

embedded in the national performance framework to drive policy and spending decisions.

I turn to unpaid carers for the disabled and the elderly. They provide support and care for family members with additional support needs without pay. Prior to the pandemic, there were an estimated 788,000 carers, including 44,000 young carers, in Scotland. I know that a national care service will take into consideration that most of the care done in Scotland is unpaid, while ensuring that those paid to care are protected from poverty; it must deliver for the people doing unpaid care and those supported by the carers.

The actions that the Government is taking will put us in a better place as we recover from Covid.

16:25

**Sandesh Gulhane (Glasgow) (Con):** The year 2021 has exacerbated the situation for an already crumbling Scottish health service and shone a light on how bad we have it. A and E waiting times are at record levels—one patient was forced to wait on the floor in a corridor for almost 18 hours. Ambulances are queueing around the block to get into hospitals, forcing patients to wait at home for extraordinary amounts of time. Waiting lists for out-patient appointments are at all-time highs. Non-emergency surgery has been cancelled across Glasgow. GP demand is at record levels and—wait for it—we are the European capital of Covid. All we hear is deflection, blame and whataboutery, but this is down to the SNP Scottish Government, which has had devolved control of our Scottish NHS since 2007. The Scottish NHS, Scottish patients and the Scottish people need action now—we need help now.

The £1 billion recovery plan is full of rhetoric and catchy soundbites, with X millions here and Y millions there—[*Interruption.*] I am afraid that I will not get the time back if I take an intervention.

There is no detail and no plan. Let us take the example of recruitment. The Association of Anaesthetists tells me that there are 2,000 job vacancies and the Royal College of Nursing says that there are 3,000 job vacancies, but the Scottish Government will recruit 1,500 staff. We are still in deficit—that will not even make a dent.

On the lack of a plan, anaesthetics does not form part of the recruitment strategy. That branch, which, as I told members, has 2,000 vacancies, is the key to allowing both emergency and elective surgery to be performed. With Covid numbers surging, anaesthetists are the first to be pulled into ITU and the most likely to suffer burn-out, but they are not deemed worthy of being part of a coherent recruitment strategy. There is no plan. When I asked the Cabinet Secretary for Health and Social Care to tell me about his redesign of the referral

pathways, he proceeded to tell me about the diagnostic centres that are opening up in 2025-26, with one perhaps opening in 2022. That is not detail but simply rhetoric. Where is the detail on design? The NHS recovery plan sets up a vision for the future, but it neglects us today.

I turn to social care. I have a patient who has home help, but her carers are frustrated because they do not have enough time to do the things that they want to do for her. The scope of the redesign is too big—it will take too long to get everything organised and set up. I implore the Government to get help to where it is most needed so that we can then set about doing more. Do I have hope that that will be implemented and delivered on time? I see ferries, superfast broadband and the taking of responsibility for 11 devolved benefits—all delayed and full of broken promises. Therefore, I have little hope.

We can all agree that Covid has set us apart, but morale was at an all-time low before Covid. The Medical and Dental Defence Union of Scotland now tells us that most GPs and dentists are thinking of leaving the profession. Morale really is at rock bottom, but the First Minister and the Cabinet Secretary for Health and Social Care say that we are not in a crisis. We have record A and E waiting times, ambulances queueing around the block, record waiting lists, cancelled surgeries and GP demand at record levels—yesterday, I had 80 patient contacts in my surgery. The situation is not sustainable. If this is not a crisis, I do not know what a crisis is. I say to the ladies and gentlemen watching at home that we are in a crisis.

To paraphrase JFK, the Chinese have two brushstrokes for the word “crisis”—one means “danger” and the other means “point of change”. I hope that the Government can finally admit that we are in crisis. The NHS is in danger: the Government should accept that. We are here to work across the chamber to create a plan and provide expertise to deliver a workable solution for Scotland, but I ask the Government please to focus on today and help the people now.

**Stephen Kerr:** On a point of order, Presiding Officer. Is it right that, if a member takes an intervention, they do not get any time back?

**The Deputy Presiding Officer:** That is a matter for the chair. By way of clarification, I add that, as the Presiding Officer who was in the chair before me made clear, there is no time in hand. We are trying to allow everyone to have their four minutes, but, if we have extensive overruns on each member’s speech, there might be a point where that might not be possible.

16:30

**Gillian Mackay (Central Scotland) (Green):** I, too, would like to extend our sincere thanks to our health and care workers who are working hard to keep us safe and well. They have been going at a superhuman pace throughout the pandemic, and I can only imagine how exhausted they must feel. It is only right that we take every opportunity to express our gratitude for and appreciation of everything that they do.

My amendment, which was not selected for debate, focused on mental health. We know that the pandemic has had a devastating impact on our collective mental health, but we have not all been equally affected. The most recent report from the Scottish Government's Covid-19 mental health tracker study found that young adults, women, people with physical and/or mental conditions and people in a lower socioeconomic group are more likely to report experiencing poor mental health.

The Scottish Government's mental health strategy was published in the time before Covid-19, and we have to recognise that circumstances have materially changed since then. That is why I welcome the Government's commitment to publish a refreshed mental health strategy and a mental health workforce plan as part of its agreement with my party. It is, of course, vital that the refreshed strategy takes account of how some people have been disproportionately affected by Covid-19. It must consider the social determinants of mental health if it is to effectively address the huge rise in mental distress that has been caused by the pandemic.

There must also be more of a focus on non-communicable diseases as we begin to emerge from the worst of the pandemic. Smoking and drinking rates among those who smoke and drink the most have increased over the pandemic. We need to prioritise good health for our nation, improving outcomes through reducing poverty, improving access to food and reducing the availability of health harming products. No company should be allowed to profit from damaging people's health. We have the ability to make this the public health session of Parliament, and I hold on to the hope that we can work across parties to achieve that.

I want to focus on social care. The Scottish Greens and the Scottish Government are committed to ensuring that the national care service upholds the principles of fair work, which is why we have committed to a system of national collective bargaining on pay and terms and conditions within the social care sector so that we can build on all care staff receiving the living wage as a minimum while working towards a higher rate of pay.

**Paul O'Kane (West Scotland) (Lab):** In their manifesto, the Scottish Greens committed to £15 an hour for care workers. Are they still committed to that position, given that they are now in government, and will they support Labour's amendment today?

**Gillian Mackay:** I, personally, am still very much committed to working towards £15 an hour—*[Interruption.]* I am still committed to it—*[Interruption.]* Well—

**The Deputy Presiding Officer:** Ms Mackay, you do not have that much time left. Please continue.

**Gillian Mackay:** We also want to better recognise the contribution of unpaid carers, without whom our social care system simply could not function. Almost two thirds of unpaid carers have been unable to take a break from their caring role since the start of the pandemic. Too often, unpaid carers become worn down and exhausted due to inadequate support and may even be forced to neglect their own health. That is why the Scottish Greens and the Government are committed to introducing a guarantee of short breaks and flexible healthcare appointments for unpaid carers. We will also ensure that care workers and unpaid carers can access bereavement services whenever they need to, so that they are not left unsupported at one of the times when they are in greatest need.

I will end my speech by focusing on the NHS recovery plan. I welcome its publication along with the acknowledgment that the pandemic has placed our NHS under severe pressure and that there is much more work to be done to help it to recover. However, I have concerns about workforce shortages undermining the plan's ambitions, and I would like the cabinet secretary to reflect on that in his summing up.

16:34

**Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP):** I put on record my thanks to all working at the Borders general hospital and in primary care services across Midlothian South, Tweeddale and Lauderdale, including GPs, pharmacists, those who work in the ambulance service and first responders.

I will focus my short contribution on the care sector, including those who deliver care at home and in residential settings. The horrid pandemic exposed as never before that care is a Cinderella service, with low pay and low regard. It is a service that is provided by people who serve and care for the most vulnerable in our society with kindness and skill. None of us in the chamber, or in general society, is innocent when it comes to taking those

care professionals for granted. Therefore, I welcome the Feeley report, the creation of a national care service and the scrapping of non-residential care service charges. I was here in 2002, when we introduced free personal care for over-65s in Scotland, limited though it was. Such free personal care was not introduced in England. I was also here for the introduction of Frank's law, which extended that care to the under-65s.

I was here when the integration joint boards were launched to ease the transition from hospital to home. That is an extremely difficult nut to crack, but a start has been made. Money was wasted—*[Interruption.]* Sorry, I have not got time to take an intervention; I only have four minutes.

I recognise the Fair Work Convention's report into social care and the work to embed fair work principles for the social care workforce, leading to better terms and conditions.

I would like to see more publicity for existing college courses, through which someone can transition from the care sector to nursing in a way that means that professional progression is available.

In all this, the voice of the carers and those for whom they care must be not only heard, but heeded. Like many, I was extremely moved by the clap for carers on Thursday evenings, when the tenements around me echoed with cheers, the rattling of pots and pans, the blowing of whistles and even the occasional sound of the bagpipes. However, being moved is not enough, and I want to see more than recognition; I want to see pay that better matches the skills and commitment of those in the care sector and which recognises not only their duty to their job but that the job of caring for the most vulnerable is a vocation. That would be a good place to start.

For generations, we left much of the care of the elderly in residential settings to companies in the commercial sector, some of which were good, and some of which were bad, as was the case when local authorities provided the care. It is time that we made sure that our very elderly—I might have to declare an interest—are cared for properly when they come to the end of their years.

16:37

**Katy Clark (West Scotland) (Lab):** I add my voice to the tributes to all NHS and social care workers. In the short time that is available to me, I will focus on the national care service.

It is right that we recognise that social care, like the health service, is an essential component of the welfare state, and there is much that is positive about the Scottish Government's proposals. However, my concern is that the proposals are for

a national care commissioning service, not a national care service, which will lead to a huge rise in the amount of tendering and further centralisation, with an erosion of the powers of councils.

The idea of a national care service was modelled on the NHS. The NHS employs doctors, nurses, lab technicians, porters, cleaners and many others. It provides a service, and a considerable amount of effort has gone into preventing it from being privatised. The proposed national care service will not employ care staff but will commission services from the private and third sectors—and, I presume, from the public sector, too. It is not clear that the bodies in the public sector, such as councils, will even have preferred bidder status.

