



OFFICIAL REPORT  
AITHISG OIFIGEIL

# Meeting of the Parliament (Hybrid)

Wednesday 30 March 2022

Session 6



The Scottish Parliament  
Pàrlamaid na h-Alba

© Parliamentary copyright. Scottish Parliamentary Corporate Body

Information on the Scottish Parliament's copyright policy can be found on the website - [www.parliament.scot](http://www.parliament.scot) or by contacting Public Information on 0131 348 5000

---

## Wednesday 30 March 2022

### CONTENTS

	Col.
<b>COVID-19 UPDATE</b> .....	1
<i>Statement—[First Minister].</i>	
The First Minister (Nicola Sturgeon).....	1
<b>PORTFOLIO QUESTION TIME</b> .....	15
<b>HEALTH AND SOCIAL CARE</b> .....	15
National Health Service (Staffing Shortages).....	15
Health and Social Care (Workforce Pressures).....	16
Community First Responders (Islands).....	19
Neurodevelopmental Assessment Waiting Times (Lanarkshire).....	21
Problem Alcohol Use (Investment in Services).....	22
People with Suicidal Intentions (Accident and Emergency Support).....	24
Covid-19 (Ending of Free Testing).....	25
<b>SOCIAL JUSTICE, HOUSING AND LOCAL GOVERNMENT</b> .....	26
Social Housing (Shortage).....	26
Adapted Housing (Support for Local Authorities).....	28
Unsafe Cladding.....	29
Homelessness.....	31
Audit Procedures (Local Authorities).....	34
Ukrainian Refugees (Access to Resources).....	35
Tackling the Gap between the Most and Least Deprived Communities (Local Authorities).....	37
Energy Efficiency and Renewable Energy Generation (New Housing Developments).....	38
<b>MATERNITY SERVICES (MORAY)</b> .....	40
<i>Statement—[Humza Yousaf].</i>	
The Cabinet Secretary for Health and Social Care (Humza Yousaf).....	40
<b>KEEPING THE PROMISE IMPLEMENTATION PLAN</b> .....	56
<i>Motion moved—[Clare Haughey].</i>	
<i>Amendment moved—[Meghan Gallacher].</i>	
<i>Amendment moved—[Martin Whitfield].</i>	
The Minister for Children and Young People (Clare Haughey).....	56
Meghan Gallacher (Central Scotland) (Con).....	59
Martin Whitfield (South Scotland) (Lab).....	62
Willie Rennie (North East Fife) (LD).....	64
Kaukab Stewart (Glasgow Kelvin) (SNP).....	66
Jamie Greene (West Scotland) (Con).....	68
Paul McLennan (East Lothian) (SNP).....	70
Foysoil Choudhury (Lothian) (Lab).....	72
Gillian Mackay (Central Scotland) (Green).....	73
Collette Stevenson (East Kilbride) (SNP).....	75
Michael Marra (North East Scotland) (Lab).....	76
Oliver Mundell (Dumfriesshire) (Con).....	78
Clare Haughey.....	80
<b>BUSINESS MOTIONS</b> .....	84
<i>Motions moved—[George Adam]—and agreed to.</i>	
<b>DECISION TIME</b> .....	87

<b>OVARIAN CANCER AWARENESS MONTH</b> .....	92
<i>Motion debated—[Marie McNair].</i>	
Marie McNair (Clydebank and Milngavie) (SNP).....	92
Jackie Dunbar (Aberdeen Donside) (SNP) .....	95
Sandesh Gulhane (Glasgow) (Con) .....	96
Evelyn Tweed (Stirling) (SNP).....	97
Carol Mochan (South Scotland) (Lab).....	99
Gillian Mackay (Central Scotland) (Green).....	100
The Minister for Public Health, Women’s Health and Sport (Maree Todd) .....	102

---

# Scottish Parliament

Wednesday 30 March 2022

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

## Covid-19 Update

**The Presiding Officer (Alison Johnstone):** Good afternoon. I remind members of the Covid-related measures that are in place. Face coverings should be worn when moving around the chamber and across the Holyrood campus.

The first item of business is a statement by Nicola Sturgeon on a Covid-19 update. The First Minister will take questions at the end of her statement, so there should be no interventions or interruptions.

**The First Minister (Nicola Sturgeon):** I will set out the Cabinet's decision on the timescale for converting the legal requirement to wear face coverings in certain indoor settings into guidance.

First, though, to set the context for that decision, I will give a brief update on the current Covid situation. The most recent Office for National Statistics Coronavirus infection survey, which is for the week ending 20 March, indicated that one in 11 people in Scotland had Covid. That is the highest level of infection so far recorded by the weekly survey, which reflects the impact of the highly infectious BA.2 subvariant of the virus. The daily case numbers also show a very high, though perhaps stabilising, level of infection.

Today, 9,610 new cases identified through polymerase chain reaction tests or lateral flow tests will be reported. Again, it is important to set those figures in context. Two weeks ago, on average, just over 12,400 new cases were being reported each day. One week ago, the average case number was still high, at around 12,000 a day. However, over the past week, that has fallen to 10,200 a day, which is a 15 per cent reduction in the past seven days. The reduction is fairly consistent across all age groups. That gives us grounds for optimism that the latest wave of infection may now have peaked.

Of course, the daily numbers on their own need to be treated with a degree of caution. However, the result of waste-water sampling, which is an important strand of our on-going surveillance, also gives some cause for optimism. The sampling does not yet indicate a fall in the level of infection, but it suggests that the situation has stabilised since mid-March.

We will therefore continue to assess the data closely, including, of course, the results of the

latest ONS survey, which are due later this week. We are hopeful that the current wave has peaked or is now peaking. Indeed, that is being observed already in Northern Ireland, which, unlike England and Wales, appears to have been ahead of Scotland in the transmission of BA.2.

Although the BA.2 variant is highly infectious—indeed, it is more infectious than the original Omicron variant—it is important to stress that vaccination continues to provide strong protection against serious illness, which underlines the importance of getting all doses of vaccine that we are offered.

The programme of additional boosters for certain groups started three weeks ago in older people's care homes and, as of last week, appointments are being offered to everyone aged 75 and over.

People with suppressed immune systems will have appointments for additional boosters scheduled during spring and summer, starting from 18 April. Appointment letters will be issued by post. Anyone who is unsure about eligibility for an additional booster should, of course, contact their doctor for advice.

In addition, the vaccination programme for five to 11-year-olds is under way. Children in that age group with specific medical conditions and those who are household contacts of someone who is immunosuppressed were already being vaccinated in line with Joint Committee on Vaccination and Immunisation advice.

Vaccination of the wider five to 11-year-old age group started on 19 March and will continue over the coming weeks. Older children are being given appointments first, but families are being invited to get vaccinated together whenever that is possible.

Obviously, with case rates being so high recently, some young people who are invited for a vaccine will recently have had Covid, so I will briefly summarise the guidelines for those circumstances.

Those aged five to 17 with specific medical conditions or who are household contacts of someone who is immunosuppressed should wait four weeks after first testing positive, or from the onset of symptoms, before being vaccinated. Four weeks is also the recommended gap for adults who get the virus. All others aged five to 17 should wait 12 weeks after having the virus before being vaccinated.

Parents or carers of children who have been unable to be vaccinated due to having Covid should call the helpline, on 0800 030 8013, to reschedule appointments if that is necessary. The advice to everyone remains as important as ever: please take the opportunity to get vaccinated as

soon as you are able and make sure that you get all doses of the vaccine for which you are eligible. That remains the most important thing that any of us can do to protect ourselves and others, and it is never too late to get vaccinated.

Despite the effectiveness of vaccination, the high level of infection has put the national health service under even more severe strain in recent weeks. We are seeing the impact of that in all parts of the NHS, not least in our accident and emergency services. The number of people in hospital with Covid reported today, at 2,344, is, I am pleased to say, 39 fewer than yesterday, but yesterday's figure was the highest that it had been since the start of the pandemic. Therefore, today's number is still exceptionally high and it is significantly above the previous peak in hospital cases, which was 2,053, back in January 2021.

More positively—again, this is evidence of the power of vaccination—the number of patients in intensive care with Covid remains relatively low, at 26 on today's figures, which is a fall of 15 in the past two weeks. Nevertheless, the volume of people in hospital with Covid is causing very significant pressure for a health service that has been dealing with the pandemic for more than two years now.

That means that we cannot and should not be complacent. For the period up until Easter, therefore, we are continuing to ask everyone to take a lateral flow test twice a week, to take a test daily for seven days if you are a close contact of someone who has tested positive, and to take a test before visiting someone who is vulnerable. If you have symptoms, you should continue to get a PCR test, either at a testing site or by post. If you test positive, you should isolate and follow the advice from test and protect.

Using the approach that we set out a few weeks ago in the revised strategic framework, and based on the Government's clinical advice, our assessment is that the virus at this stage continues to present a medium threat. However, we remain optimistic that it will move to being a low threat during the course of the spring. We have already largely moved away from reliance on legally imposed protective measures, and we are now relying instead on vaccines, treatments and sensible public health behaviours and adaptations.

Indeed, nine days ago, we lifted all but one of the remaining Covid legal requirements. However, at that point, we retained in law the requirement to wear face coverings on public transport and in certain indoor settings. I said two weeks ago that we would review that requirement before the Easter recess, which we have now done. We have taken account of the very high level of infection and the pressure on the NHS, and of the fact that face coverings provide an important layer of

protection against transmission of the virus from one person to another. However, we are also mindful that the data may now be indicating a peaking of the current wave of infection, which should, we hope, become more pronounced over the next couple of weeks.

We have therefore concluded that, subject, as always, to the state of the pandemic, the legal requirement to wear face coverings will be replaced with guidance on the following phased basis. From next Monday, 4 April, it will no longer be a legal requirement to wear a face covering in places of worship or while attending a marriage ceremony, civil partnership registration or funeral service or commemorative event. Then the wider legal requirement that applies to shops, certain other indoor settings and public transport will be converted to guidance two weeks later, on 18 April. We will of course continue to encourage the wearing of face coverings in certain indoor places, especially where significant numbers of people are present.

That phased approach strikes a sensible balance between our desire to remove the one remaining legal measure and the commonsense need for continued caution, not least for the sake of the NHS, while the current wave of infection subsides. I recognise that face coverings are an inconvenience. However, given all the sacrifice of the past two years, and in view of the current pressure on the NHS, I believe that the vast majority of people will accept that, for a further two weeks, it is a proportionate precautionary measure while we pass the peak of the latest wave. It also provides some additional protection to those who are most at risk from the virus.

In conclusion, I want to take this opportunity to thank the public again for the patience and responsibility that continue to be demonstrated by the overwhelming majority of people across the country. Life has returned to normal for most of us, but Covid has not gone away. Indeed, in recent weeks, very few of us will have been untouched by the virus—either ourselves or within our families or networks of colleagues. That in itself is a sign of how infectious the virus continues to be, so while the level of infection remains as high as it is, I ask that people, please, continue to take sensible basic steps to protect themselves and others.

**The Presiding Officer:** The First Minister will now take questions on the issues that were raised in her statement. I intend to allow about 20 minutes for questions, after which we will move on to the next item of business.

**Douglas Ross (Highlands and Islands) (Con):** This week, the number of people in Scotland waiting four hours at accident and emergency departments reached the worst level since records began. More people are waiting longer for cancer

treatment than at any point since 2008. People with critical conditions and others with potentially terminal illnesses are not getting the treatment that they need and deserve quickly enough.

The pandemic has made things worse, but the First Minister cannot get away with just blaming Covid, so will she set out the specific actions that her Government will take now to address those failings and to ensure that people in Scotland get the treatment that they need where they need it?