Last year, the First Minister said that she supported calls to remove the profit motive from the care home sector. However, the consultation does not mention the word "profit" once. In the consultation, there is no acknowledgement that the private sector's explicit obligation is primarily to shareholders, not the needs of residents. Yet, in the proposals, outsourcing is encouraged and nothing is done to challenge the current private sector-dominated model.

I therefore have a number of questions to put to the minister. Are there any companies that currently deliver care that will not be allowed to bid under the new care system? A 2019 investigation by *The Ferret* found that at least 44 Scottish care homes were owned by companies based in tax havens such as Jersey, the Isle of Man and Gibraltar. Will the Government follow the example of countries such as Denmark and ban offshore ownership?

The Government proposes extending the scope of the national care service to children's services, community justice, alcohol and drug services, social work and an element of mental health services. Will those services be open to tendering processes, too?

Will the Government legislate to ensure that no contracts will be awarded to companies that fail to recognise trade unions or that do not apply union-negotiated rates of pay, in line with the demands of the Scottish Trades Union Congress?

The principle of setting up a national care service that operates like the NHS is right, and, as I said, there is much that I hope will be positive in the Government's proposals. However, as they stand, the proposals would not deliver a national care service in the public sector that would be free at the point of use. I believe that that is the kind of social care service that we should be continuing to campaign for.

16:41

**Emma Harper (South Scotland) (SNP):** I welcome the opportunity to speak in this debate on recovering, remobilising and renewing health and social care in Scotland. I too, offer my sincere thanks to all our health and social care staff, who are working flat-out every day under intense pressure due to the pandemic.

I remind members that I am a nurse. I am about to join the flu and Covid vaccination programme locally next week.

During the past 18 months, NHS colleagues and health and social care staff have really stepped up in the face of Covid-19, but many of my colleagues and NHS contacts are feeling undervalued. There are many reasons for that, including the fatigue that everybody is feeling. All the work that was being done in healthcare prior to Covid and that is being done now in dealing with Covid is driven by evidence and science-informed research. Science, research, healthcare and medical experts, GPs and consultants in acute care must all be valued by us all—by politicians, the media and members of the public. I therefore ask the minister in his closing remarks to provide assurances that those professionals are valued and that their knowledge, expertise, input and scientific evidence will continue to be considered when tackling Covid and when future healthcare decisions are made.

The Scottish Government's NHS recovery plan is backed up by more than £1 billion of investment over the next five years. It is imperative to ensure that people receive care, including some cancer screening and non-elective procedures, which were paused during the pandemic.

Alasdair Allan mentioned the £400 million investment in national treatment centres, which will contribute to the delivery of more than 40,000 additional elective surgeries and procedures each year. That includes the new fast-track diagnostic centres, one of which was opened in Dumfries and Galloway in June.

The plan also provides £8 million to support the mental health and wellbeing of our health and care workforce. Mental health support has already begun. That includes access to counselling, support for managing stress and support for optimal work practices.

On mental health, it is extremely welcome—and right—that there is a focus on ensuring that the wellbeing of young people is supported. Through my casework, I know how pressed child and adolescent mental health services are and how that can have a negative effect on young people. They have had a particularly challenging 20 months so far. They have had to adapt to home schooling and they have not been able to partake in their usual activities, which has had an impact

on their wellbeing. Therefore, ensuring that at least 10 per cent of front-line health spending is dedicated to mental health and the recruitment of 320 child and adolescent mental health service workers is necessary. The charity Scottish Association for Mental Health welcomes those measures.

The NHS recovery plan commits £130 million to delivering on Scotland's national cancer plan. Although it is great to hear about that and about the commitment to re-establish a national centre of excellence for remote and rural medicine, I want to touch on the modernising patient pathways programme, which is also being progressed as part of the recovery plan. The programme will look at cancer pathways, and I ask the health secretary to commit that that work will ensure that no patients in D and G—including in Wigtownshire—will need to travel to Edinburgh for treatment when Glasgow is closer.

There is much to welcome in the Government's recovery plan, including an increase in funding for primary care, GPs and allied health professionals that is worth more than £12 million, along with improved training and systems to enable more efficient triage of patients. Most important, the plan sets out the foundation for establishing a national care service. Other members have touched on that, but I will not because of time constraints. I welcome the plan and look forward to its progressing.

**The Deputy Presiding Officer:** We move to winding up speeches.

16:45

**Willie Rennie (North East Fife) (LD):** It was an extraordinary start to the debate. We were told that it would introduce the central reform of this session of Parliament—the creation of a national care service. However, the health secretary hardly mentioned that in his opening speech. If it is going to be such a major change to the way in which the social care service is run, it deserves to be better led than it has been in this debate. That is no way to lead a major reform.

There have been some excellent speeches in the debate. Sandesh Gulhane set out from his great experience the long-standing difficulties that we see in the NHS now, which were there before the pandemic and meant that we were not ready for the pandemic when it came. We are now suffering the consequences, as Jackie Baillie set out—the long waits to get treatment.

Craig Hoy's very good speech set out in detail some of the problems around diagnostics; the legally binding treatment time guarantee that has not been met for years, since way before the pandemic; and accident and emergency service

waiting times. Carol Mochan and Gillian Mackay set out the problems with mental health services, which my party has been dedicated to reforming for some years. As yet, those services have not seen the improvement that I think we deserve.

Despite that backdrop of those years of failure on the NHS, the Government thinks that it is best placed to take control of this country's care service as well. It should sort out its own problems before taking on other people's problems. The Government is exhibiting typical avoidance behaviours, avoiding the big central problem of the care service. Jackie Baillie said that that is more about culture than about organisation, and she is right.

**Humza Yousaf:** Will the member take an intervention?

**Willie Rennie:** I will, in a second.

This is the third major bureaucratic reorganisation of health in the 20 years of the Parliament. We started off with the joint future initiative. Then we had the IJBs and the health and social care partnerships. Now we have central control. None of the other reforms through big bang reorganisation made any great difference, so I am not sure what the Government thinks will be different this time. The cabinet secretary—whose intervention I will take in a second—said that the current structure is preventing him from paying health and social care staff properly. That is utter nonsense. If the Government wanted to pay those staff more, it could do that right now. There is absolutely nothing preventing it from doing so.

I will take the intervention now.

**Humza Yousaf:** I wanted to intervene at the point when Willie Rennie said that we think that the Scottish Government is best placed to create a national care service, which we do. Does Willie Rennie not recognise that we were also given a mandate by the people of Scotland, who voted for us for the fourth time? I know that sticking to manifesto promises is not his strong point, but does he recognise that the creation of a national care service was in our manifesto and that we therefore have a mandate to take that proposal forward?

**Willie Rennie:** When the minister gets cheap, Parliament knows that he does not have an argument to justify his case, and that is the case this time. If what we have seen with the centralisation of the police was not the biggest warning, which the Government should heed, I do not know what would be. If the Government undertakes big bang reorganisation in a rush to solve a problem that it does not have actual solutions for, the consequences are severe.

Political decisions have consequences, and we need to be incredibly careful about that. Alex Cole-Hamilton rightly set out that this is a cynical attempt by the Government to compare its reforms with the creation of the national health service. However, the national health service was free at the point of delivery, whereas this is nothing more than a central power grab.

The Government should do better at setting out its case than the pathetic attempt that it has made today.

16:49

**Paul O'Kane (West Scotland) (Lab):** A common thread has run through our debate. As colleagues have already done, I thank all our hard-working NHS and social care staff for all that they have done and will continue doing. They have worked hard on the front line, caring for us all and for the sickest people in Scotland and keeping services going in unimaginable circumstances. We owe them our deep gratitude.

As we have heard, warm words of thanks are not enough. Words will not solve the crisis in A and E, whereby people are waiting an average of six hours for an ambulance. Praise from ministers will not address the more than 600,000 people waiting for treatment or diagnosis. Applause does not make a £15 per hour wage for key workers a reality.

A Government motion and a thin recovery plan that fails to recognise the scale of the crisis are cold comfort to those who know what is happening on the ground: the doctors, nurses, healthcare assistants and support staff who, as we have heard today, use words such as "exhausted", "undervalued" and "burnt out" to describe their day-to-day experience.

I know that ministers and SNP members are quick to retort that these are unprecedented times. Of course they are. The cabinet secretary continually cites the pandemic as he seeks to justify the serious and imminent challenges that have been referred to today. However, he refuses to acknowledge not only what we in Parliament are saying but what professionals, patients and carers are telling him: that the crisis has been growing since before the pandemic and has been exacerbated by it.

My colleague Jackie Baillie spoke about the stress that is experienced by people on waiting lists. There were 400,000 people languishing on waiting lists before Covid-19. As Craig Hoy said, BMA Scotland has been warning about workforce pressures in the healthcare sector since before the pandemic. Ambulance turnarounds were taking longer before the pandemic, with 17,926 turnarounds taking more than an hour, which is a

shocking increase of 634.4 per cent since 2014. How can the Government be taken seriously when it talks about the planned recovery but refuses to admit that the crisis has been unfolding on its watch for 14 years?

The cabinet secretary has recently been fond of saying in his answers to members' questions on these issues that he does not have a magic wand, but he clings to his plan as if that might be a magic wand. That plan has been described as "only a best start" by Dr Lewis Morrison, the chair of BMA Scotland, and further described as "unrealistic" and having a number of "worrying gaps". The RCN has said that there is little detail in the plan on how issues such as staff burnout can be addressed and has warned that nurses have felt undervalued and underresourced for far too long. Sue Webber and others have said that it is time for the Government to show how it will support and retain exhausted staff in the system.

I turn to social care. Scottish Labour first advocated a national care service in 2011. As my colleague Jackie Baillie likes to remind the Government, we welcome all converts, however late. We have always been clear, as we heard from Willie Rennie and others today, that any such service must be about culture and not solely focused on structure. A national care service must be about those who live in our communities and who need access to the right care in the right place at the right time. Clare Adamson was right to speak about rebuilding our communities better.

The service must ensure that older people are supported holistically as they live for longer in our communities and must ensure that care homes adhere to rigorous standards and are held to account for those in order to drive up quality and improve the training and retention of staff. It must ensure that people who have learning disabilities can live their lives with choice and control and do not simply face false choices from ever diminishing budgets.

People want to have a seat at the table where decisions are made. Carers want to have a voice at the table and those who use social care want a meaningful say in the decisions that impact them. If the Government insists on driving an agenda that is about drawing power towards the centre and does not recognise the importance of local decision making, in which people who use services have a say, this will simply be upheaval and structural change with little real change on the ground.

The people of Scotland cannot wait five years for the Scottish Government to work out its big vision for a national care service. Action can be taken now, and action is needed now. There are practical steps, which Jackie Baillie alluded to, that will make an immediate difference to the lives of

people who are in receipt of social care and those who support them. Those steps include restarting respite services and creating a plan around that; ending non-residential care charges; pausing commissioning; and addressing the poverty pay in the sector, which we have heard about, by supporting a pay rise to at least £15 an hour for social care staff. I welcome Gillian Mackay's support for that and the fact that she has held true to the Green manifesto. I hope that she will influence her colleagues in ministerial office.

Our social care workers deserve more than warm words. As my colleague Carol Mochan pointed out, they must be valued. In its motion, the Government speaks of fair work, but it has failed to deliver. One in five workers are on insecure or temporary contracts and 15 per cent of staff work unpaid overtime. Once again, we on the Labour benches call on the Government to give care workers the pay rise that they deserve and show that they are valued.

It is clear that, after 14 years in power, the SNP Government has mismanaged the NHS, and we are facing a serious crisis before we even get to the crisis that winter will bring.

**The Deputy Presiding Officer:** Mr O'Kane, will you bring your remarks to a close, please?

**Paul O'Kane:** Certainly, Presiding Officer.

The Government is letting down health and social care staff. If it is serious about the challenges that Scotland faces, it must show that it values every single member of staff in the NHS and create a plan to match.

16:56

**Miles Briggs (Lothian) (Con):** As others have done, I start by saying thank you to all those who have provided care to our fellow Scots throughout the pandemic. We have faced significant challenges from the outset of the public health emergency, and the negative impact on all our care systems across Scotland, but perhaps most important on those who provide unpaid care, has been at the forefront of our concerns. I am disappointed that we have not really heard ministers outline that today.

Before the Covid-19 pandemic, there were an estimated 788,000 carers, including 44,000 young carers, in Scotland. The pandemic has significantly increased the numbers of unpaid carers in our country, with social care support packages being cut or reduced, respite care being reduced and childcare and school facilities being closed. The pandemic has resulted in a significant expansion of unpaid carers. Research in June 2020 showed that about 392,000 more of our fellow Scots, 60 per cent of whom were women,

had become unpaid carers, taking the total number of people in our society who had taken on a caring role for a family member or loved one to 1.1 million. I believe that the Parliament must focus on that group of people and not on top-down reforms.

Unpaid carers have reported significant challenges, with nearly two thirds highlighting the financial impact of additional costs and the impact on family budgets. The economic value of the unpaid care that is provided in Scotland is now estimated to be £37 billion a year.

I want to look at the consensus that we can find across the Parliament, especially on the development of a national care service—or standard, on which we are probably all on the same page. As we come out of the pandemic, we have an opportunity to take forward a number of reforms that will be welcome. We on the Conservative benches have argued in the chamber and in committee for the development of a national clinical standard for social care. That is long overdue and I hope that we will see work progress urgently on it.

In addition, the Parliament has got workforce planning wrong for too long. The Scottish Government needs to look at how we can ensure that the right workforce is put in place for social care but also that career pathways are developed so that people can progress in their chosen career and caring becomes the career pathway that we all want it to be.

As we have heard in the debate, it will be unacceptable if SNP and Green ministers look to take away all local accountability, undertaking a power grab and removing local decision making and choice from care. The proposed scope of the national care service represents a significant expansion of the recommendations in the independent review of adult social care and what the Scottish Government outlined previously, yet we have heard no explanation today of why that is the case.

Local government is only just starting to recover from the pandemic. Ministers have said previously that local government is crucial to Covid recovery, and we hear ministers talk about community wealth building, whereby local authorities should be focused on partnerships and local spend of budgets. As Craig Hoy and Katy Clark both mentioned, a total restructuring of social care in Scotland will be destabilising and will present many significant challenges. The debate has also brought forward some questions to which I hope we will soon hear answers from ministers.

A national care service would involve staff in a change of employer, terms and conditions of employment and pension rights. Likewise, we

have neither seen nor heard any detail of what a national care service means for the infrastructure that is in place—for example, council-owned properties, and procurement contracts, which are legally binding documents. How will those things be unpicked? That bureaucratic issue for councils is something on which ministers also need to start answering questions.

Above all, another thing that has not been looked at is what the integration of health and social care has meant. Is the Government turning its back on that flagship project?

Scotland's local authorities and our vital third sector have been simply outstanding during the pandemic. The can-do attitude with which they have mobilised services for our fellow Scots has been invaluable during the national response. Are SNP ministers truly saying to them that the centralisation of power and top-down reform is the thanks that they can expect? The genuine partnership working that there has been during the pandemic now seems to be under threat. The SNP-Green coalition's centralising approach is clearly starting to generate serious concern across local government. It is little wonder that COSLA has described the Scottish Government proposals as an

"attack on localism"

that could spell

"the end for anything other than central control in Scotland."

Those concerns are real and valid, and we have heard no answers today on any of them. Not only are the concerns of local government simply dismissed by ministers; we are not hearing of any opportunity to make sure that their powers are protected.

Scottish Conservatives believe that local delivery and the local accountability of our health and social care services are vital. As the reforms are progressed and brought forward to the Parliament, we will make sure that Scotland's carers and our local councils are, as is right, at the heart of any national care service.

I support the amendment in my colleague Craig Hoy's name.

17:02

**The Minister for Mental Wellbeing and Social Care (Kevin Stewart):** I echo the thanks that many members have given to the staff who work in our health and social care services. In particular, I thank Lisa and Jenny, who are nurses whom I met at CAMHS here in Edinburgh today. Emma Harper asked that we all ensure that professionals are valued. I tell her that those professionals are so valued that I will speak again



very soon to Lisa to get even more insight into what they are doing.

I think that we can all agree that our health and social care services are a lifeline for many people. Our current system is under pressure, especially as a result of the pandemic, so I think that it is quite sad that many folk today have not mentioned the fact that the pandemic is still on-going, nor did they mention the challenges that we have had to face because of that global issue.

Recruitment and retention have been challenging for some time, and even more so in the past 18 months. We are also seeing greater demands being placed on the system, with people having higher levels of need for acute and community care offers than was the case before the pandemic began. In the community, that has turned into increased pressure on unpaid carers. I agree with Miles Briggs; many of them are now desperate for a break. The Government will work hard to address those issues by matching reform and recovery with investment.

**Alex Cole-Hamilton:** I am grateful to the minister for giving way. Does he recognise that one of the main reasons why unpaid carers are on their knees and in desperate need of respite is that his Government refused to allow adult respite services to reopen until now?

**Kevin Stewart:** Some folk try to avoid listening to clinical advice when it suits them. Many of the day services are now open. They are not up to full capacity yet, because we are still following the guidance that we get from scientists and clinicians. I am more than happy to speak to Mr Cole-Hamilton or any other member about that. They cannot have it all ways; we cannot have a situation in which we could be accused of putting folk at risk by not following that advice.

We cannot wait for a new national care service to be established to address issues. We will act now to improve services for the people who rely on them, for unpaid carers, and for the people who work in our care services.

We are taking action with local partners to address the immediate pressures on care-at-home services, which are, in turn, placing pressures on our NHS. That action includes the establishment of a dedicated webpage for social care vacancies, which will make it easier for people to find and apply for roles in care. We are also issuing targeted communications to nursing and social work students to encourage them to join the workforce.

However, the elephant in the room—if anybody wants to talk about this to any care providers, please do so—is the amount of staff who have left because of Brexit and folk returning to their home

nations. That has caused us great grief, which the folks on the Opposition benches will never admit.

We have allocated an additional £380 million to health boards to help with costs that arise from the pandemic in this financial year. That comes on top of the £1.7 billion that was already provided to health boards and health and social care partnerships last year. We will match our ambitions with more funding. We will deliver a 25 per cent increase in investment in social care over this session of Parliament, which equates to about £840 million. That funding will provide better support for people who access services and better terms and conditions for the workforce.

**Pam Duncan-Glancy (Glasgow) (Lab):** Inclusion Scotland highlights the importance of opening eligibility for social care, and has said that the 25 per cent increase might not be enough to do that. Will the Government commit to increasing the investment?

Will the Government also commit to living up to its intention to support disabled people's independent living and the definition of independent living by ensuring that that definition is enshrined in the legislation to develop a national care service?

**Kevin Stewart:** That is a huge amount for me to answer in a very short time, so I will meet Pam Duncan-Glancy to discuss some of those issues.

However, let me tackle the eligibility issue, which is one of the major difficulties. It causes a postcode lottery in parts of the country, which is why we want to get rid of it. We want national standards so that folk know what they can expect and what they deserve, rather than having that postcode lottery.

Although I do not think that I have much time, I will briefly take Miles Briggs's intervention.

**Miles Briggs:** As a former Aberdeen City Council councillor, what does Kevin Stewart say to the president of COSLA, who refers to the national care service—which he has not touched on—as “an attack on localism”? Does he agree with that?

**Kevin Stewart:** I do not agree with that. I will come to that later in my speech.

I turn to the workforce, which is immensely important. Improvement of terms and conditions will improve the experience of the current workforce and will help to attract and retain new staff in the sector. We will work with COSLA and sector stakeholders through the fair work in social care group, through which we have already developed a set of standards for terms and conditions that promote flexible and family-friendly working.

We have also maintained our commitment to adult social care workers by ensuring that they are paid at least the real living wage. The Government is providing £64.5 million in funding this year—*[Interruption.]*

**The Presiding Officer (Alison Johnstone):** The minister is in his last minute.

**Kevin Stewart:** We accept that we need to go further—there is absolutely no doubt about that—and we will go further. We also have the ambition to bring the pay, terms and conditions of nursing staff who work in the care sector into line with the NHS. We will review options to achieve that. Although we recognise the challenges and complexity of delivering across a varied landscape of more than 1,000 unique providers, the Scottish Government will push for a national wage for care staff and will enter into national pay bargaining for the sector for the first time.