Turning to Covid, I note that case rates here are now far higher than they are anywhere else in the United Kingdom. The First Minister's strategy is clearly failing, and because of her failing strategy, she is keeping restrictions in place here in Scotland weeks after they have been removed elsewhere. Countries across the UK and Europe have already removed restrictions and are living with Covid.

Today, the First Minister has signalled that face masks will continue to be required for several more weeks. We believe that anyone who wants to keep wearing a face mask should keep on doing so, particularly if it will help vulnerable friends and relatives, but it should be down to individuals' choice, as it is in other parts of the United Kingdom. We should leave it up to people and businesses to decide what is best for them, based on public health advice. Nicola Sturgeon has to start trusting the people of Scotland.

Face masks are not just an inconvenience; they are really holding some people back. Retaining the requirement for face masks in schools and businesses is damaging young people's education and limiting Scotland's economy. The First Minister's statement did not mention schools. When the requirement for face masks is lifted on 18 April, will that include removing them entirely from schools, and not just from classrooms?

We have now heard the third date when face masks will no longer be mandated in law. The First Minister previously said that the legal restriction would be lifted on 21 March, then she said that it would be lifted in early April, and now she says that it will be lifted on 18 April, so will the First Minister guarantee that there will be no further delays?

**The First Minister:** It has always seemed to me to be completely inconsistent to, on one hand, rightly and understandably express concerns about the pressure on our national health service and high levels of infections, while, on the other hand, bemoaning the very limited protective measures that are still in place to help to guide us through the pandemic.

There is very significant pressure on all parts of the national health service, but especially on our accident and emergency departments. In recent

weeks, we have set out the range of steps that we are taking, backed by significant investment, to support the national health service through the pandemic and into recovery. That is about investment and continuing to increase the number of staff who work in our national health service, but it is also about reforming how care is delivered, so that people get timely access to care in the places where they need it.

The most immediate and important thing that we need to do to relieve pressure on our national health service is get the number of Covid cases down. We think that that is now happening, which is why I have given the statement that I have given today.

It is not the case that legal measures are not in place in any other part of the UK. Just yesterday, I spoke to the First Minister of Wales, which has different legal protections in place from the ones that we have, but still has some legal protections in place.

It is important that we take a cautious approach. All the evidence that I have seen on public opinion on the matter suggests that Douglas Ross is seriously out of step with the vast majority of people. People understand that if we all wear face coverings right now, particularly in public places where people do not always have a choice about whether to be there—people must go to shops, for example—we help to protect one another. For a couple of weeks more, while we see the wave of infection peak and start to fall, that is a sensible thing to do and I think that the vast majority of people agree. Although nobody wants to do it for longer than is necessary, I think that most people accept that it is a sensible precautionary measure.

Lastly, we expect the remaining requirement in schools to be lifted in line with the requirement for the general population.

**Jackie Baillie (Dumbarton) (Lab):** I thank the First Minister for the advance copy of her statement.

The levels of Covid remain concerning, not least due to the impact on the NHS. Although life is returning to near normality for many people, that is not the case for those who are immunocompromised and for the 180,000 people who were on the shielding list. Where is the detail about testing for them and their family carers beyond April, and what about access to antivirals? When will the First Minister set out plans to ensure that those people and their carers are afforded assurance about what will happen to them?

While we are on the subject of testing, will testing in schools end? I understand that the advice that is being considered will be that pupils should stay off school if they have any symptoms, without knowing whether they have a cold or

Covid. Pupils and staff absences are already high, which will cause disruptions to pupils' education at the time when exams start. Given that very little has been done to improve ventilation in classrooms, will the First Minister reconsider the matter and ensure that asymptomatic testing continues in schools for at least the next two months?

Finally, I welcome the next stage of the vaccination programme, but we really should have learned the lessons from before and not be sending my 80-year-old constituent from Helensburgh to Dunoon—a 100-mile round trip on two ferries—to get their booster. Hundreds of people have been sent letters giving them appointments many miles away from their homes, and have been told that even if they were to get an appointment locally, they might need to wait until the end of May or the beginning of June. That is a problem with the national vaccination scheduling service. Can the First Minister ensure that it is fixed?

**The First Minister:** On vaccination in Argyll and Bute, we and those in Argyll and Bute have apologised to the people who have been affected by what was an error. My officials met the Argyll and Bute health and social care partnership and NHS Highland to ensure that the problem was being rectified as soon as it had been identified. Everyone who was affected will be contacted as soon as possible, with a new appointment for the correct local vaccination clinic to follow.

Obviously, in a large-scale programme, errors such as that are deeply regrettable when they happen, but that does not take away from the massive success of the vaccination programme, which is the only thing that is preventing all of us right now from having to live with much greater restrictions, because it is helping protect against serious illness.

On the wider questions about people with compromised or suppressed immune systems, they are, of course, being offered additional boosters. That is the first line of protection, and I set out the broad timescale for that in my statement.

After the population-wide testing programme ceases in its current form, testing will be used to ensure that people who would benefit from, and are eligible for, antiviral treatment get speedy access to it. The treatment is being offered on a fairly restricted basis, but it will expand as more antiviral treatments become available.

We will continue to ensure that we communicate with particular groups about on-going provision of testing. Some of the detail of that provision has already been set out in “Coronavirus (COVID-

19)—testing strategy: update—March 2021”, which I think was published two weeks ago.

With regard to schools, we will continue to develop the guidance. It is not testing that is causing young people to be absent, but high levels of infection, so it is important that we get infection levels down so that we reduce the impact of the virus on schools, just as we want to reduce it in broader society.

As we have done all along, we continue to take a balanced approach to the measures that are in place in schools. We will continue to ensure targeted access to testing on the basis that is set out in the testing strategy, and we will go beyond that as far as we can if necessary, given the constraints on funding that I have set out previously in the chamber.

**Alex Cole-Hamilton (Edinburgh Western) (LD):** I, too, share Jackie Baillie's concerns about the paucity of detail on removal of universal access to free LFTs. A fortnight ago, I wrote to the First Minister about the cost of LFTs after 1 May. The Scottish Government has moved in lock step with the UK Government on testing, which means an end to free lateral flow tests in almost all circumstances. They are already being sold online.

Thousands of people rely on LFTs to protect their loved ones, to protect people whom they know are immunosuppressed and to protect those who have spent months shielding from Covid. Understandably, they want to give those people comfort and confidence, but they will be worried about the new cost of caring. It is nothing short of a “Visit your gran” tax.

Will the First Minister guarantee that all carers, NHS staff, and care home staff and visitors have access to free Covid tests? Will she commit to creating a scheme to ensure that free LFTs are available for those who are anxious to protect vulnerable loved ones?

**The First Minister:** The Scottish Government is not in the same position on testing as the UK Government. A cursory look at the position of the UK Government will testify to that. We still support testing in ways that are currently not being used in the rest of the UK. We will continue to support appropriate and targeted use of testing for the purposes that are set out in the testing strategy, and when we advise people to take tests, we will not expect them to pay for those tests, but will continue to ensure access to testing free of charge.

Of course, we will continue to have discussions with people who care for others and people who visit loved ones in particular settings in order that we ensure that there is appropriate access to



testing as we move beyond the population-wide approach that we have taken until now.

**Stephanie Callaghan (Uddingston and Bellshill) (SNP):** Given the relentless pressure on NHS Lanarkshire acute care, with local hospitals currently operating beyond 100 per cent capacity, what more can the Scottish Government do to ensure that the public is aware of the right place to access non-critical care services, and that such provision is available?

**The First Minister:** We continue to work with the health service in a range of ways to support it through an exceptionally challenging period. We are also taking steps to ensure that the public is aware of the right place to access non-critical care and what provision is available. A number of public awareness campaigns have been run, including the general practice access campaign, the right care right place campaign, the NHS 24 winter campaign, and the receptionist campaign, which aired on television and radio in March and focused on the role of the receptionist as a navigator of care. As part of our broader efforts to reform how people access care in a way that is better for them, we will continue to ensure that information is available while the NHS continues to navigate through this incredibly difficult period.

**Sandesh Gulhane (Glasgow) (Con):** I recently saw a woman in her 20s who later died from ovarian cancer because she was too worried to present with symptoms because of GPs being overwhelmed. We know that none of the health boards has made the 62-day standard for treating suspected cancer patients. Macmillan Cancer Support has said that the cancer care system was struggling before the pandemic and it is now failing to cope, despite the herculean efforts of NHS staff. What is the Government doing now—I stress the word “now”—to help to save the lives of those who are facing delays for cancer treatment, as we know that early diagnosis and timely treatment lead to better outcomes and that the money that the First Minister has already announced has not solved the problem?

**The First Minister:** Cancer care was rightly a priority throughout the pandemic, and it continues to be so. The 31-day cancer treatment target has been met consistently, and there is a real focus on ensuring that the 62-day target is met. Of course, median waiting times for access to treatment are very short, but we recognise the importance of doing more about early detection of cancer, which is why the detect cancer early campaign has the investment and support that it does. The new early diagnostic centres that I have spoken about previously are also being developed.

This is a really important area of care and I end my answer with a very strong message to anybody who has symptoms that are indicative of cancer,

or anybody who has symptoms causing them concern that they might have cancer, to seek medical attention urgently and contact their GP. Cancer is and will continue to be a clinical priority in the national health service.

**John Mason (Glasgow Shettleston) (SNP):** I have to confess that the 2,300 people in hospital concerns me quite a lot, and it concerns quite a lot of other people. Is the First Minister confident that that number will reduce without us having further restrictions in place?

**The First Minister:** The number of people in hospital is obviously a concern to me, to the Cabinet Secretary for Health and Social Care and to the Government, which is why it is important that we continue to exercise a degree of caution.

We know from the journey of any infection and from our experience of Covid that, as we start to see case numbers come down, as I hope that we are beginning to do with the latest wave of infection, we will start to see the pressure on hospitals easing as well. We are keen that that happens as quickly as possible. We have an early indication in the hospital admission figures that we are starting to see a slight easing of pressure, but we want that to intensify in the days and weeks to come.

Of course, vaccination is providing significant protection against serious illness. Although the hospital numbers that we are seeing right now are putting severe pressure on the health service, those numbers would be much higher, but for vaccination. Because of vaccination, the number of people who need treatment in intensive care is lower than it has been at previous stages of the pandemic.

I am not complacent, nor should any of us be complacent, about the pressure on our national health service, but we know that, if case numbers fall—if the current wave has peaked, the fall in case numbers will become more pronounced in the days ahead—the pressure on our NHS will start to ease some days after that.

**Paul O’Kane (West Scotland) (Lab):** Our hospitals are under immense pressure, and A and E waiting times are shocking. Care at home and residential care services are also under immense pressure, and schools in some parts of the country are having to temporarily close. Already high staffing shortages are being exacerbated by Covid-related absences. As a consequence, people who need support are often falling through the gaps and staff are struggling to keep things going. I am talking about older people who need care and young people who are preparing for exams.

What urgent additional support will the First Minister provide to support services that are in

desperate need? Will she clarify the Government's plans for self-isolation and testing as we move forward into the spring and summer period?

**The First Minister:** The Cabinet Secretary for Education and Skills has previously set out the support that is available for young people who are studying for exams. We continue to engage with the Convention of Scottish Local Authorities on the support that local authorities are providing for social care services.

The future approach to testing and self-isolation has been set out in the testing strategy. We will continue to advise people who test positive and who have symptoms of Covid to isolate. That is the responsible thing for all of us to do.

Even despite the protection that vaccination gives us against serious illness, one of the biggest challenges of case rates being as high as they are now is the level of staff absences across key critical services that is caused. The way to ease that is to get case numbers down. That is why we continue to take the cautious approach that we are taking, and why we are optimistic that we are starting to see the corner being turned, such that that pressure, along with the other pressures on the NHS, will ease in the days ahead.