It is vital that unpaid carers be recognised as equal partners in care and that they be able to take breaks to protect their wellbeing. That is why we are consulting on enhanced rights to breaks from caring, alongside the creation of the national care service.

We are proposing the biggest public sector reform for decades—indeed, since the creation of the national health service. With the consultation for a national care service being under way, we are having open and honest conversations about what people want the future of social care to look like. I encourage all members to get as many people as possible to respond to the consultation.

We have also established a group of people who have experience of social care to hold us to account if they think that we are not putting people at the heart of the system.

**The Presiding Officer:** Please wind up, minister.

**Kevin Stewart:** Yes.

The social covenant steering group will be immensely important. It will put human rights at the heart of the system and will drive up standards across the country.

Local accountability will be key to ensuring that the system works for people. Under our proposal for community health and social care boards, people with lived experience will, for the first time, sit on boards alongside locally elected members and health and social care professionals. That will bring people with lived experience into the decision-making process, which is vital.

From the rubble of world war 2, our respected NHS was born. As we emerge from the shadow of Covid, we can build a national care service of

which we can be proud and which delivers for our people.

**The Presiding Officer:** That concludes the debate.

**Sandesh Gulhane:** On a point of order, Presiding Officer. I forgot to declare my interest; I am a practising doctor.

**The Presiding Officer:** Thank you, Mr Gulhane, I appreciate that. Your point is noted.

## Parliamentary Bureau Motion

17:12

**The Presiding Officer (Alison Johnstone):** The next item of business is consideration of motion S6M-01219, on approval of a Scottish statutory instrument. I ask Ben Macpherson to move the motion.

*Motion moved,*

That the Parliament recommends that the Social Security (Residence Requirements) (Afghanistan) (Scotland) Regulations 2021 [draft] be approved.—[*Ben Macpherson*]

**The Presiding Officer:** The question on the motion will be put at decision time.

## Decision Time

17:12

**The Presiding Officer (Alison Johnstone):** There are five questions to be put as a result of today's business. I advise members that, if the amendment in the name of Craig Hoy is agreed to, the amendment in the name of Alex Cole-Hamilton will fall.

The first question is, that amendment S6M-01190.3, in the name of Craig Hoy, which seeks to amend motion S6M-01190, in the name of Humza Yousaf, on a caring nation—recovering, remobilising and renewing health and social care in Scotland, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

There will be a short suspension to allow members to access the digital voting system.

17:13

*Meeting suspended.*

17:18

*On resuming—*

**The Presiding Officer:** Members may cast their votes now.

### For

Balfour, Jeremy (Lothian) (Con)  
 Briggs, Miles (Lothian) (Con)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Cameron, Donald (Highlands and Islands) (Con)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Dowey, Sharon (South Scotland) (Con)  
 Findlay, Russell (West Scotland) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Gallacher, Meghan (Central Scotland) (Con)  
 Golden, Maurice (North East Scotland) (Con)  
 Gosal, Pam (West Scotland) (Con)  
 Greene, Jamie (West Scotland) (Con)  
 Gulhane, Sandesh (Glasgow) (Con)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Hoy, Craig (South Scotland) (Con)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Kerr, Liam (North East Scotland) (Con)  
 Kerr, Stephen (Central Scotland) (Con)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Lumsden, Douglas (North East Scotland) (Con)  
 McArthur, Liam (Orkney Islands) (LD)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 Rennie, Willie (North East Fife) (LD)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Webber, Sue (Lothian) (Con)  
 Wells, Annie (Glasgow) (Con)

White, Tess (North East Scotland) (Con)  
 Whittle, Brian (South Scotland) (Con)  
 Wishart, Beatrice (Shetland Islands) (LD)

### Against

Adam, George (Paisley) (SNP)  
 Adam, Karen (Banffshire and Buchan Coast) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Brown, Siobhian (Ayr) (SNP)  
 Burgess, Ariane (Highlands and Islands) (Green)  
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)  
 Chapman, Maggie (North East Scotland) (Green)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Constance, Angela (Almond Valley) (SNP)  
 Denham, Ash (Edinburgh Eastern) (SNP)  
 Dey, Graeme (Angus South) (SNP)  
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)  
 Dornan, James (Glasgow Cathcart) (SNP)  
 Dunbar, Jackie (Aberdeen Donside) (SNP)  
 Ewing, Annabelle (Cowdenbeath) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)  
 Gougeon, Mairi (Angus North and Mearns) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Gray, Neil (Airdrie and Shotts) (SNP)  
 Greer, Ross (West Scotland) (Green)  
 Harper, Emma (South Scotland) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lochhead, Richard (Moray) (SNP)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)  
 Mackay, Gillian (Central Scotland) (Green)  
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)  
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAllan, Màiri (Clydesdale) (SNP)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McLennan, Paul (East Lothian) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 McNair, Marie (Clydebank and Milngavie) (SNP)  
 Minto, Jenni (Argyll and Bute) (SNP)  
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)  
 Robertson, Angus (Edinburgh Central) (SNP)  
 Robison, Shona (Dundee City East) (SNP)  
 Roddick, Emma (Highlands and Islands) (SNP)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Slater, Lorna (Lothian) (Green)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Collette (East Kilbride) (SNP)  
 Stewart, Kaukab (Glasgow Kelvin) (SNP)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Swinney, John (Perthshire North) (SNP)  
 Thomson, Michelle (Falkirk East) (SNP)  
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)  
 Torrance, David (Kirkcaldy) (SNP)  
 Tweed, Evelyn (Stirling) (SNP)  
 Whitham, Elena (Carrick, Cumnock and Doon Valley)

(SNP)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

### Abstentions

Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Bibby, Neil (West Scotland) (Lab)  
 Boyack, Sarah (Lothian) (Lab)  
 Choudhury, Foyso (Lothian) (Lab)  
 Clark, Katy (West Scotland) (Lab)  
 Duncan-Glancy, Pam (Glasgow) (Lab)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Griffin, Mark (Central Scotland) (Lab)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Marra, Michael (North East Scotland) (Lab)  
 McNeill, Pauline (Glasgow) (Lab)  
 Mochan, Carol (South Scotland) (Lab)  
 O'Kane, Paul (West Scotland) (Lab)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Sarwar, Anas (Glasgow) (Lab)  
 Smyth, Colin (South Scotland) (Lab)  
 Sweeney, Paul (Glasgow) (Lab)  
 Villalba, Mercedes (North East Scotland) (Lab)  
 Whitfield, Martin (South Scotland) (Lab)

**The Presiding Officer:** The result of the division on amendment S6M-01190.3, in the name of Craig Hoy, is: For 33, Against 66, Abstentions 21.

*Amendment disagreed to.*

**The Presiding Officer:** I remind members that if the amendment in the name of Jackie Baillie is agreed, then the amendment in the name of Alex Cole-Hamilton falls.

The next question is, that amendment S6M-01190.2, in the name of Jackie Baillie, which seeks to amend motion S6M-01190, in the name of Humza Yousaf, on a caring nation: recovering, remobilising and renewing health and social care in Scotland, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

The vote is now closed.

**Michael Marra (North East Scotland) (Lab):** On a point of order, Presiding Officer. My app would not refresh, but I would have voted yes.

**The Presiding Officer:** That is recorded, Mr Marra.

### For

Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Bibby, Neil (West Scotland) (Lab)  
 Boyack, Sarah (Lothian) (Lab)  
 Choudhury, Foyso (Lothian) (Lab)  
 Clark, Katy (West Scotland) (Lab)  
 Duncan-Glancy, Pam (Glasgow) (Lab)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Griffin, Mark (Central Scotland) (Lab)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Marra, Michael (North East Scotland) (Lab)  
 McNeill, Pauline (Glasgow) (Lab)

Mochan, Carol (South Scotland) (Lab)  
 O'Kane, Paul (West Scotland) (Lab)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Sarwar, Anas (Glasgow) (Lab)  
 Smyth, Colin (South Scotland) (Lab)  
 Sweeney, Paul (Glasgow) (Lab)  
 Villalba, Mercedes (North East Scotland) (Lab)  
 Whitfield, Martin (South Scotland) (Lab)

### Against

Adam, George (Paisley) (SNP)  
 Adam, Karen (Banffshire and Buchan Coast) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Balfour, Jeremy (Lothian) (Con)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Briggs, Miles (Lothian) (Con)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Brown, Siobhian (Ayr) (SNP)  
 Burgess, Ariane (Highlands and Islands) (Green)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)  
 Cameron, Donald (Highlands and Islands) (Con)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Chapman, Maggie (North East Scotland) (Green)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Constance, Angela (Almond Valley) (SNP)  
 Denham, Ash (Edinburgh Eastern) (SNP)  
 Dey, Graeme (Angus South) (SNP)  
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)  
 Dornan, James (Glasgow Cathcart) (SNP)  
 Dowe, Sharon (South Scotland) (Con)  
 Dunbar, Jackie (Aberdeen Donside) (SNP)  
 Ewing, Annabelle (Cowdenbeath) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)  
 Findlay, Russell (West Scotland) (Con)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Gallacher, Meghan (Central Scotland) (Con)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)  
 Golden, Maurice (North East Scotland) (Con)  
 Gosal, Pam (West Scotland) (Con)  
 Gougeon, Mairi (Angus North and Mearns) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Gray, Neil (Airdrie and Shotts) (SNP)  
 Greene, Jamie (West Scotland) (Con)  
 Greer, Ross (West Scotland) (Green)  
 Gulhane, Sandesh (Glasgow) (Con)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Harper, Emma (South Scotland) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hoy, Craig (South Scotland) (Con)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Kerr, Liam (North East Scotland) (Con)  
 Kerr, Stephen (Central Scotland) (Con)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lochhead, Richard (Moray) (SNP)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Lumsden, Douglas (North East Scotland) (Con)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)

Mackay, Gillian (Central Scotland) (Green)  
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)  
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAllan, Màiri (Clydesdale) (SNP)  
 McArthur, Liam (Orkney Islands) (LD)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McLennan, Paul (East Lothian) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 McNair, Marie (Clydebank and Milngavie) (SNP)  
 Minto, Jenni (Argyll and Bute) (SNP)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)  
 Rennie, Willie (North East Fife) (LD)  
 Robertson, Angus (Edinburgh Central) (SNP)  
 Robison, Shona (Dundee City East) (SNP)  
 Roddick, Emma (Highlands and Islands) (SNP)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Simpson, Graham (Central Scotland) (Con)  
 Slater, Lorna (Lothian) (Green)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Collette (East Kilbride) (SNP)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Stewart, Kaukab (Glasgow Kelvin) (SNP)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Swinney, John (Perthshire North) (SNP)  
 Thomson, Michelle (Falkirk East) (SNP)  
 Todd, Maree (Caitness, Sutherland and Ross) (SNP)  
 Torrance, David (Kirkcaldy) (SNP)  
 Tweed, Evelyn (Stirling) (SNP)  
 Webber, Sue (Lothian) (Con)  
 Wells, Annie (Glasgow) (Con)  
 White, Tess (North East Scotland) (Con)  
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)  
 Whittle, Brian (South Scotland) (Con)  
 Wishart, Beatrice (Shetland Islands) (LD)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

**The Presiding Officer:** The result of the division on amendment S6M-01190.2, in the name of Jackie Baillie, is: For 21, Against 100, Abstentions 0.

*Amendment disagreed to.*

**The Presiding Officer:** The next question is, that amendment S6M-01190.4, in the name of Alex Cole-Hamilton, which seeks to amend motion S6M-01190, in the name of Humza Yousaf, on a caring nation: recovering, remobilising and renewing health and social care in Scotland, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

### For

Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Balfour, Jeremy (Lothian) (Con)  
 Bibby, Neil (West Scotland) (Lab)  
 Boyack, Sarah (Lothian) (Lab)  
 Briggs, Miles (Lothian) (Con)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Cameron, Donald (Highlands and Islands) (Con)  
 Carlaw, Jackson (Eastwood) (Con)

Carson, Finlay (Galloway and West Dumfries) (Con)  
 Choudhury, Foysol (Lothian) (Lab)  
 Clark, Katy (West Scotland) (Lab)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Dowey, Sharon (South Scotland) (Con)  
 Duncan-Glancy, Pam (Glasgow) (Lab)  
 Findlay, Russell (West Scotland) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Gallacher, Meghan (Central Scotland) (Con)  
 Golden, Maurice (North East Scotland) (Con)  
 Gosal, Pam (West Scotland) (Con)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Greene, Jamie (West Scotland) (Con)  
 Griffin, Mark (Central Scotland) (Lab)  
 Gulhane, Sandesh (Glasgow) (Con)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Hoy, Craig (South Scotland) (Con)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Kerr, Liam (North East Scotland) (Con)  
 Kerr, Stephen (Central Scotland) (Con)  
 Leonard, Richard (Central Scotland) (Lab)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Lumsden, Douglas (North East Scotland) (Con)  
 Marra, Michael (North East Scotland) (Lab)  
 McArthur, Liam (Orkney Islands) (LD)  
 McNeill, Pauline (Glasgow) (Lab)  
 Mochan, Carol (South Scotland) (Lab)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 O'Kane, Paul (West Scotland) (Lab)  
 Rennie, Willie (North East Fife) (LD)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Sarwar, Anas (Glasgow) (Lab)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Smyth, Colin (South Scotland) (Lab)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Sweeney, Paul (Glasgow) (Lab)  
 Villalba, Mercedes (North East Scotland) (Lab)  
 Webber, Sue (Lothian) (Con)  
 Wells, Annie (Glasgow) (Con)  
 White, Tess (North East Scotland) (Con)  
 Whitfield, Martin (South Scotland) (Lab)  
 Whittle, Brian (South Scotland) (Con)  
 Wishart, Beatrice (Shetland Islands) (LD)

#### Against

Adam, George (Paisley) (SNP)  
 Adam, Karen (Banffshire and Buchan Coast) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Brown, Siobhian (Ayr) (SNP)  
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)  
 Chapman, Maggie (North East Scotland) (Green)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Constance, Angela (Almond Valley) (SNP)  
 Denham, Ash (Edinburgh Eastern) (SNP)  
 Dey, Graeme (Angus South) (SNP)  
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)  
 Dornan, James (Glasgow Cathcart) (SNP)  
 Dunbar, Jackie (Aberdeen Donside) (SNP)  
 Ewing, Annabelle (Cowdenbeath) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)

Gougeon, Mairi (Angus North and Mearns) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Gray, Neil (Airdrie and Shotts) (SNP)  
 Greer, Ross (West Scotland) (Green)  
 Harper, Emma (South Scotland) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lochhead, Richard (Moray) (SNP)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)  
 Mackay, Gillian (Central Scotland) (Green)  
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)  
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAllan, Màiri (Clydesdale) (SNP)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McLennan, Paul (East Lothian) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 McNair, Marie (Clydebank and Milngavie) (SNP)  
 Minto, Jenni (Argyll and Bute) (SNP)  
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)  
 Robertson, Angus (Edinburgh Central) (SNP)  
 Robison, Shona (Dundee City East) (SNP)  
 Roddick, Emma (Highlands and Islands) (SNP)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Slater, Lorna (Lothian) (Green)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Collette (East Kilbride) (SNP)  
 Stewart, Kaukab (Glasgow Kelvin) (SNP)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Swinney, John (Perthshire North) (SNP)  
 Thomson, Michelle (Falkirk East) (SNP)  
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)  
 Torrance, David (Kirkcaldy) (SNP)  
 Tweed, Evelyn (Stirling) (SNP)  
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

**The Presiding Officer:** The result of the division on amendment S6M-01190.4, in the name of Alex Cole-Hamilton, is: For 54, Against 66, Abstentions 0.

*Motion disagreed to.*

**The Presiding Officer:** The next question is, that motion S6M-01190, in the name of Humza Yousaf, on a caring nation: recovering, remobilising and renewing health and social care in Scotland, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

#### For

Adam, George (Paisley) (SNP)  
 Adam, Karen (Banffshire and Buchan Coast) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Brown, Siobhian (Ayr) (SNP)

Burgess, Ariane (Highlands and Islands) (Green)  
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)  
 Chapman, Maggie (North East Scotland) (Green)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Constance, Angela (Almond Valley) (SNP)  
 Denham, Ash (Edinburgh Eastern) (SNP)  
 Dey, Graeme (Angus South) (SNP)  
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)  
 Dornan, James (Glasgow Cathcart) (SNP)  
 Dunbar, Jackie (Aberdeen Donside) (SNP)  
 Ewing, Annabelle (Cowdenbeath) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)  
 Gougeon, Mairi (Angus North and Mearns) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Gray, Neil (Airdrie and Shotts) (SNP)  
 Greer, Ross (West Scotland) (Green)  
 Harper, Emma (South Scotland) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lochhead, Richard (Moray) (SNP)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)  
 Mackay, Gillian (Central Scotland) (Green)  
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)  
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAllan, Màiri (Clydesdale) (SNP)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McLennan, Paul (East Lothian) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 McNair, Marie (Clydebank and Milngavie) (SNP)  
 Minto, Jenni (Argyll and Bute) (SNP)  
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)  
 Robertson, Angus (Edinburgh Central) (SNP)  
 Robison, Shona (Dundee City East) (SNP)  
 Roddick, Emma (Highlands and Islands) (SNP)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Slater, Lorna (Lothian) (Green)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Collette (East Kilbride) (SNP)  
 Stewart, Kaukab (Glasgow Kelvin) (SNP)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Swinney, John (Perthshire North) (SNP)  
 Thomson, Michelle (Falkirk East) (SNP)  
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)  
 Torrance, David (Kirkcaldy) (SNP)  
 Tweed, Evelyn (Stirling) (SNP)  
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

#### Against

Balfour, Jeremy (Lothian) (Con)  
 Briggs, Miles (Lothian) (Con)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Cameron, Donald (Highlands and Islands) (Con)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Dowey, Sharon (South Scotland) (Con)

Findlay, Russell (West Scotland) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Gallacher, Meghan (Central Scotland) (Con)  
 Golden, Maurice (North East Scotland) (Con)  
 Gosal, Pam (West Scotland) (Con)  
 Greene, Jamie (West Scotland) (Con)  
 Gulhane, Sandesh (Glasgow) (Con)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Hoy, Craig (South Scotland) (Con)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Kerr, Liam (North East Scotland) (Con)  
 Kerr, Stephen (Central Scotland) (Con)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Lumsden, Douglas (North East Scotland) (Con)  
 McArthur, Liam (Orkney Islands) (LD)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 Rennie, Willie (North East Fife) (LD)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Webber, Sue (Lothian) (Con)  
 Wells, Annie (Glasgow) (Con)  
 Whittle, Brian (South Scotland) (Con)  
 Wishart, Beatrice (Shetland Islands) (LD)

#### Abstentions

Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Bibby, Neil (West Scotland) (Lab)  
 Boyack, Sarah (Lothian) (Lab)  
 Choudhury, Foysol (Lothian) (Lab)  
 Clark, Katy (West Scotland) (Lab)  
 Duncan-Glancy, Pam (Glasgow) (Lab)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Griffin, Mark (Central Scotland) (Lab)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Marra, Michael (North East Scotland) (Lab)  
 McNeill, Pauline (Glasgow) (Lab)  
 Mochan, Carol (South Scotland) (Lab)  
 O'Kane, Paul (West Scotland) (Lab)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Sarwar, Anas (Glasgow) (Lab)  
 Smyth, Colin (South Scotland) (Lab)  
 Sweeney, Paul (Glasgow) (Lab)  
 Villalba, Mercedes (North East Scotland) (Lab)  
 Whitfield, Martin (South Scotland) (Lab)

**The Presiding Officer:** The result of the division on motion S6M-01190, in the name of Humza Yousaf, on a caring nation: recovering, remobilising and renewing health and social care in Scotland, is: For 67, Against 32, Abstentions 21.