**Audrey Nicoll (Aberdeen South and North Kincardine) (SNP):** A rapid review by the UK Health Security Agency suggests that people who are vaccinated are less likely to develop long Covid, even if they catch the virus. Would the First Minister therefore encourage anyone who has not yet had the vaccine to come forward and do so?

**The First Minister:** Yes, I would very strongly give that encouragement. The study referred to underlines the benefits of receiving a full course of Covid vaccination. That is the best way of protecting ourselves from serious symptoms when we get infected, and it might also help to reduce any longer-term impact.

We know that vaccination has been the most effective tool that we have had against the virus, and that will continue to be the case. I say to anyone who has not yet come forward for their first, second or third dose that it is not too late; please make sure that you contact the helpline or get in touch with your doctor in order to be vaccinated as quickly as possible. It is not too late to be vaccinated, so please do not feel embarrassed about coming forward now—you could be giving yourself and your loved ones vital protection.

**Gillian Mackay (Central Scotland) (Green):** For some people, face coverings are an inconvenience but, for others, they make the difference between being able to go about their lives safely and contracting a serious illness. Face coverings reduce risk, and they provide an extra

layer of protection to people who are vulnerable to the virus, many of whom will be concerned about the decision to convert the legal requirement into guidance.

Has the Scottish Government consulted disabled people's organisations about the impact that that decision will have on people who are clinically vulnerable?

**The First Minister:** We will continue to engage with a range of groups in the population about all of those decisions. It is the case that, as I have laid out in the chamber many times before, with any legal restriction, we have to be sure that we act lawfully. That means that we must make an assessment of the proportionality of keeping any measure in law. That applies to the face covering measure as it did previously to all others. We have to balance those decisions carefully.

Gillian Mackay is right about the broad balance of public opinion on face coverings. I have to say that I get many more contacts from people who are worried about the requirement to wear a face covering no longer being in law than I do from people who are annoyed about having to wear face coverings. I accept that nobody wants to have to do anything like that if it is not necessary but, if wearing a face covering helps to provide some protection to others, particularly those who are most clinically vulnerable to the virus, then I think that, particularly after all the sacrifice and heartache of the past couple of years, the vast majority of people accept being asked to do that for a couple more weeks whether or not they like it.

These decisions have to be taken carefully and we will seek to do that as far as we possibly can.

**Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP):** Following on much the same strain, does the First Minister agree that Douglas Ross should remember that we wear face coverings not just for ourselves but mainly to protect the stranger next to us on the bus or in the supermarket who might be, for example, undergoing cancer treatment and be immunodeficient without us knowing and who needs us to wear our masks so that they can at least go out and shop?

**The Presiding Officer:** Before the First Minister responds, I point out that members are encouraged to ask questions on issues raised by the First Minister in her statement.

First Minister, be very brief because we are very tight for time.

**The First Minister:** We should possibly all remember—despite the wall of abuse that came from the Conservative section of the chamber during that question—that, although we might

have disagreements, we are dealing with a pandemic of an infectious virus and perhaps we can try to deal with the issues in a more civilised way than some members in the chamber are demonstrating.

Christine Grahame is right. The wearing of a face covering is about giving other people protection. When we are in a supermarket, we do not know who might be close by who is more clinically vulnerable to the virus. While infection levels are as high as they are right now—we hope that they will reduce in the days and weeks to come—if wearing a face covering in a supermarket, for example, might reduce the risk of passing the virus to somebody who, if they got it, would become, or be at risk of becoming, seriously unwell, that is a price that most of us are willing to pay at this stage of the pandemic.

**Murdo Fraser (Mid Scotland and Fife) (Con):** Given everything that the First Minister just said, why did she not wear a face mask yesterday?

**The First Minister:** I abided by the rules in place there. I wore a face covering on the train to and back from London. I abide by the rules. I know that the Conservatives perhaps struggle to understand it, but I abide by the rules.

**Rona Mackay (Strathkelvin and Bearsden) (SNP):** News reports suggest that the Metropolitan Police are about to issue fines—*[Interruption.]*

**The Presiding Officer:** I would be very grateful if we could hear Ms Mackay, thank you.

**Rona Mackay:** Thank you, Presiding Officer.

News reports suggest that the Met Police are about to issue fines to at least 20 officials who breached Covid restrictions by attending parties held at Downing Street. Is the First Minister concerned that those events in Westminster potentially undermine public health messaging in Scotland?

**The Presiding Officer:** I appreciate that the issue touches on Covid. It might be the member's view that that is the case. However, this question session is for questions to do with the issues that were raised in the First Minister's statement.

First Minister, be very brief.

**The First Minister:** I believe that it is important to continue to take balanced judgments. I hope that we are getting to a point at which the pandemic is behind us but, right now, while levels of infection are as high as they are, my job—my duty—is to take decisions that are right for the people of Scotland. That is what I will continue to do. No doubt that will meet a wall of criticism, whatever I do, from the Conservative members. However, my job—my duty—is to do right by the

people of Scotland, and that is what I will always seek to do.

**The Presiding Officer:** That concludes the First Minister's statement on the Covid-19 update.

## Portfolio Question Time

### Health and Social Care

14:35

**The Deputy Presiding Officer (Annabelle Ewing):** The next item of business is portfolio question time. In order to get in as many members as possible, it would be helpful to have succinct questions and answers.

The first portfolio is health and social care. I remind members that questions 1 and 5 are grouped together, so I will take supplementaries on those questions once both have been answered.

If a member wishes to request a supplementary question, they should press their request-to-speak button during the relevant question, or enter the letter R in the chat function.

Question 1 is from Pam Duncan-Glancy, who is joining us remotely.

#### National Health Service (Staffing Shortages)

**1. Pam Duncan-Glancy (Glasgow) (Lab):** To ask the Scottish Government whether it will provide an update on the action it is taking to tackle the reported staffing shortages within the NHS. (S6O-00926)

**The Cabinet Secretary for Health and Social Care (Humza Yousaf):** I am fully aware of the difficult circumstances that boards and front-line staff are working in. That is why we have worked hard to ensure that our NHS has record levels of staffing, with increased numbers of staff for the past 10 consecutive years. Under this Government, we now have 28,700 more whole-time equivalent staff, or a 22.6 per cent increase. In the last year alone—

We are also investing in record levels of domestic training for doctors and nurses. We have committed over £1 billion to our recovery plan, and £300 million, which was announced last winter, to support additional recruitment. That is already paying off. We have successfully recruited 1,000 healthcare support workers.

We recognise the challenges across the United Kingdom and internationally in recruiting enough staff to meet changing service demands. That is why, on 11 March, we published a long-term workforce strategy, setting out our clear ambition. We will work closely with health boards and health and social care partnerships to produce new staffing projections in the autumn, based on their three-year workforce plans.

**Pam Duncan-Glancy:** I thank the cabinet secretary for that answer, but the plans are not working. In NHS Greater Glasgow and Clyde, nursing and midwifery vacancies have never been higher. The Royal College of Nursing report that came out yesterday found that there are 3,075 vacancies, and that about 11 per cent of posts are unfilled.

A constituent has been in touch with me about the impact that the situation has had on them. They waited 16 months for a potentially life-changing procedure, and when they finally got the appointment, a nurse spoke of lengthy waits and said that, during the pandemic and, crucially, during the period when it was remobilising, the clinic at the New Victoria hospital had to shut down four times to provide staff cover for the Queen Elizabeth university hospital, due to a lack of staff there.

Patients are being let down and staff have excessive workloads. The recovery plan is not working. The Scottish Government must wake up to the crisis. What more will the cabinet secretary do to address workforce shortages, with resources to back up actions, including improvement of pay and conditions, as a matter of urgency?

**The Deputy Presiding Officer:** Before the cabinet secretary responds, I say that that is not an example of a succinct question.

**Humza Yousaf:** I will try to give a succinct answer if I can, but I recognise that Pam Duncan-Glancy's question is an important one. I welcome the report "The Nursing Workforce in Scotland". With health spokespeople from across the chamber, I met the RCN this morning. We heard, from nurses who were there, very powerful contributions on the challenges that they are facing.

I say to Ms Duncan-Glancy that, overall, nursing and midwifery staffing numbers are at a record high and are up 14.5 per cent, under this Government. Of course, creating new posts is an essential part of workforce expansion. We are investing in our health service. I can give the member lots of detail on that, but for the sake of brevity, I will perhaps write to her about the investment that we are making.

My final point is that, if we can control transmission of Covid, that will be the single biggest factor that will help with some of the workload pressures that our nurses are facing at the moment.

#### Health and Social Care (Workforce Pressures)

**5. Murdo Fraser (Mid Scotland and Fife) (Con):** To ask the Scottish Government whether it will provide an update on what it is doing to

address reported workforce pressures in health and social care. (S6O-00930)

**The Cabinet Secretary for Health and Social Care (Humza Yousaf):** I stress again that staffing has increased under this Government over the past 10 years, with 28,700 more whole-time equivalent staff, and that our £1 billion recovery plan and the £300 million to support pressures over the winter are having an effect. Just this week, we saw that the Scottish Ambulance Service had recruited to a record 550 posts in a single year. Also, 1,000 additional healthcare support staff have been recruited because of our investment.

We engage closely with health boards and integration authorities across the country to offer support, and the situation is under constant review.

**Murdo Fraser:** The RCN report to which the cabinet secretary referred concludes that

“There are simply not enough nursing staff to provide the care our population needs.”

In Fife, nursing and midwifery vacancies, at 575, have never been higher. In Tayside, 452 posts are unfilled, which is up nearly 300 since the pandemic started.

We are living with the consequences of the decision that Nicola Sturgeon took, when she was health minister, to cut the number of training places for nurses and midwives. What will the Scottish Government do to tackle staff retention, given that so many members of the workforce are leaving due to stress?

**Humza Yousaf:** I reiterate that nursing and midwifery staff numbers are at record high levels across the country and are up by 14.5 per cent—*[Interruption.]* If the member listens, he will find that I am trying to address the question.

The RCN report is important, and Murdo Fraser is right to say that there are a number of vacancies, but creating new posts is an essential part of workforce expansion. That said, I fully accept that we need to grow the workforce. We have plans to do that through domestic recruitment, through the student pipeline and through international recruitment.

The member’s point about retention is important and fundamental; it is why our staff are the best paid in the United Kingdom. I promised and committed to the RCN today, as I have done previously, that we will look at terms and conditions and consider what more we can do to retain our excellent skilled workforce. I pay tribute to every single member of that workforce.

**The Deputy Presiding Officer:** I can take some but not all supplementaries.

**Sue Webber (Lothian) (Con):** I am pleased that the Scottish National Party Government, despite having described our plan for Covid recovery, “Back to Normality: A Blueprint for Living with Covid” as “reckless”, has accepted, in its updated strategic framework, a large number of our recommendations.

Chief among them is the ending of mass testing in Scotland and its replacement with a programme of representative sampling. Although that is a welcome development while we learn to live with Covid, it means that 7,000 test and protect employees might have their contracts terminated early. Given the acute and unrelenting staff shortages across Scotland’s NHS, what assessment has the cabinet secretary made of the possibility of redeploying those workers to other parts of our health service?

**Humza Yousaf:** That is a good question. In the interests of brevity, I give Sue Webber an absolute assurance that our health boards and health and social care partnerships are working extremely closely with our test and protect staff—I pay tribute to their incredible efforts over the course of the pandemic—to see where we can redeploy them. That will be possible with some of them, because there will be a skills match and some will want to stay within the NHS and social care, but I cannot promise that that will happen with every member of staff. We are working exceptionally closely on that and will look to redeploy as many of those hard-working staff as we can.

**Alex Rowley (Mid Scotland and Fife) (Lab):** In social care, a major recruitment and retention issue is creating a crisis. We know that major factors in that are poor terms and conditions and pay, and unequal treatment—in particular, for staff who work in the private sector. Why is the Government not tackling the issue? What will it do to tackle it, given that if it does not, the issue will keep getting worse?