#### *Motion agreed to,*

That the Parliament thanks Scotland's NHS and social care staff for their heroic efforts during the COVID-19 pandemic; recognises that the pandemic has been the biggest shock that the NHS and social care services have ever faced; notes that the NHS is currently under intense pressure due to the pandemic and that primary care, ambulance and hospital staff are working around the clock to deliver care to patients; recognises that well in excess of £1 billion has already been provided this year to address COVID-19 pressures in health and social care and that further funding will be allocated to support service pressures; welcomes the £1 billion NHS Recovery Plan that will significantly increase NHS inpatient, outpatient and diagnostic capacity; notes that this increase includes recruiting an additional 1,500 staff to work in the network of

National Treatment Centres; recognises that the Plan puts particular focus on early cancer diagnostics and referral pathways as well as child and adult mental health services; agrees that the mental health and wellbeing of health and social care staff is a key priority and central focus of the Plan; supports the commitment to create a National Care Service; recognises that ethical commissioning, and setting terms and conditions that meet the Fair Work principles, could greatly improve how social care is delivered, and believes that the voices of lived experience, including those who access support and care, the workforce and unpaid carers must be central to the ongoing consultation on the service.

**The Presiding Officer:** The final question is, that motion S6M-01219, in the name of Ben Macpherson, on approval of a Scottish statutory instrument, be agreed to.

*Motion agreed to,*

That the Parliament recommends that the Social Security (Residence Requirements) (Afghanistan) (Scotland) Regulations 2021 [draft] be approved.

**The Presiding Officer:** That concludes decision time.

## Tokyo Paralympics

**The Deputy Presiding Officer (Liam McArthur):** I remind members that social distancing measures are in place in the chamber and around the parliamentary campus. I ask members to take care to observe those measures, including when entering and exiting the chamber. Please use the aisles and walkways only to access your seat and when moving around the chamber.

The final item of business is a members' business debate on motion S6M-00946, in the name of Karen Adam, on the 2020 Tokyo Paralympics. The debate will be concluded without any question being put.

*Motion debated,*

That the Parliament recognises the 2020 Tokyo Paralympics, held from 24 August to 5 September 2021, for bringing people together from around the world and raising awareness of disabilities; congratulates the staff and volunteers whose tireless work makes this event possible; wishes good luck to the 33 Scots who are competing, and thanks them for the positive impact their inspiring endeavours have on society in the Banffshire and Buchan Coast constituency, Scotland and beyond.

17:31

**Karen Adam (Banffshire and Buchan Coast) (SNP):** It is a privilege to speak to the motion tonight. I echo the sentiments of Maree Todd, the Cabinet Secretary for Public Health, Women's Health and Sport, when she said that

"the Scottish athletes ... brought back a staggering amount of medals"

from Tokyo as part of ParalympicsGB. She also spoke of our pride in our athletes, and her hope that they would inspire others to take part in sport and perhaps to participate in future games. Everyone can share those sentiments, and I add my voice in congratulating all those who took part and supported the athletes in reaching their full potential: their coaches, clubs, families and others. A collective effort such as that creates a platform for Paralympians to excel not despite their disability, but because of their ability.

The 33 Scots in the ParalympicsGB team brought home 21 medals, which is an amazing hit rate. There were two gold, nine silver and 10 bronze medals, and the athletes all deserve recognition. As the MSP for Banffshire and Buchan Coast, I highlight three individuals from the north-east in particular. The cyclist Neil Fachie is one of our most celebrated Paralympians—indeed, he is one of our most decorated athletes in general. He has an astonishing number of medals from the Paralympics, the track cycling world



championships and the Commonwealth games, and in Tokyo, he claimed another gold.

The swimmer Toni Shaw has been massively successful recently, during the European and world para athletics championships, and he came home from Tokyo with a bronze medal. A third athlete from the north-east is the swimmer Conner Morrison, from Turriff. He started out with the Garioch Gators in Inverurie and progressed to the University of Aberdeen performance programme. He has been a medal winner at the world para swimming championships and the European para athletics championships, and also domestically. When he was interviewed before the Paralympic games, he was realistic about his medal hopes—he said that he was going to Tokyo

“for the experience and to put the best version of”

himself

“out there”.

He qualified from the heat to reach the final of the S14 100m breaststroke. There was no medal for him this time, but the motion refers to the “positive impact” of the “inspiring endeavours” of Conner and his fellow athletes on the people in Banffshire and Buchan Coast, around the rest of Scotland and beyond. From Turriff to Tokyo is a story with all that positive impact and inspiration, and the same goes for every other athlete at the games. It is not just about the medals.

I am sorry to strike a sombre note now, but I have to be clear that when it comes to disabled people and sport, there are challenges too. It would be remiss of me not to mention the challenges that are faced by the deaf community when it comes to participation. Although deaf people are unable to take part in the Paralympics unless they have another disability, they still face disadvantages in participating in sports. I hope that, as the child of a deaf adult, or a CODA, I can use my platform to highlight those issues during my time in Parliament.

Just last month, the University of the West of Scotland and the Observatory for Sport in Scotland published a research paper by two professors, Richard Davison and Gayle McPherson, who revealed—shockingly—that only 12 per cent of disabled children in Scotland had taken part in sport during the relevant research period, as opposed to 81 per cent of non-disabled children. The gap closes to some degree in adulthood, but not nearly enough.

Meanwhile the gap for disabled adults who are living in poverty is stark. Last year, Professor Tess Kay of the University of Stirling published a research review entitled “Sport and social inequality”, which showed that low family income and poverty was the main driver in whether people

of all ages participated in sport. Sadly, it has long been recognised that a household with a disabled person is much more likely to be a household in poverty. Members do not have to take my word for it—they can ask charities such as the Joseph Rowntree Foundation, Disability Rights UK and others.

The implications for participation in sport are clear, and there is a bigger point to make. Life for disabled people in Scotland, whether their impairment is intellectual or physical, should be the same as life for everyone in Scotland: accessible, equal and inclusive. However, we still have some way to go.

The Scottish Government is taking positive action on disability, and on sport and active living more generally. I will not read out the relevant pages of the programme for government, which will come as a relief to some, but I note that the Scotland-wide launch of the child disability payment and the adult disability payment, administered by Social Security Scotland, should make a significant difference for disabled people.

The Scottish Government will double investment in sport and active living to £100 million a year by the end of the current session of Parliament, which is excellent news. The more we level the playing field, the more disabled people will have the chance to take part in sport at a grass-roots level. As numbers rise, more talent will be identified. Not everyone will get a chance to go to the Paralympics, but taking part in sport is good in itself for fitness, self-esteem, social connections and much more. Whether we are disabled or not, and whether we are focused on gold at the Paralympics or just having a more active life, we can all be inspired by the example that has been set by Conner Morrison of Turriff and all the other Paralympians. Whether they are medal winners or not, they are an inspiration for us to put the best version of ourselves out there.

It is important that we recognise the achievements of those Paralympians and that we celebrate with them, while not forgetting to ensure that everyone in society has an opportunity to fulfil their full potential. We need adequate support—we all need support at some point in our life, at various levels and to varying degrees.

If we can ensure a society where equalities are at the heart of everything that we do, then we can create a society where thriving is possible, where celebrating each other and our achievements contributes to a health and wellbeing economy, and where purpose and joy in life prevails. I doubt that anyone could argue with that vision: inclusion and equalities always, and supporting each other to put the best version of ourselves out there.

17:40

**Jeremy Balfour (Lothian) (Con):** I thank Karen Adam for securing the debate, and I join my colleagues in congratulating the whole of team GB after a wonderful success this summer. A wide range of athletes competed across a vast number of sports. Each and every one of them exemplified the British spirit and showed the best of what our country has to offer. I am sure that the whole chamber will join me in communicating our utmost pride and thanks to them—from our most senior and decorated representatives to those who made their Olympic debut this summer.

It is difficult to pick out individuals, but Sarah Storey became our most decorated Paralympian in history. Not only has her career spanned an incredible eight games over almost three decades, but her honours traverse two very different sports: swimming and cycling. I wish to convey Sarah and all our athletes from both games our warm congratulations.

I will briefly take a moment to draw attention to the unfortunate fact that there was notably less coverage of the Paralympics than there was of the Olympics. Whether in print or online, it felt like we had to do more work to find coverage beyond live action than we did just one month previously. Where were the athletes plastered over the front pages of the newspapers? There was nothing. The level of analysis and punditry outside the live broadcasts left many of us feeling hard done by, especially after the incredible broadcasting efforts a month before.

The International Paralympic Committee says that it derives its name from the Greek word “παρά”, which, as I am sure you know, Presiding Officer, means “beside” or “alongside”, inferring that the two games exist as peers. As wonderful as the Paralympics have been this year, it is clear that the name is not yet being lived up to. I am sure that everyone in the chamber would join me in looking forward to a more inclusive future, not only in three years’ time in Paris but in continuing support for different activities and sports.

I will make one final point. I remind members—I am sure that most of us do not need reminding—that an athlete is immense for what they do. Too often, people compare apples with oranges. I have often heard the comment, “If an athlete with an amputee leg can run 100m in X time, why should disabled people be given benefits instead of just getting a job?” That represents a way of thinking that reduces any kind of worth that a disabled person could have to their ability to excel, either in the sports world or in full-time employment. Such comparisons are similar to wondering why every able-bodied person cannot run a sub-10-second 100m when Usain Bolt can do it.

The reality is that humans all have different abilities and excel in different fields. Disabled people’s contributions to society are varied and individual. They are special, and they are not necessarily quantifiable by their place in the permanent workforce. Many disabled people do a lot of volunteer work, because that kind of low-intensity job is much more suited to their needs and abilities. It would of course be difficult to argue that society could function without the contribution of our amazing volunteer sector—yet it often does not get the same recognition.

In short, I encourage people to think twice before making such comments in the future—thinking of comparisons with Usain Bolt, like a disabled person not wishing to be compared with Sarah Storey and her teammates. We all contribute differently to society, and we must recognise that fact and accept that different people have different metrics of success.

I again congratulate everyone who took part in the Paralympics, and I wish them success for what happens next in their lives. I look forward to seeing many of them compete in Paris in three years’ time.