**Humza Yousaf:** First, I note that we are recruiting to the social care workforce. As I said in two previous answers, we have successfully recruited 1,000 healthcare support workers, many of whom will work in social care.

The point about pay is important, which is why we have introduced not one but two pay uplifts during my time as health secretary. We will also ensure that we get rid of the inconsistency across the country—the postcode lottery of terms and conditions to which the member has previously rightly made reference—with the introduction of the national care service. I look forward to having Labour’s support in that endeavour.

**Willie Rennie (North East Fife) (LD):** I do not think that the cabinet secretary really understands the depth of the problem in social care. I have

reports of people being endlessly stuck in hospital because there are no care home packages. There have been missed visits because there are no care-at-home staff. People are not getting the end-of-life care that they desperately need—they are dying before they get that care. Why has the minister allowed the situation to get so bad?

**Humza Yousaf:** I understand why Willie Rennie, rightly, asks the question, although I find that he asked the question in an extraordinarily patronising manner. There is not a single person on the Government front bench—myself included—who does not understand the depth of this issue. He does not know any of our personal circumstances, but many of us are also dealing with the issues personally.

I do not want Willie Rennie to think that there is no urgency from the Government. There is, which is why we have recruited into social care, and it is why we continue to speak with, meet and offer support to health and social care partnerships up and down the country. We are developing a national care service so that we can have consistency in standards and so that we can have accountability to ministers that does not exist under the current structures.

I know that Willie Rennie's party has opposed that: even although it did, I would be keen to discuss with him the importance of the national care service. He should be left in no doubt about the seriousness of the issue or about how seriously we take it. We will continue to invest in social care. If he wants to have a detailed discussion about that, my door is open to him.

**Audrey Nicoll (Aberdeen South and North Kincardine) (SNP):** The cost of living crisis, including the increasing cost of fuel, will be worrying our vital health and social care staff. I was recently contacted by a constituent who highlighted the impact that it could have on NHS community and district nurses. Are there any plans to increase business mileage payments for NHS employees, to ensure that payments reflect the rising cost of fuel?

**Humza Yousaf:** All I can say at this stage is that the matter is under consideration. The issue was raised by the RCN this morning, with a powerful contribution from NHS Lothian's hospital at home team. The issue is under consideration.

### Community First Responders (Islands)

2. **Liam McArthur (Orkney Islands) (LD):** To ask the Scottish Government how it is supporting the provision of community first responders in island communities. (S6O-00927)

**The Cabinet Secretary for Health and Social Care (Humza Yousaf):** Community first responders are dedicated and valuable assets to

the island communities that they serve. I thank them for all that they have done throughout the pandemic and also pre-pandemic. They are highly valued by both the Scottish Ambulance Service and the Scottish Government.

The Scottish Ambulance Service is primarily responsible for supporting the provision of community first responders, and the Scottish Government provides funding to support the British Association for Immediate Care Scotland, which provides high-quality pre-hospital emergency care training to health professionals in Scotland. That training is for rural clinicians, such as general practitioners and advanced nurse practitioners, to support first responders in providing care to patients until the emergency services arrive.

**Liam McArthur:** I thank the cabinet secretary for that, and I agree with his comments on the vital role that community responders play, certainly in Orkney. I pay tribute to the work that they do in keeping their communities safe.

At present, some responders are considering leaving the service. They are frustrated at inconsistencies in how responders on different islands are treated and they are concerned about unsustainable burdens being placed upon them. That could have serious consequences for the island communities concerned. Will the cabinet secretary ensure that NHS Orkney and the Scottish Ambulance Service are supported, including financially, to develop models that work in an island context and provide greater consistency of support for community responders?

**Humza Yousaf:** Liam McArthur raises an exceptionally important issue. I am aware that there are different local arrangements across the islands, which means that some responders are paid for on-call sessions and for call-outs by the Scottish Ambulance Service, while others operate on an entirely voluntary basis. I understand that the member has had discussions with the Scottish Ambulance Service on the issue. The Scottish Ambulance Service has assured me that it is committed to working with NHS Orkney and the local community to find a suitable resolution to the issue, and the service has asked to be kept updated on the progress of that.

**The Deputy Presiding Officer:** We have a supplementary question from Sandesh Gulhane. [*Interruption.*] We need to unmute Dr Gulhane.

**Sandesh Gulhane (Glasgow) (Con):** Can you hear me now?

**The Deputy Presiding Officer:** Yes, thank you. Please proceed.

**Sandesh Gulhane:** Suffering an out-of-hospital heart attack has a very bad survival rate, but use

of a defibrillator can save lives. I am sure that the cabinet secretary joins me in wanting to have defibrillators across our communities. Will he be able to make money available to amateur sports clubs across the country to have defibrillators installed? Will he also make funds available to roll out the registration of current defibrillators in the circuit programme, which is run by the British Heart Foundation?

**Humza Yousaf:** I know that Dr Gulhane has a real interest in sport. I think that he is the doctor for a football club—I certainly know that he was one in a past life—so I know that the issue is close to his heart. I will absolutely look at what more funding and support we can provide in that respect.

### **Neurodevelopmental Assessment Waiting Times (Lanarkshire)**

**3. Graham Simpson (Central Scotland) (Con):** To ask the Scottish Government what action it is taking to reduce neurodevelopmental assessment waiting times in Lanarkshire. (S6O-00928)

**The Minister for Mental Wellbeing and Social Care (Kevin Stewart):** The Scottish Government is committed to implementing the “National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care”, which was published in September 2021. It specifies service standards that all children’s services should follow to ensure that access to support is effective and consistent across Scotland.

The Scottish Government has also commissioned directors of e-health, working with others including Public Health Scotland, to improve digital infrastructure, applications and data to report on all standards in the national neurodevelopmental specification.

In addition to those actions, and to support that work, £3.06 million has been allocated to NHS boards in 2021-22 to build professional capacity in boards to support children and young people with neurodevelopmental support needs.

**Graham Simpson:** Ahead of receiving a neurodevelopmental assessment, it is common for children under five to be vetted by a community paediatrician. I have a constituent who has been told by NHS Lanarkshire that her son will have to wait 21 months to see a paediatrician, and that does not include the delay on the neurodevelopmental waiting list, which is currently two to three years.

What progress is the Scottish Government making on the target that it set last September, which the minister referenced? It states that children and young people should receive their

assessments within four weeks of identification of need. Will he confirm what specific funding has been allocated for catch-up in relation to the assessments?

**Kevin Stewart:** It is very difficult for me to comment on an individual case, but if Mr Simpson gets in touch with me, we will have a look at that. I know that this will be a worrying time for the family involved. We will see what we can do if Mr Simpson gets in touch.

In general, we are closely monitoring national health service boards with significant performance challenges, including NHS Lanarkshire, and supporting the continuous development of their detailed local improvement plans. The creation of those plans is further supported by enhanced support from subject matter experts and the sharing of best practice.

NHS Lanarkshire has appointed two waiting list co-ordinators and they are taking forward a validation exercise for child and adolescent mental health services and neurodevelopmental work, which should be completed by the end of March. I will also ask the board to look at the specifics of the situation that Mr Simpson has described.

**Collette Stevenson (East Kilbride) (SNP):** I welcome the work that is being done to tackle waiting times. Is the Scottish Government working with stakeholders such as the NHS, local authorities and the third sector to maximise the support that is available to people who are waiting on a formal diagnosis but still require some input? How can we improve that to ensure that individuals get the support that they need?

**Kevin Stewart:** The brief answer is yes. Through our children and young people’s mental health and wellbeing joint delivery board, we continue to work with colleagues across the NHS, local authorities and those in the third sector to improve support for children and young people. In particular, we have recently provided five local authority areas with additional funding to take forward tests of change on the implementation of the neurodevelopmental service specification.

### **Problem Alcohol Use (Investment in Services)**

**4. Claire Baker (Mid Scotland and Fife) (Lab):** To ask the Scottish Government how it is targeting investment to improve services for people with problem alcohol use. (S6O-00929)

**The Minister for Public Health, Women’s Health and Sport (Maree Todd):** We announced £100 million of additional investment to increase the availability of residential rehabilitation, which will benefit people with alcohol use disorders.

We are exploring the evidence around managed alcohol programmes for people who experience

homelessness by contributing to the running and evaluation of the Simon Community Scotland pilot in Glasgow. Last year, we launched our framework towards a whole-family approach. It sets out the principles of how we will improve holistic support for families that are affected by drugs and alcohol by using family-inclusive practice.

**Claire Baker:** As the minister will know, in 2020, the number of people who died directly because of alcohol use increased by 17 per cent to 1,190. Although I appreciate that the long-awaited alcohol treatment guidance is the responsibility of the United Kingdom Government, when it is introduced in Scotland, will the Scottish Government commit to introducing standards that are similar to the medication-assisted treatment standards that have been introduced for problematic drug use, which would look to provide a framework for people with problem alcohol use to ensure that they get the support that they desperately need?

**Maree Todd:** Absolutely. We have been working with the UK Government and the other devolved Administrations in reviewing and updating clinical guidelines for alcohol treatment. The guidance will look to introduce new approaches to treatment and will apply to a broad range of settings, including primary care and hospital and justice settings. That will support the development of a clear consensus on good practice and will help services to implement interventions for alcohol use disorders that are recommended by the National Institute for Health and Care Excellence.

Successful implementation of the guidelines for alcohol treatment in Scotland will set a platform for our work around introducing standards and targets. I assure the member that the Scottish Government is working hard to understand any commonality between medication-assisted treatments for drug use and alcohol treatment. Officials from both alcohol and drug policy are working closely to explore the opportunities for alcohol treatment, which will ensure that we are learning from the experience of embedding drug MAT standards.

**Gillian Martin (Aberdeenshire East) (SNP):** We know the benefits of keeping families together during treatment, which not only aids a person's recovery but reduces harms for their children. Will the minister expand on the work of the Aberlour Child Care Trust project and how it will support improved outcomes for women and children?

**Maree Todd:** The member is absolutely correct: a key recommendation from both the Scottish Drug Deaths Taskforce and the residential rehabilitation working group was the improvement of residential services for women and children. There has been a disproportionate increase in the

number of drug-related deaths among women, and the need to act on the recommendation has never been greater.

On 23 March, it was announced that funding would be given to the Aberlour charity to establish two new recovery units that are specifically aimed at helping women and their children through treatment. The project will provide Scotland's first dedicated mother and child residential care units, and will allow women to receive recovery support while living with their children.

The new units will provide eight new residential rehabilitation placements for women in Scotland. The houses will be designed to enable the children of women with problem substance use to stay with their mothers during their recovery. The service will integrate addiction services with mental health and homelessness services, and it will take a person-centred approach to recovery.

The project has the support of The Promise Scotland, which aims to give families the support that they need to stay together, and it will help to ensure that many women can access residential treatment without fear of their children being removed from their care.

**The Deputy Presiding Officer:** Question 6 has been withdrawn.

#### **People with Suicidal Intentions (Accident and Emergency Support)**

**7. Stephen Kerr (Central Scotland) (Con):** To ask the Scottish Government what assurances it can provide regarding the support that is given to people who attend accident and emergency between 5.30 pm and 9.00 am with suicidal intentions. (S6O-00932)

**The Minister for Mental Wellbeing and Social Care (Kevin Stewart):** Everyone who is in need of emergency mental healthcare must receive that support quickly and, wherever possible, close to home. NHS 24's mental health hub provides 24/7 support for anyone who is seeking mental health support, and health boards have made considerable progress in improving care for those seeking out-of-hours support through a roll-out of mental health assessment services. If there is a real threat to life, people can be directed to, and receive prompt care in, A and E departments.

Each health board has arrangements in place to ensure that patients who present at A and E in mental health crisis are properly assessed and cared for, at any time of the day. In practice, that involves specialist mental health clinical staff working alongside A and E teams to ensure that people who have suicidal intentions are assessed and that tailored care plans are put in place. Those care plans may include accessing support from crisis support organisations or local mental



health services or, where necessary, admission to hospital.

The distress brief intervention programme provides personalised, compassionate support to people who present to front-line services—including A and E departments—in emotional distress but who do not need emergency clinical services. DBI is available nationally via NHS 24 and provides practical support to help people understand and manage their distress.

**Stephen Kerr:** There are between 15 and 20 people in the Falkirk area who repeatedly present at A and E accompanied by police officers due to suicide attempts. The police pass them into the care of the national health service and then, too often, the NHS discharges them at times when support services are closed—sometimes even in the middle of the night. Will the minister or perhaps even the cabinet secretary agree to meet me and concerned constituents to discuss these matters in detail, with a view to stopping A and E discharging vulnerable people at times when they cannot access the support that they need?

**Kevin Stewart:** We know that some people experiencing mental ill health and distress present at A and E and a minority of people do so repeatedly, as Mr Kerr has described. Through the redesign of urgent care programme, the Government is working with partners to ensure that people do not have to attend A and E to receive the care that they need. However, when they do, improvements to our urgent care response will ensure that appointments can be scheduled so that clinicians are ready to receive people, providing care quickly and reducing waiting times for patients.

I am keen to get the redesign of urgent care programme absolutely right and I am happy to meet Mr Kerr.

**The Deputy Presiding Officer:** I can squeeze in question 8 if there are succinct questions and answers.

#### **Covid-19 (Ending of Free Testing)**

8. **Stephanie Callaghan (Uddingston and Bellshill) (SNP):** To ask the Scottish Government whether the number of people in hospital with Covid-19 recently reaching the highest level since the pandemic began has impacted on its modelling and risk assessment regarding the ending of free testing for the general population from 30 April. (S6O-00933)

**The Cabinet Secretary for Health and Social Care (Humza Yousaf):** Although case rates are currently high in Scotland, we recognise that we are in a different phase of the pandemic. Testing will still be required for other purposes; it will play a role in supporting patient treatment and care and

protecting those in the highest-risk settings, and it will be a key part of surveillance. Our modelling is continually updated based on a range of data, including hospital occupancy and infection levels.

**Stephanie Callaghan:** I am also interested in any comments that the cabinet secretary may have in response to third sector organisations and professional bodies that have recently raised further concerns for those they represent who are in a high-risk health group or working environment about the impact that the end to asymptomatic testing will have on their health and wellbeing, as well as on their confidence and their ability to carry out their professional duties.

**Humza Yousaf:** We have set out in our transition plan that there will be continued testing for those in high-risk settings.

I met a group of carers this morning, who were speaking on their behalf and on behalf of those that they care for, and I recognise that there is still some anxiety for those who were on the highest-risk list. That list is currently being reviewed by clinicians, as indicated by the chief medical officer in his latest letter to that group. The review is anticipated to conclude shortly and I will make sure that Stephanie Callaghan is kept updated.

**The Deputy Presiding Officer:** We will now move to the next portfolio. I will allow a short pause to enable front-bench teams to move seats if they wish.

### **Social Justice, Housing and Local Government**

**The Deputy Presiding Officer (Annabelle Ewing):** The next portfolio is social justice, housing and local government. If a member wishes to ask a supplementary question, they should press their request-to-speak button or enter an R in the chat function during the relevant question.

#### **Social Housing (Shortage)**

1. **Willie Rennie (North East Fife) (LD):** To ask the Scottish Government what its response is to the reported on-going shortage of social housing since 2007. (S6O-00934)

**The Cabinet Secretary for Social Justice, Housing and Local Government (Shona Robison):** I am very proud of our record of delivering more than 108,000 affordable homes since 2007, with more than 75,000 of those for social rent. We are committed to delivering 110,000 affordable homes by 2032, at least 70 per cent of which will be available for social rent. Ten per cent will be in our remote, rural and island communities. To support that aim, our total planned investment of £3.6 billion in this

parliamentary session means that we can continue the important work that was started in 2007 of ensuring that everyone in Scotland has a warm, safe and affordable place to live in.

**Willie Rennie:** The trouble is that Scottish National Party housing ministers have been saying exactly the same thing for the past 15 years. There are 16,000 people on the Fife housing register waiting list. The minister wrote to me recently and claimed that, under the affordable housing supply programme, 370 new houses were built in Fife last year. At the current rate of progress, it will take another 43 and a half years to clear the waiting list. Should not the housing strategy be changed from housing 2040 to housing 2065?

**Shona Robison:** SNP housing ministers have been delivering affordable homes. They have delivered 108,000 since 2007, and another 110,000 will be delivered by 2032.

Since 2007, a total of 6,011 affordable homes have been delivered in the Fife Council area, 4,485 of which have been homes for social rent. Investment in Fife will be at a record level in this parliamentary session, at £179.3 million. That will deliver a range of housing and a mix of affordable tenures. Investment of £40.2 million in this year alone will mean that an estimated 400 affordable homes will start on-site, and it is expected that a further 378 homes will be completed, the vast majority of which will be for social rent. We will continue to get on with delivering affordable homes.

Willie Rennie comes to the chamber and says that we need a housing strategy with a longer timeframe. How about Willie Rennie coming to the chamber with some positive suggestions and proposals for once? We are delivering affordable housing in Scotland at a level that well exceeds that of anywhere else on these islands, and I am proud of that.

**Mercedes Villalba (North East Scotland) (Lab):** As well as the on-going shortage of social housing, there is a lack of democracy in respect of rent increases in the social rented sector. Most social landlords conduct limited consultation of tenants and present them with no choice other than to accept a rent increase. The tenants union Living Rent is calling for statutory and binding rent consultations that present a real choice to tenants and empower them to reject rent increases if they wish to do so. Will the Scottish Government stand up for tenants by making that change?

**Shona Robison:** The affordability of rents is a huge priority for the Government. That is why my colleague Patrick Harvie is taking forward the rental housing strategy, which is out for

consultation. The affordability of rents and rent controls are, of course, an important part of that.

On the social rented sector, Mercedes Villalba should be aware that the Scottish Housing Regulator has a role in ensuring that rent levels are not increasing at an unacceptable rate. Of course we want to keep rents at an affordable level for tenants.

It is important that Mercedes Villalba recognises that the rental income from social housing for councils and housing associations is reinvested in further affordable housing stock. I hope that she welcomes that.

**Stephanie Callaghan (Uddingston and Bellshill) (SNP):** How will the measured lifting of Covid restrictions support the construction sector to get back to a normal level of delivery and, by extension, support the delivery of affordable housing plans?

**Shona Robison:** I am sure that the member is aware, as others will be, that delivery continues to be challenging, due to the on-going impact of the current tendering climate, which is affected by global shortages in the supply of materials and skilled labour, and the associated rising costs, as well as the continuing impact of the pandemic. We are working closely with our social and affordable housing delivery partners to ensure the delivery of warm, affordable homes. Recent completion figures show positive progress, with a welcome 35 per cent increase in completed homes compared with the previous year. However, it is a concern and we are working with local partners to make sure that the affordable housing supply programme keeps up the necessary momentum.

#### **Adapted Housing (Support for Local Authorities)**

2. **Paul O'Kane (West Scotland) (Lab):** To ask the Scottish Government what action it has taken to support local authorities in providing adapted housing. (S6O-00935)

**The Cabinet Secretary for Social Justice, Housing and Local Government (Shona Robison):** Local authorities are responsible for determining local housing needs and priorities, including for people who need adapted housing. However, we know that there are issues with how adaptations are accessed and delivered locally and we are taking forward a programme of work to streamline and make the process easier for people. We are working to increase the supply of accessible and adapted homes. Wherever possible, all new affordable homes are designed to be flexible in order to meet people's needs as they change over time. We are also delivering a programme to retrofit homes in the social rented sector to make them more accessible.

**Paul O’Kane:** I thank the cabinet secretary for that response and I recognise what she says about aids and adaptations. In a previous answer from Kevin Stewart, I noted the commitment of £20 million of extra funding for housing, in order to bring people home from long-stay hospitals. Although funding has been committed, it seems that no real targets are attached to a lot of that money. Given that organisations such as Enable Scotland, the MS Society and MND Scotland have highlighted and campaigned on the need for speed in relation to adapted housing, will the cabinet secretary commit to a target of at least 10 per cent of new social housing properties to be fully accessible internally and externally?

**Shona Robison:** I certainly want to look at how we can make improvements in delivering more accessible homes. The member will be aware of “Housing for Varying Needs: a design guide”. Although the guide is a good standard, we are commencing work on a review of it. In relation to targets, we expect local partners to map out the needs in their area. Rather than setting up a national arbitrary target, it is more important that local authorities identify needs in their area. Of course, there are now requirements for local authorities to report back on the number of wheelchair-accessible housing properties. However, if there is more that we can do, I am happy to continue to talk to the member about that.

### Unsafe Cladding

**3. Meghan Gallacher (Central Scotland) (Con):** To ask the Scottish Government whether it will introduce the same proposals as the United Kingdom Government that will remove unsafe cladding from all medium or high-rise buildings. (S6O-00936)

**The Cabinet Secretary for Social Justice, Housing and Local Government (Shona Robison):** By adopting critical new British Standards Institution publicly available specification guidance, which is called the PAS 9980, the UK Government has adopted the Scottish Government’s approach, which combines building integrity and fire safety. That move is welcomed. Our single building assessment is the right solution for Scotland’s unique tenure system and need for a bespoke solution. We await news of the UK Government’s proposed developer fund and how that will support the devolved Administrations. I will update members in due course on our further plans to help more home owners with assessment and to mitigate and remediate their properties against unsafe cladding.

**Meghan Gallacher:** The minutes of the building standards (fire safety) review panel meeting in January, which were published this week,

revealed that the panel has recommended that the BS 8414 tests should be retained. That recommendation contrasts with England and Wales, which have had a regulatory ban on the use of that test for high-rise domestic and institutional buildings for several years. Support for a regulatory ban on BS 8414 was the most popular choice in the Scottish Government’s recent consultation, and the Scottish Fire and Rescue Service, the Scottish Tenants Organisation and many local councils were among those in favour of a ban. Will the cabinet secretary join England and Wales in properly banning combustible cladding and insulation from high-rise buildings?

**Shona Robison:** We are taking forward the requirements. Of course, we already had a different set of building standards in place, and we are taking forward the necessary changes that will ensure that we have the building standards that are required. I am happy to write to the member with the detail of that.

However, that is just one element of addressing the issue. Building standards are critical and, as I said, Scotland has some of the most rigorous building standards in the UK, as I hope the member appreciates. We need to ensure that the issues that are being addressed are about not just building standards but insurance and mortgage availability, which are of course reserved matters that sit with the UK Government.

I would like more partnership working on all those issues, but that is incredibly difficult when the UK Government seems to fail to understand the issues of property law and property rights in Scotland. That is getting in the way of resolution here in Scotland, and there is a similar situation in Wales. It is very difficult to get the UK Government to listen on that. If the member can assist with that, that would be very welcome.

**The Deputy Presiding Officer:** We have a supplementary from Willie Coffey, who joins us remotely.

**Willie Coffey (Kilmarnock and Irvine Valley) (SNP):** Will the cabinet secretary detail what fire safety actions the Scottish Government has taken to enhance the safety of buildings, based on the work of the ministerial working group on building and fire safety?

**Shona Robison:** In October 2019, we took strong steps to ensure building safety by strengthening guidance relating to the use of combustible cladding and means of escape, and measures to assist the fire service. From February, under legislation that was introduced after the Grenfell tower tragedy in 2017, all home owners and social housing tenants have been required to have interlinked alarms. Of course,

private rented and new-build homes already had to meet those standards but, from February, they apply to every home in Scotland, regardless of age or tenure.