17:45

**David Torrance (Kirkcaldy) (SNP):** I thank my colleague Karen Adam for securing the debate. The 2020 Paralympics may have come to an end, but the motivation and inspiration that this year’s event has instilled in us continue to live on. The core Paralympic values at the heart of the Paralympic movement are courage, determination, inspiration and equality, and there was certainly an abundance of each of those values on display in Tokyo this year.

This year, Tokyo became the first city to have staged two Paralympic games. It hosted the 1964 event, with 375 athletes from 21 nations taking part in nine sports, and the 2020 event saw around 4,400 athletes from 162 national Paralympic committees competing in 539 medal events across 22 sports—the largest number of athletes to have competed in the games.

In the past 57 years, events, disciplines and athletes’ eligibility have continually evolved, making the Paralympic games one of the biggest events in the international sports calendar, with international recognition and global media coverage. The achievement of our 33 Scottish athletes and their contribution to the success of team GB must be celebrated. With an amazing 42 per cent of them winning medals and a continued improvement on the medal return for Scotland, beating the Rio 2016 and London 2012 medal tallies, they are clearly a force to be reckoned with. I was personally delighted to see an impressive

number of Fifers in the team—and I will come back to them shortly.

There have been many achievements, and statistics from Scottish Disability Sport show that athletes with disabilities still experience the lowest participation levels in sport and physical activity, and they have been disproportionately impacted by the Covid-19 pandemic. It is therefore imperative that we build on the positivity of the 2020 summer games and work on meeting the individual needs of disabled people, increasing engagement in physical activity and sport. While we have come a long way and have made positive steps, common barriers to participation still exist, and they must be tackled.

Over the years, the games and the men and women who represent their countries at the highest level in their sport have played an important role in transforming attitudes towards people with disabilities and in promoting a more inclusive society, but local groups and clubs are the grass roots: it is at a community level that our future athletes start their journey, and they must be our focus.

That leads me on nicely to the work of Disability Sport Fife and our Fife athletes. It would be remiss of me not to take this opportunity to highlight their contribution at Tokyo 2020. Disability Sport Fife has been leading the development of inclusive sport and active recreation for children, young people and adults with physical, sensory and learning disabilities across Fife for 40 years. It has supported more than 25 members to become GB summer and winter Paralympians and to achieve enormous success in the European and world championships. When we hear that Disability Sport Fife athletic members and coaches have represented their country at every Paralympic games since 1984 and that six DSF members were among the first 20 Scots to be inducted into the Scottish Disability Sport hall of fame in 2012, we realise just how important local sport is to our sports at a national level.

Athletes Owen Miller and Derek Rae are both proud members of DSF, and they have helped to raise its profile worldwide. Owen headed to Tokyo in August to make his debut as a Paralympian, and he left having realised his dream, winning a gold medal in the men's 1,500m T20. Derek Rae is well known locally and has been flying the flag for Kirkcaldy and Fife for a number of years now, with a number of celebrated sporting achievements under his belt, including the world para athletics marathon world cup, Rio 2016 and Tokyo 2020. I commend Owen, Derek and the whole squad for their tireless, never-ending commitment to training and their sport. They are all fantastic role models for the next generation.

While stereotypes and judgments are still the reality for far too many people living with disabilities, the Paralympic games continue to play a fundamental role in challenging closed-minded attitudes about differences by promoting inclusivity and by setting a new benchmark for what is thought to be possible. I look forward to the next decade bringing about even more positive change and increased participation as we continue to work together to break down barriers and to provide more opportunities for all of our future Paralympic athletes to get out there, find the sport that they love and fulfil their potential.

17:49

**Carol Mochan (South Scotland) (Lab):** I, too, congratulate Karen Adam on securing the debate. The Tokyo Paralympics were as exciting and inspiring as ever, bringing an end to a summer of sport in the most remarkable of ways. It was great to see team GB perform so well, coming second in the medal table with an excellent 124 medals, with the 33-strong Scottish contingent contributing 21 of those medals—the best performance by Scots at a Paralympic games since Sydney 2000—and winning medals in 18 of the 22 sports. Team GB highlighted the wide array of talent that we have at our disposal, succeeding at the highest level and competing against the very best. We should be so proud of all our Paralympians for the effort that they and their teams put in during the most difficult of times, and we should congratulate them, as we are doing in this debate.

Our Paralympians are truly inspirational. Many of them faced adversity in childhood or perhaps in later life, but all have overcome barriers that in years gone by would have stopped them from participating in sport. It is encouraging that sport in 2021 is so inclusive. We have a long way to go, but the 2021 games showcased the very best talent, which has come from years of hard work and people often facing numerous setbacks. I believe that more people are recognising the importance of the Paralympic games now than before, and it is crucial that we continue to highlight how vital that breakthrough is to breaking down barriers and tackling stigma.

There is still work to be done. We have to ensure that sport is accessible to everyone. That means making sport accessible to disabled people and ensuring that having a disability does not act as a barrier to an individual's ambitions or opportunities. More investment is needed in inclusive sport to ensure that no one is left behind and it is the responsibility of politicians, the media and wider society to highlight the positive impact that sport can have. It is our collective responsibility to do that, because, as mentioned in the motion, events such as the Paralympics bring

people together—sport brings people together. To undervalue the positive impact that sport has on society would be a mistake.

Ahead of today's debate, RNIB Scotland set out some key asks, including increasing funding for disabled sport, such as sports adapted for people with sight loss, for example tandem cycling and guided running, and for introductory sessions and classes for more advanced participants. That should remind us that there remains a long way to go to ensure that sport is accessible for people with a wide range of disabilities. Moreover, sportscotland, which has invested around £3 million to support Scottish disability sport since the Rio Olympics in 2016, noted that disabled athletes still face significant challenges that require joint working in order to be overcome.

The Tokyo Paralympics was a celebration of talent, diversity, inclusion and community and we can all agree that it was a joy to watch. As we have all said, it was a joy to see team GB athletes, who with their coaches, families and all the volunteers from local community sports clubs deserve a great deal of credit for making the sacrifices that they have to bring about such success. It is right that we have the opportunity to commend that success. Rather than seeing this debate as an end, it should be a stepping stone towards ensuring that Parliament gives sport and inclusive sport the consideration and investment that they deserve.

17:54

**Brian Whittle (South Scotland) (Con):** I, too, congratulate Karen Adam on securing time in the chamber for the debate and thank her for giving me another opportunity to talk sport in this place. Two weeks in a row: my cup runneth over. When I spoke in my members' business debate last week, I highlighted the incredible achievements of all the athletes in the Great Britain and Northern Ireland team in both the Olympics and the Paralympics and I also talked about the huge contribution made by Scotland to that team.

Since then, Gordon Reid, fresh from winning two medals in the wheelchair tennis in Tokyo, has gone on to win the doubles with his partner in the US open and, in doing so, now holds the grand slam in tennis, because he has won all four slam events in the same calendar year. That is a feat that the mighty Djokovic failed to achieve at the weekend, so it is a truly remarkable achievement.

I talked about both the Olympics and the Paralympics in my members' business debate last week, and I did so on purpose, because when we watch either event we are witnessing elite sport. I appreciate what Karen Adam said in her motion about the inspiring way in which Paralympic

athletes raise awareness of disability. She is right, of course: the athletes help to override the public's preconceptions about what can be done. London 2012 was a watershed moment in presenting the Paralympics to a global audience.

However, I say again that when we watch the Paralympics we are witnessing elite sport, just as we are doing when we watch the Olympics or any other international competition—disability has nothing to do with it. Paralympic athletes are supremely talented and they work just as hard and are just as fit as other sportspeople. Their approach to training and development is no different. The support network that I spoke about last week is just as important—it might even be more important.

I have coached para athletes, and my approach has been the same: to recognise that every athlete is different, has different strengths and weaknesses, responds to different inputs and must ultimately compete in events that have different physiological requirements. I remember coaching an international athlete who has cerebral palsy. The Great Britain coach asked me how I would make allowances for his disability, and I said that the athlete in question would get exactly the same attention and treatment as the rest of the squad. The athlete did the same sessions as the rest of the squad, at the same time, he suffered the same pain as the rest of the squad and he got the same sympathy as the rest of the squad—by which I mean none. That was exactly how he wanted to be treated—the same as everyone else, because he is an international athlete, like everyone else.

If members have any doubt about the skills of para athletes, let me refer them to the day when MSPs took on the Scottish powerchair football team and, within 10 minutes, were 6-0 down. Some of us are still traumatised by that. It just shows that doing sport requires talent, training and dedication—and that people who do not train get smothered.

We need to consider how accessible sport, particularly disability sport, is to everyone. Team members of the Ayrshire Tigers Powerchair Football Club face issues that are mainly to do with transport to training and competitions. There are players who want to participate but have no means of getting around. In last week's debate, we discussed the importance of sport to participants' physical and mental health, and we have a duty to enable people to participate. As I said last week, sport is grossly underfunded in this country, when we consider what we spend on health and education.

Last week, Christine Grahame highlighted the disparity between support for Olympic and Paralympic sport. She was right, but we must

appreciate that para sport is in its infancy, compared with Olympic sport. It is catching up at pace. Although we have a long way to go in recognising the need to properly support sport in general and para sport in particular, we should note that team GB and Northern Ireland finished second in the medals table, so perhaps we are doing more than many other countries are doing to develop para sport. The situation is encouraging, but there is so much more that we could be doing.

I again thank Karen Adam for bringing this debate to the chamber.

**The Deputy Presiding Officer:** Thank you, Mr Whittle. I caution you against revealing the scores and performances of the Scottish Parliament football team. The risk of reputational damage is high.

17:58

**Martin Whitfield (South Scotland) (Lab):** It is a great pleasure to follow Brian Whittle—although I think that a young lady who did remarkably well at the tennis recently probably deserves a mention. I thank Karen Adam for securing the debate.

The Paralympics have been around for a long time—the games date back to 1948, when the Stoke Mandeville games were first held, and they became the Paralympics in 1960.

As many other members have done, I thank the coaches, families and supporting organisations that surround our Paralympians. I put on record my awe—and I mean awe—at the achievements of Samantha Kinghorn, Libby Clegg MBE, Stephen Clegg, Micky Yule and Maria Lyle.