We will continue our work focusing on building safety by bringing forward further legislation and updated guidance related to cladding shortly. I offered to write to Meghan Gallacher with further details of that, and I am happy to write to Willie Coffey with the same.

**Martin Whitfield (South Scotland) (Lab):** Following the news this week of allegations of lobbying of the Scottish Government, will the Government take this opportunity to confirm that it will not be swayed by vested interests and will indeed follow the Scottish Fire and Rescue Service advice and ban combustible cladding on high-rise buildings?

**Shona Robison:** As I have just said, we will continue our work focusing on building safety by bringing forward further legislation and updated guidance related to cladding shortly. I am happy to include Martin Whitfield in the correspondence that I mentioned to provide more detail on that.

At the end of the day, it is important that the action that the Government takes is based on the expert advice that we receive, not least when we are dealing with technical issues such as building standards, and that is the process that I will continue to follow. As I have said, I am happy to write to the three members who have asked about the issue with information on the further legislation and updated guidance, if that would be helpful.

### Homelessness

**4. Alex Cole-Hamilton (Edinburgh Western) (LD):** To ask the Scottish Government whether it will provide an update on what plans it has to tackle homelessness. (S6O-00937)

**The Cabinet Secretary for Social Justice, Housing and Local Government (Shona Robison):** We are working tirelessly with our local government and third sector partners to end homelessness and rough sleeping and ensure that everyone has a safe, warm and affordable place to call home. Our ending homelessness together action plan, which is backed by funding of £100 million between 2018 and 2026, outlines our objectives, and we publish an annual report to show the progress that has been made. To end homelessness, we must prevent it from happening in the first place, which is why we are consulting on plans for new legal duties on public bodies and landlords to prevent homelessness and to ask about and act on somebody's housing situation.

**Alex Cole-Hamilton:** Homelessness in Scotland has long been a national scandal but, shamefully, 245 veterans were sleeping rough or

in temporary accommodation last year alone. Many suffer from post-traumatic stress disorder as a result of their experiences in the line of duty, which makes adjusting to civilian life all the more challenging. Those people have risked their lives in the service of this country and now, when they need our support, they are quite literally being left out in the cold.

The Government's ending homelessness annual report from last year made no mention of homeless veterans. What is being done to offer mental health, housing and employment support to our veterans so that this terrible pattern is ended once and for all?

**Shona Robison:** I absolutely recognise that veterans might have particular needs. For some time, the Government has had a strategy for veterans that looks at all the particular needs, including housing needs, that veterans might have. Our housing first model recognises that people have multiple and complex needs and that it is not just about giving people a front-door key; it is about providing the wraparound services that they require. In many cases, the housing first model can be a good solution for veterans.

The rapid rehousing plans that local authorities have been developing very much recognise that people, including veterans, have complex needs. I am happy to speak to my officials to ensure that we do everything that we can to ensure that the housing first model accommodates the needs of veterans in the fullest sense.

**Miles Briggs (Lothian) (Con):** The cabinet secretary said that she is working tirelessly, but the number of people who are homeless in the capital is increasing, and Scottish ministers are holding back £9.3 million of emergency homelessness support because of a bureaucratic anomaly. How does the cabinet secretary expect the City of Edinburgh Council to end homelessness by the end of this parliamentary session when it is being chronically underfunded by the Scottish Government?

**Shona Robison:** The technicality, which Miles Briggs has raised previously, relates to the City of Edinburgh Council choosing not to delegate its homelessness services to Edinburgh city integration authority, so any funding that is provided to the integration authority cannot be used to tackle homelessness. When it suits them, Miles Briggs and other colleagues come to the chamber to complain about the Government interfering in local matters, but then they tell us that we have to intervene. [*Interruption.*] It is for the City of Edinburgh Council to decide how it organises its homelessness services. Let me say—

**The Deputy Presiding Officer:** Cabinet secretary, please resume your seat. There is far too much sedentary cat calling. Please continue, cabinet secretary.

**Shona Robison:** Thank you, Presiding Officer. Tackling homelessness in the city of Edinburgh is a priority, so we are funding the City of Edinburgh Council and other local authorities to take forward work to reduce the use of temporary accommodation and to build and acquire new homes through the affordable housing programme.

We will continue that work. The majority of the funding that local authorities receive for tackling homelessness is provided through the annual local government finance settlement.

There needs to be a bit of consistency from Miles Briggs. Edinburgh is taking forward its plan for tackling short-term lets and holiday lets.

**Miles Briggs:** That is irrelevant.

**Shona Robison:** It is relevant, because the City of Edinburgh Council—

**The Deputy Presiding Officer:** Excuse me. Cabinet secretary, please resume your seat. Again, conversations are not taking place through the chair. We are in a Parliament, so I ask members to please speak through the chair.

**Shona Robison:** The City of Edinburgh Council has been consulting on making the whole of Edinburgh a short-term let control area in order to restrict the loss of properties to the short-term let market. What did the Tories, including Miles Briggs, do? They voted against those measures. When the Government introduces measures to address homelessness issues in the city of Edinburgh, Miles Briggs votes against them. He cannot come here to complain about something when he votes against actions that will help to address the situation. That is hypocrisy.

**Elena Whitham (Carrick, Cumnock and Doon Valley) (SNP):** As a former front-line homelessness worker, I welcome the cabinet secretary outlining how the Scottish Government is working to tackle homelessness. However, does she share my frustration that actions that the United Kingdom Government has taken—particularly the deeply damaging £20 per week cut to universal credit—risk undermining our efforts?

**Shona Robison:** Yes—I do. It is another example of the Tories doing something that undermines those who are on the lowest incomes. The removal of the £20 universal credit uplift has had many impacts that directly relate to homelessness and to making the lives of those who are struggling even more difficult. Tory MSPs are complaining about something that their own Government is making 10 times worse, so they

should perhaps have a word with their Tory colleagues down south.

### Audit Procedures (Local Authorities)

**5. Michael Marra (North East Scotland) (Lab):** To ask the Scottish Government what plans it has to improve audit procedures for local authorities. (S6O-00938)

**The Minister for Social Security and Local Government (Ben Macpherson):** The audit of local authorities is delivered by Audit Scotland, on behalf of the Accounts Commission, operating independently of the Scottish Government. Improvements to audit procedures for local authorities are a matter for Audit Scotland and the Accounts Commission to consider.

**Michael Marra:** The minister might be aware of not one or two but three major building and maintenance failures at Dundee City Council, which have resulted in local taxpayers footing a minimum bill of £11 million—and rising. For years, the Scottish National Party administration ignored repeated warnings that the Olympia leisure centre required urgent maintenance. That eight-year-old building now looks set to close for more than 18 months. Audit procedures have clearly failed. Will the minister back an urgent public inquiry into how the SNP council administration so badly failed the people of Dundee?

**Ben Macpherson:** As Mr Marra will be aware, councils are independent corporate bodies that are separate from the Scottish Government. Councils conduct internal scrutiny of their own activities through an audit or scrutiny committee, which examines performance and the management of risk in a council. The matters that the member raised are therefore for Dundee City Council to review and address.

I understand that the scrutiny committee that has been looking at the matters that the member raised has met in recent weeks. Councillors from Opposition parties chair and co-chair that committee. The Olympia building, which Mr Marra referred to, is operated by an arm's-length external organisation that has councillors on its board to give oversight from a cross-section of political parties.

I understand that the scrutiny board has the ability to investigate broadly, with broad power. As I said, the matters that were raised are for Dundee City Council to review and address, but if Mr Marra wants to engage in written correspondence, I will be happy to receive it. We could also consider the council getting in touch with the Scottish Government to seek support and assistance, if it wanted to do so.

**Douglas Lumsden (North East Scotland) (Con):** A chief education officer in Aberdeenshire

Council recently broke freedom of information and data protection laws by sending a threatening email to someone who had asked FOI questions about education. It appears that the officer—as a chief education officer—has also breached the council’s statutory responsibility. Should Audit Scotland investigate such breaches? If not, who should investigate local authorities when those rules are broken? Is the Government aware of the questions that led to that serious breach?

**Ben Macpherson:** I do not think that it would be appropriate for me to comment on the individual case that the member raised. However, I am sure that he is aware of the relevant bodies to take the matter up with.

### Ukrainian Refugees (Access to Resources)

**6. Gillian Mackay (Central Scotland) (Green):** To ask the Scottish Government whether it will provide an update on its discussions with the United Kingdom Government to ensure that refugees arriving in Scotland from Ukraine have access to the resources that they need. (S6O-00939)

**The Minister for Culture, Europe and International Development and Minister with special responsibility for Refugees from Ukraine (Neil Gray):** We have been working closely with the UK Government on the operation of its homes for Ukraine scheme, and Scotland’s supersponsor offer to provide a safe place of refuge and sanctuary to displaced Ukrainians as part of that scheme is now open.

The people who come here from Ukraine have a right to work and have access to social security and public funds, so we will ensure that people are aware of, and get access to, the wide range of services and support that they need. The complex needs and human rights of those who are fleeing the atrocities in Ukraine are our number 1 priority. Welcome packs in Ukrainian will provide information on accessing a range of support, translators will be on hand to help and trauma experts will be on call.

**Gillian Mackay:** This morning at the Levelling Up, Housing and Communities Committee in the House of Commons, Lord Harrington, the Minister of State for Refugees, said that he had previously inadvertently given the wrong information on the £10,500 per person tariff that local authorities would receive to support refugees from Ukraine who are settling in our communities. He clarified that the funding would now only be available based on the number of people coming through the homes for Ukraine scheme and not anyone settling through the Ukraine family scheme. Does the minister agree that such a lack of parity for

people who are fleeing the same war is unacceptable?

**Neil Gray:** Yes, I do, and I thank Gillian Mackay for raising that important and concerning development. I said in my previous answer that we have been working closely and well at the official and ministerial level, so it is all the more disappointing that the first that we heard of the development was when Lord Harrington articulated it to the Commons committee this morning. That is clearly unacceptable in itself.

The £10,500 per person tariff is for local authorities

“to provide support to families to rebuild their lives and fully integrate into communities.”

It is there to meet costs incurred by councils that will come up regardless of how the people arrive. The Scottish Government is, of course, providing local authorities with funding of £13 million over and above the UK Government tariff.

The UK Government decision will clearly leave some local authorities disadvantaged because displaced people will arrive via the family route rather than the homes for Ukraine or supersponsor route. Any areas that have a significant Ukrainian settled population will obviously see more people arriving by the family route and they will therefore be disadvantaged.

I totally agree that such a potential lack of parity is unacceptable. I assure Gillian Mackay that we will pursue the matter vigorously with the UK Government, and I expect other areas across the UK to do likewise. The UK Government must reconsider.

**Clare Adamson (Motherwell and Wishaw) (SNP):** The welcome hubs for Ukrainian refugees will be vital in getting the right information to people arriving in Scotland. What can wider civic Scotland and the media do to ensure that dignity, respect, and privacy are given to Ukrainian refugees to allow them the time to settle in Scotland?

**Neil Gray:** I thank Clare Adamson for raising such an important issue. It should go without saying that people arriving here who are escaping the trauma of war should be afforded dignity and privacy so that they can rebuild their lives here in Scotland. I hope that that will be respected by everyone across Scotland, the media and others included.

We will do all that we can with our local authority and third sector partners to ensure that we give the people who arrive from Ukraine the protection and safeguarding that they need. There is genuine goodwill among the people of Scotland towards the people who are arriving here, and it has been heartening to see that, but Claire Adamson is right

that we need to continue to reflect on what is happening and ensure that they are given a warm Scottish welcome when they arrive.