I would like to take the short time that I have to draw attention to Maria Lyle, because her place in East Lothian history is already secured. If people look at her Twitter account, which I used today more for humour than for research, they will see that she calls herself

“Your average Scottish lassie with dodgy legs”.

She then just happens to say that she is a

“Paralympic, World, Commonwealth & European medallist”, which is not bad.

Her mum was a physical education teacher and, at primary school, got her to do the bleep test, which is a fitness programme. Maria says:

“I managed to finish the test and be the last one standing. That was the first time I ever felt that feeling of success and being good at something. I’ve never looked back since.”

As a former primary school teacher, I can say with authority that the bleep test is not easy.

Maria won team GB’s first athletics medal of the Tokyo games, securing the bronze in the women’s 100m T35. She began running at the age of nine, when she joined Dunbar running club. She began to compete locally and nationally in sprint events. In July 2012, at the mere age of 12, she posted a world-record time of 32.37 seconds in the 200m at the Birmingham games. Unfortunately, that could not count because, as she was only 12, she was too young to have a disability listing. She had to wait for that, but she kept improving.

In 2014, she was classified as a T35 athlete. That February, she went to Dubai and entered the 100m and 200m sprints. She won gold in both events, running the 100m in 14.58 seconds, which was a personal best, and running the 200m in 31.01 seconds, beating the lady who had taken the gold previously because of her age. That May, she competed at the Bedford international open and set another world record—she keeps setting world records—of 14.63 seconds in the 100m. Slightly later, she surpassed her own world record in the 200m with a time of 30.7 seconds. Obviously, there was then the Tokyo games.

Maria is a beacon who should be cheered and held up as a symbol of what can be achieved. I echo Jeremy Balfour’s call for parity in relation to such athletes. Claire Slowther, who is Dunbar grammar school’s headteacher, wrote:

“What an awesome start to our Friday, all students had the privilege of watching a live interview with former student and Paralympic Superstar, @Lyle\_Maria. Our sports ambassadors did a great job of interviewing Maria and her answers were honest, insightful and inspiring”.

That is what is truly important.

We have heard about the challenges that the sport faces and that people with disabilities face, particularly during Covid. I will quickly mention Scottish Disability Sport’s activity inclusion model, which allows for changes to be made, and its young persons sport panel.

I do not want to be negative—look at what has been achieved. However, that is a small part of what we still need to achieve in sport, in employment, in care, in schools and in our communities.

I finish with a reminder of what Maria has said:

“Enjoy your sport and remember it’s not everything. Make sure there is a balance in your life.”

**The Deputy Presiding Officer:** Wise words, indeed.

18:03

**Stephanie Callaghan (Uddingston and Bellshill) (SNP):** I thank Karen Adam and all the other members who have spoken.

Scottish Disability Sport and its partners across sport governance, local authorities, health, education and beyond continue to make great strides in supporting inclusion in physical activity and sport. I commend them for their work.

My speech is based around the personal experience and recollections of one woman from the Uddingston and Bellshill constituency. This incredible woman is a valued national health service worker, with almost 30 years of service, and her experience of supporting our Scottish triathlon para athletes during the Tokyo Olympics really touched me. It demonstrates that success should not be measured only in gold, silver or bronze medals, which is a point that my friend Karen Adam also made.

From my constituent's point of view, many things stood out, from the Japanese hosts and local organisers, who all did an incredible job, to the build for the para triathlon site, which incorporated platforms over sand and water, with ramps and bridges more than 1.5km long—it was truly awesome from an engineering perspective.

The warmth of the hosts and volunteers and their wish to make sure that everyone was comfortable was heartwarming, with every one of them extending invites to the whole team urging them to return once Covid has passed to fully experience their wonderful country and culture in all its richness. I certainly hope that that is possible soon.

The technical teams were made up of international colleagues from across the world, with many having met at previous games. However, Tokyo was their first meeting in two years, and my resident rates them as some of the warmest, most life affirming people we could ever want to meet. They often describe themselves as technical family. She also talked to me about the daily health surveillance app that played its part in protecting against Covid-19, and the challenges around restrictions, training disruption, and adjusting to the heat and humidity, which is not something that we Scottish people are used to.

Travel was a particular challenge. The baggage handlers carefully managed the specialist kit—handcycles, racing chairs and specialist bikes—being very aware that those items would not be easily replaced if damaged. Despite all those pressures, I am told that our athletes were outstanding at every point.

Sadly, the grandstand was empty of the usual spectators, with family and friends sorely missed by all. However, the support personnel and other athletes cheered as loudly as they could at every event, making as much noise as humanly possible to show their backing for one another.

I am that sure that everyone will agree that our para athletes deserve huge respect and admiration. It is great that they are entering the mainstream and being recognised as elite in their own right, which is long overdue. I am told that they are grateful to Channel 4 for helping to raise their profile. For me, that is yet another reason to hope that attempts to sell off Channel 4 fail.

Para athletes have faced bigger challenges than most of us could ever imagine. As they cheered each other over the line to an emotional finish, officials, photographers and medics discreetly wiped tears away from their eyes—an unforgettable experience and a real show of solidarity.

Let us hope that elite pathway opportunities for para athletes continue to grow, that opportunities to participate in disability sport continue to grow, and that the reach and power of sport continue to grow.

Interestingly, Brexit was a hot topic among European Union, Commonwealth and Irish officials, with many keen to welcome an independent Scotland back into the EU. It is good to hear that our friends are leaving a light on for Scotland, and I hope that the next Paralympics will host a full indy Scotland team. I am sure that that does not surprise anybody, whether they agree with me or not.

I thank the incredible local woman who shared her story with me, and applaud the inspiring Tokyo para athletes. May they go from strength to strength as the Paris games approach.

18:07

**The Minister for Public Health, Women's Health and Sport (Maree Todd):** I am absolutely delighted to close this debate for the Scottish Government. I thank Karen Adam for lodging the motion, and all those who contributed to the debate.

Last week, we had the opportunity to focus on the Olympics. I am delighted that, this week, we have the opportunity to focus on the achievements of our Scottish Paralympians and all those who are involved in disability sport. I put on record our congratulations to the organising committee, the International Olympic Committee, and of course the Japanese Government for putting on such a wonderful games, despite the challenges of the pandemic.

As others mentioned, Scottish athletes on ParalympicsGB made history at the Tokyo 2020 Paralympic games by winning an amazing 21 medals—that is greater than the number of medals won at both the London 2012 and the Rio

2016 Paralympic games, and the highest number won by Scottish athletes since Sydney in 2000.

As others have done, I give special mention to Fin Graham from Strathpeffer in my constituency, who won silver in the C3 3,000m individual pursuit as well as silver in the C1-C3 road race—what an achievement.

Of course, those performances and medals are a result of years of hard work and commitment from the athletes, their coaches and wider support team. I live in Strathpeffer and I have watched Fin grow up. He went to school along with my children. It is particularly pleasing to witness first hand the connection that our communities feel with our athletes. We see the years of work, we feel a part of it, and we are inspired by them. What is happening in my home village of Strathpeffer is being replicated all over Scotland. As we said, Scots punched above our weight on team GB this year, and that pride is being felt in many communities right across Scotland.

I thank our sport governing bodies—Scottish Disability Sport, sportscotland, including the institute of sport, UK Sport, the British Paralympic Association and the national lottery—for their continued work to support our athletes. As we know—other members have mentioned this subject—disabled athletes often face significant challenges above those that non-disabled athletes face. The para initiative group was created by sportscotland in 2017 to improve the opportunities for para athletes and to enable more of them to make progress in performance sport.

How everyone in Scotland can benefit from sport is celebrated in sportscotland's sport for life corporate strategy, which sets out sportscotland's commitment to inclusion. A key element of improving sporting opportunities for all disabled people is our relationship with Scottish Disability Sport, which is the co-ordinating body for all sports. Scottish Disability Sport is for people of all ages and abilities with a physical, sensory or learning disability. During the pandemic, it has developed a suite of online projects and programmes to meet the identified needs of volunteers, coaches, participants and athletes. They have included virtual para sport days to enable families to get involved and support mental wellbeing; a varied programme of daily activity, called the young start programme; and the challenge a Paralympian programme, in which Scottish Paralympians have provided short videos containing advice and inspirational messages.

We know that the pandemic has had a particularly significant impact on disabled athletes and participants, many of whom have had to shield for a long time. I fundamentally believe that sport should be available to everyone, without any barriers. It is a powerful tool to improve our

physical and mental health and bring communities together.

Our programme for government, which was announced last week, sets out how we aim to address the deep-seated inequalities in our society and create a fair and equal society for all. It commits us to doubling investment in sport and active living to £100 million a year by the end of this parliamentary session. That investment will enable us to rebuild capacity and resilience in the sector following the pandemic and ensure that we address inequalities in access to physical activity and sport. As members will be aware, the priority will be to support participation across all groups and to tackle inequalities. We will work with sportscotland and organisations and individuals throughout Scotland to break down the barriers that keep too many people from leading active lives, including some of the barriers that we have touched on.

I am really pleased that Karen Adam recognised volunteers in her motion. I am aware of the thousands of people throughout Scotland who volunteer to give people of all ages and abilities the opportunity to participate in sport and physical exercise. Sports clubs are often in a unique position in communities. Since I became the Minister for Public Health, Women's Health and Sport, I have been impressed by the conversations that I have had with the sector about its commitment to breaking down barriers to activities. It is often volunteers in a variety of roles in clubs who contribute to breaking down the barriers and help to make sport and physical activity accessible for all.

In conclusion, I once again thank everyone involved in team GB, our inspiring Paralympic athletes, our sporting sector, and especially the thousands of volunteers who make a difference every week. The Birmingham Commonwealth games will be in 2022. Our para athletes will look to build on the successes on the Gold Coast in those games. The Glasgow Commonwealth games were, of course, the first to have para and able-bodied athletes competing in the same programme. In only three years' time, we will again be supporting team GB at the Paris Paralympics. I look forward to working with partners throughout the sporting sector to address inequalities in access to physical activity and sport and our aspirations to become a more active, healthier and fairer nation.

I thank everyone who has contributed to the debate, and I thank Karen Adam for lodging the motion.

*Meeting closed at 18:14.*





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