**The Deputy Presiding Officer:** I can squeeze in questions 7 and 8 if I have succinct questions and answers.

#### **Tackling the Gap between the Most and Least Deprived Communities (Local Authorities)**

**7. Craig Hoy (South Scotland) (Con):** To ask the Scottish Government what plans it has to engage local authorities in programmes to tackle the gap between Scotland's most affluent and most deprived communities. (S6O-00940)

**The Cabinet Secretary for Social Justice, Housing and Local Government (Shona Robison):** The tackling child poverty delivery plan that was published last week sets out a range of bold and ambitious actions, many of which will be taken forward with our partners in local government, including taking immediate steps to mitigate the UK Government benefit cap which is a harmful policy that disproportionately impacts on our poorest. We will also work with councils to deliver a new employment support offer for parents, backed by initial investment of up to £81 million in the next financial year, and a transition fund to support parents into employment.

Local government is a key partner and we will continue to engage with it as part of our national mission to tackle child poverty.

**Craig Hoy:** I thank the minister for her answer, and I draw my colleagues' attention to my entry in the register of members' interests as I am an East Lothian councillor.

As we seek to close the gap between Scotland's richest and poorest communities following 15 years of SNP inaction, will the minister now welcome the next wave of levelling-up funding, which will deliver millions of pounds to local authorities and communities across Scotland? Does she agree that it will create new jobs, boost training, grow productivity, and deliver tremendous economic benefit to Scotland's local authorities? Following the announcement that eight projects in Scotland have already received a share of—

**The Deputy Presiding Officer:** I said succinct, Mr Hoy.

**Craig Hoy:** —£170 million, will she set aside her petty constitutional arguments—

**The Deputy Presiding Officer:** Cabinet secretary.

**Craig Hoy:** —and support—

**The Deputy Presiding Officer:** Thank you, Mr Hoy. Cabinet secretary.

**Shona Robison:** We welcome any money, if it is actual real new money, wherever it comes from. However, would it not have been better if, when he stood up to give his spring statement, the member's chancellor had given some real support to some of our deprived communities by supporting people who are on benefits and those in low income households? What a contrast between what he announced and what we were able to announce last week in the child poverty delivery plan. There could not be a greater contrast.

#### **Energy Efficiency and Renewable Energy Generation (New Housing Developments)**

**8. Brian Whittle (South Scotland) (Con):** To ask the Scottish Government what action it is taking to ensure that building standards on construction of new housing developments maximise energy efficiency and opportunities for renewable energy generation. (S6O-00941)

**The Minister for Zero Carbon Buildings, Active Travel and Tenants' Rights (Patrick Harvie):** Our most recent review of the building regulations concludes next month, with the new regulations being implemented this October.

The new regulations will include a significant uplift in fabric standards, will seek to reduce heating demand and will support the effective use of renewable technologies, and they will also future proof heating in new homes against the proposed 2024 new-build heat standard.

We are already working with industry to support delivery of those changes and to investigate further improvement.

Brian Whittle: The minister will be aware that the construction of energy-efficient and energy-generating homes has significant cost implications. As the Net Zero, Energy and Transport Committee heard yesterday, there is already a shortage of tradesmen and women to deal with the current demand on housing.

How does the Government propose to fund the new energy-efficient and energy-generating housing? Where will the funding that is needed for the training and upskilling of the construction workforce that is required come from?

Patrick Harvie: Part of the answer lies in the public investment of at least £1.8 billion over the course of the current parliamentary session to support accelerated deployment of heat and energy efficiency measures. That is on top of the support that is provided for the Scottish Government's affordable housing supply programme, which involves working with the social housing sector.

We recognise that the challenge will go beyond what the public sector can provide. The green heat finance task force is already meeting to explore the widest possible range of solutions to provide the considerable investment that will be needed over the coming decades to meet the urgent and necessary challenge that we face.

## Maternity Services (Moray)

**The Deputy Presiding Officer (Liam McArthur):** The next item of business is a statement by Humza Yousaf on maternity services in Moray. The cabinet secretary will take questions at the end of his statement, so there should be no interventions or interruptions.

**Douglas Ross (Highlands and Islands) (Con):** On a point of order, Presiding Officer.

Would you accept a motion without notice, under rule 8.14.3 of standing orders, to allow this item of business to be extended by up to 30 minutes?

There is precedent for such an extension. The Cabinet Secretary for Health and Social Care's statement has serious implications. There are many concerns and questions that, understandably, people in Moray and across the wider north-east and Highlands want to hear being addressed. Therefore, I hope that you will view favourably my request that you accept such a motion without notice.

**The Deputy Presiding Officer:** Thank you for providing me with advance notice of your point of order. At this stage, I am minded not to accept your request, but I will keep the situation under review as business proceeds. I will be happy to review my decision later on in proceedings.

You have up to 10 minutes, cabinet secretary.

15:38

**The Cabinet Secretary for Health and Social Care (Humza Yousaf):** Thank you, Presiding Officer. I welcome the opportunity to update members on the Scottish Government's response to Ralph Roberts's review of maternity services in Moray.

As a result of the review, I am delighted to set out the next steps in the reintroduction of consultant-led maternity services at Dr Gray's hospital in Elgin. The reintroduction will not be easy, but I believe that it can be delivered, with effort and targeted investment.

I understand the urgency and importance of the issue. It was, for me, imperative that I heard directly from the people who are most affected—namely, local people, the clinicians who work in Dr Gray's hospital and Raigmore hospital and, of course, local elected members—before I made my decision.

I know that all members want maternity services across Scotland to be delivered as safely and as close to home as is practicable. The Moray maternity services independent review, which was commissioned by my predecessor, Jeane



Freeman, was conducted using a thorough and consultative approach. I want again to record my thanks to Ralph Roberts and the review team for their excellent work.

I have not taken the decision lightly. I have taken time to consider the recommendations in discussion with a range of interested individuals and groups. I started that process in December when “Report of the Moray Maternity Services Review” was published, and concluded it last week with a visit to Raigmore and Dr Gray’s, where I met senior teams, clinicians, local people and elected members. I thank everyone for taking the time to provide their thoughtful contributions to the discussions, and I welcome the wide-ranging views that were presented to me.

Ralph Roberts’s team explored six potential models of service delivery for maternity services in Moray and made 37 recommendations for improvements to care. The report recommended that, in the short term, NHS Grampian and NHS Highland should move to provision of a community maternity unit in Dr Gray’s, networked primarily with Raigmore for consultant-led care, but with women who require tertiary maternity care or neonatal care going to Aberdeen. That is called model 4, in the report.

The report goes on to recommend that NHS Grampian undertake a review of the role of Dr Gray’s hospital and, potentially, move to a rural consultant-supported maternity unit there. That is called model 5 in the report. Mr Roberts also made a number of recommendations in respect of short-term changes related to leadership, culture, workforce and recruitment.

As I have talked to people over the past three months, I have heard the full range of very different opinions about the future for maternity services at Dr Gray’s: there are differences of opinion on the way forward. Today, I will set out the destination that we want to reach. In doing so, I will be up front about the scale of the challenge that is ahead of us.

I have concluded that we will progress with model 6—a full consultant-led maternity unit at Dr Gray’s—with model 4 as part of the development towards that final destination. I hope that that will lead to 80 per cent to 90 per cent of Moray births taking place at Dr Gray’s, after realisation of a consultant-led model. That will be similar to the numbers prior to the changes that were made in 2018.

I said at the beginning of the statement that delivery of a consultant-led service will not be easy. It will require significant investment—not only in infrastructure but in the workforce. It will involve us collectively having to find solutions to complex systemic problems that have challenged

the Grampian region for many years, including in recruitment and retention.

The priority for women in Moray is that they have access as soon as possible to the widest range of maternity services that can safely and realistically be delivered as close to home as possible. Let me be clear: I expect work on model 6 to begin immediately. The first step on that journey is to work out the detailed timeline of what is required by when. That will be done with independent oversight and clinical input.

As I said, model 4 will be a critical component in the journey towards realising model 6, which is a consultant-led maternity unit. Model 4 includes enhanced specialist antenatal and postnatal care in Dr Gray’s in order to vastly reduce the need for women from Moray to travel to access those services. The additional infrastructure and the resource that will be invested to achieve that goal will act as a bridge to delivery of a consultant-led service at Dr Gray’s, and will accompany a wider plan for regeneration of services beyond maternity services at the hospital.

As Ralph Roberts’s report recognised, it is essential that a consultant-led service be developed within the context of a revitalised vision for Dr Gray’s. That development extends beyond maternity services to include increasing services at the hospital for the whole population of Moray. NHS Grampian has already outlined to its board plans for the development of a strategic vision and future plan for Dr Gray’s, which will be developed in collaboration with local communities in order to re-establish public faith in the sustainable future of the hospital.

However, that will not happen overnight. Local people understandably want the services back as quickly as possible. We are committed to investing in the staff and to delivering the required infrastructure to put the services in place on a secure and stable footing as quickly as possible.

Now that I have stated clearly our intention to restore a consultant-led maternity unit at Dr Gray’s, it is imperative that we develop deliverable timescales for interim service provision at Raigmore and—of course—for the full service at Dr Gray’s. Having listened to clinicians, I understand the importance of making changes in a phased manner in order to ensure safety for the women of Moray and the Highlands.

I also recognise that facilities in Raigmore and Dr Gray’s will need to be significantly improved to support that move. That is why, as a starting point, I will make £5 million available to invest in Dr Gray’s to support moving forward with the changes in Moray.

It is clear that clinicians in Raigmore have concerns about the current facilities in which they

are operating. With that in mind, we have, within our capital plan, made initial provision of a further £5 million for redevelopment of Raigmore. That will allow plans to be brought forward to redevelop the maternity unit in Raigmore, which will provide an improved environment for the women of the Highlands and, in due course, for the women of Moray who choose to have their babies there. Once planning is more developed, we will look at what additional funding might be required. I repeat my commitment to providing the necessary resources to support the change. That is immediate investment of £10 million by this Government to enhance maternity services in Dr Gray's and Raigmore.

The interim networked service will be developed with service users and will include delivery of the maximum possible amount of consultant-supported antenatal and postnatal services at Dr Gray's, which will reduce to an absolute minimum the need for women to travel to Aberdeen or Raigmore, and will deliver continuity of care for women in Moray.

The clarity of a safe model 4 will enable us to focus on maximising the number of women who choose to deliver in Dr Gray's, by building trust, confidence and understanding of choice. That has the potential to increase significantly the number of women who can give birth at Dr Gray's. Women who need obstetrician-led care will have the choice of Raigmore or Aberdeen for their care, until such time as consultant-led services are returned to Dr Gray's. The chair, chief executive and executive team at NHS Grampian have sought to assure me of their focus on, and the board's unstinting commitment to, delivery of the model.

I know that there are concerns—I heard them clearly from campaign groups in Moray—that once model 4 is in place, there will be no desire for further change. I heard that not just from local campaigners but from elected members in Moray. Let me be clear: model 6—a consultant-led maternity unit at Dr Gray's—is what we will deliver. No one has been left in any doubt about my decision. Implementing model 4 will be a key component in achieving a consultant-led service, not an alternative to it. In addition to providing choice for Moray women, it will significantly improve the birthing environment for Highland women.

NHS Grampian and NHS Highland have already started to pave the way for change. With a clear destination, they can start work immediately on progression of planning and development of implementation plans. A process of accelerated planning in relation to model 4 changes will begin now, and will conclude in the summer. We aim to have a clear timetable for the restoration of a full

consultant-led unit as soon as possible thereafter. The plans will provide a timetable with milestones for delivery of model 4 and model 6.

In "Report of the Moray Maternity Services Review", Ralph Roberts made a number of other recommendations on leadership, workforce and recruitment, and culture. I accept all those recommendations. Action to take them forward will begin—including, in particular, work to improve remote and rural staffing and work to support delivery of the staffing requirements for model 4 and model 6 as they emerge, through the commitment to providing the necessary funding to support delivery of the models. An external assurance process will be built around that, and it will include expert clinical input. I know how important that is to local community groups, in particular, and to elected representatives.

Having made the decision, we will waste no time at all. Work to progress implementation will begin immediately; we will urgently drive forward our work to restore consultant-led maternity services at Dr Gray's. I will be happy to keep Parliament updated when I have more detail on milestones and timescales.

**The Deputy Presiding Officer:** The cabinet secretary will now take questions on the issues raised in his statement. I intend to allow about 20 minutes for questions, after which we will move on to the next item of business. As ever, it would be helpful if members who wish to ask a question press their request-to-speak button or place an R in the chat function.

**Douglas Ross (Highlands and Islands) (Con):** I start by recognising the outstanding contribution made by the keep MUM—the maternity unit for Moray—group and the Moray and Banff maternity voices partnership, which have campaigned tooth and nail for the past four years to see the restoration of a consultant-led maternity unit at Dr Gray's. That is how long this has been going on. Since 2018, we have been without that vital service in Moray. The last time that I addressed the issue with the cabinet secretary in the chamber, he accepted that that was unacceptable. My fear today is that we are still a long way from the restoration of that service.

That has a huge impact. Gill Skene, from the charity Let's All Talk North East Mums—LATNEM—which is a maternal mental health group in north-east Scotland, said in the *Press and Journal* today, in relation to Elgin:

"I don't actually know if I've met a mum who's not suffering as a result of being very worried about childbirth or as a direct result of a traumatic birth from that area."

LATNEM says that, of all the areas where it works, Elgin is the worst when it comes to mental

health issues that pertain to childbirth and pregnancy.

That is obvious. Since Ralph Roberts and his team produced their report and we had the statement in the chamber that followed, we have heard more and more traumatic stories from Moray mums, many of which have been well articulated by the keep MUM group.

Alexandra Naylor's story stands out from all the rest. She spoke of her horror and terror at having to give birth in a lay-by on the A96 while she was in labour and being transferred from Elgin to Aberdeen. She could not get to Aberdeen in time.

That is the situation that people are dealing with right now. As I mentioned to the cabinet secretary when he came to Moray last week, we are not talking about just a one-way journey; people have to come back again.

Presiding Officer, may I speak about my personal experience for a moment? I have spoken before in the chamber about how Krystle had to go through to Aberdeen to give birth. That was traumatic—it is something that I do not want any other mum or family to go through. Then we had to come back again. Our son was born at 1.45 am, and we were released from hospital at 9 am. We had to take an infant child, who was less than eight hours old, back to Moray. He had to sit in the car for two hours.

I have not spoken about this: shortly after he was born, James spent almost a week under the excellent care of the Royal Aberdeen children's hospital, because he had breathing issues and chest problems. Ever since then, I have wondered whether that was because of the journey that he was forced to make as such a small infant. Did that contribute to his problems a few weeks later? Every time I saw him in hospital, being fed through a tube down his nose and getting oxygen pumped into him—so helpless—I wondered whether that could have been avoided if he had been able to be born in Elgin, just 10 or 15 minutes away from home.

Those are the issues. The worry is not just the birth but the return to Moray afterwards.

I welcome that the health secretary has confirmed that model 6 is his preferred option, but of course he confirmed that almost a year ago. He stood on a manifesto commitment to restore a consultant-led maternity unit at Dr Gray's. It was a commitment that I made in the Scottish Conservative manifesto and was delighted to see in the Scottish National Party manifesto. We are where we were this time last year.

Model 6—the restoration of a consultant-led maternity unit—must be the focus and priority. The cabinet secretary is right, in that there is genuine

fear that model 4, with more Moray women going to Inverness, will become the norm. That cannot be acceptable. How will the cabinet secretary reassure people in Moray that that will not happen?

As I have said in the chamber, clinicians from Raigmore have raised serious safety concerns. They said that the proposals in the Ralph Roberts report, in particular on model 4, are unworkable and unsafe. Has the cabinet secretary reassured those clinicians? Have they changed their position?

Will NHS Grampian fully support what the Government proposes today? How does the cabinet secretary answer the serious concerns, which are relayed in Ralph Roberts's independent review, that there has been a lack of investment in Dr Gray's for years? NHS Grampian has neglected our hospital for years and there are serious concerns that it is not fully behind the plans. As Ralph Roberts said, Dr Gray's has not had the investment that similar hospitals have had elsewhere in Scotland. The issue must be addressed. I am interested in the cabinet secretary's response to that.

What will the investment be at Dr Gray's and when will it be made? When will the full, consultant-led maternity unit be up and running? We have no timescales or milestones. We need a date.

What is happening right now to women and families who have to endure a blue-light transfer to Aberdeen and Inverness, and the staff who must go with them?

The cabinet secretary said that his aim is for 80 to 90 per cent of births to take place at Dr Gray's. We all support that aim, but we need to know when it will be achieved. Will it be achieved during this parliamentary session? Can we get a date—a month, a year—when it will be achieved, so that we can hold the Government and the health board to account on the restoration of services that the people of Moray so desperately need?

**Humza Yousaf:** I thank Douglas Ross for his questions, and I join him in praising keep MUM, the Moray maternity voices partnership and all the other local campaigners. I also praise the excellent cross-party campaign—and it has been genuinely cross party, as far as I can see.

Douglas Ross's questions about pace and concern that model 4 will become the norm, with little work done on model 6, reflect a fear that I understand—a fear that I understand that community groups share. It is therefore so important for me and, I suspect, for campaigners and elected members, that we have an independent assurance process alongside any work that is done. I heard clearly about the distrust

that local campaigners have towards the health board. They also, no doubt, distrust what we are saying here in government, to some extent. I want to give them an absolute assurance that I am committed to model 6 and a return to consultant-led maternity services. To give them additional assurance, we will have independent oversight, which will include independent clinical oversight.

I thank Douglas Ross for sharing his own personal circumstances once again. First, I hope that his son James fully recovers. I obviously do not have the clinical knowledge to say whether the journey back contributed to his breathing difficulties but, regardless of that, such a journey back, when the child is hours old, is not something that I would want for my child, and I suspect that it is not something that others would want for their newborn child either. I cannot imagine, even from a parent's perspective, how tired someone would be after supporting their partner through birth or how tired the woman who has given birth would be. That journey would therefore be a difficult one. We absolutely want to minimise that.

Douglas Ross says that model 6 was something that we had committed to. Model 5 was also a rural consultant-led model. Model 6 goes that bit further, and that is why I have made the decision to go with model 6. It matches the aspiration of the community, and I can give him an absolute guarantee that that will be the focus.

Douglas Ross asked a couple more questions, which concerned Raigmore clinicians. As he knows, I met those clinicians—they spoke about their difficulty, concern and anxiety about the current facilities. They have written to me, as members know, as they made those letters public. I hope that they have some assurance from the fact that I have put investment on the table for an improvement in their facilities.

NHS Grampian fully supports the direction of travel. I have spoken to representatives of NHS Grampian, and they understand my expectation around model 6. However, I fully understand that the independent oversight will be exceptionally important to community groups and elected members.

On timescale, which was the subject of the last question, the reason why I cannot give Douglas Ross a date right now is that, if we did that, we would be plucking it out of the air. Now that I have set the destination, we can work backwards. What does it take to get to model 6 and to get Dr Gray's that full consultant-led maternity service? What investment is required, what staffing is required and what needs to be done about some of the systemic challenges that Grampian has faced over the years?

I can promise Douglas Ross two things. First, I will keep him and the Parliament updated on the timescales. We will be open and transparent about them. Secondly—and I end on this—we will not shy away from our responsibilities for the investment that is required for model 6.

**Rhoda Grant (Highlands and Islands) (Lab):** I join Douglas Ross in paying tribute to Keep MUM and the maternity voices campaigners in Moray, who have been calling for consultant-led maternity services. I welcome the promise to reinstate consultant-led maternity services at Dr Gray's and the very much needed investment at Dr Gray's and Raigmore, but I cannot welcome the short-term option. The cabinet secretary tells us that he is listening to what those involved are telling him, but he is obviously not hearing what they say.

Clinicians from NHS Highland wrote to the cabinet secretary in February, saying:

"The Board did acknowledge on this occasion that the staffing and built environmental requirements for Model 4 cannot be met in the timescale proposed by the Report"—

meaning in two years. That is of profound significance, as it confirms that model 4 is not an option for the short term. In addition, they said:

"Our lead paediatrician gave his opinion that our neonatal facility is at capacity and that any increase in birth rate at Raigmore before major upgrading to staffing and facility will put babies at risk."

They went on to make the point clearly that model 4 is also not a feasible option because they are unable to fill current staffing vacancies and existing staff are facing burn-out. Many of those points were also made to the cabinet secretary by the chief executive and community campaigners in Moray at meetings that I also attended.

Will the cabinet secretary therefore reconsider model 4, because it is simply not safe? Will he outline what he is going to do in the short term to keep mums in Moray safe?

**Humza Yousaf:** As far as I am aware, neither Rhoda Grant nor I are clinicians, so she is right to put forward the views of clinicians at Raigmore. Just before the meeting that I had with Rhoda Grant in Moray last week, I had a meeting with clinicians from Dr Gray's, and almost all the clinicians in the room—certainly all the ones who spoke—supported model 4, so we have a difference in the clinical input.

I understand that Rhoda Grant talked about clinicians at Raigmore. I accept that they have a concern, and I hope that they will be reassured by the £5 million that I am committing immediately and putting on the table. That is also why a timetable is exceptionally important. As I said in my statement, I will return in the summer to give a detailed timeline for model 4 and say what milestones will be achieved by when. I reiterate

that that will have clinical input from the clinicians at Raigmore and Dr Gray's, of course, but also independent clinical input. Timetables and timescales are absolutely important.

I hope that the investment that I am putting on the table for Raigmore, as well as the investment for Dr Gray's, will give the clinicians assurance. I will continue the conversation with clinicians from Raigmore that I had last week.

**Audrey Nicoll (Aberdeen South and North Kincardine) (SNP):** As the cabinet secretary has set out today, safety is the absolute priority in ensuring enhanced services in Moray. Will he outline how NHS Grampian will support staff training and development across the multidisciplinary team?

**Humza Yousaf:** I will be brief and say that that was part of my discussion with the chair and chief executive of NHS Grampian. It is one of the issues that we have to grapple with when it comes to model 6 but also, in the interim, with the bridge model 4 solution. We know that there have been changes since 2018, and there is a question or a concern about making sure that staff are appropriately trained, as they have not done certain procedures since 2018. That is all part of the consideration, but I have had an absolute commitment from NHS Grampian that that training element will be core to the development of model 6 and model 4 in the future.

**Jamie Halcro Johnston (Highlands and Islands) (Con):** Given the Scottish Government's hope that a version of model 4 will be delivered in two years and that, as Douglas Ross rightly highlighted, there is no indication yet of how long model 6 will take to deliver, it is likely that there will be a considerable on-going reliance on the transferring of maternity patients to hospitals outwith Moray for the next few years.

However, the cabinet secretary did not answer Douglas Ross's question on blue-light transfers from Moray, and the Scottish Ambulance Service was not mentioned once in his statement. Can he advise me what impact the on-going need for patient transports relating to maternity services will have on the Ambulance Service, which is already under pressure? What discussions has he had with the service on any additional support that it will need to undertake the role in the longer term?

**Humza Yousaf:** That is a very good point. I ask the member to forgive me—I tried to take a note of as many of the questions that Douglas Ross asked me as possible.

There have been conversations with the Scottish Ambulance Service on that point. It is under extreme pressure, which is why we are investing in additional recruitment, and it

announced yesterday that it had a record year of recruitment in the previous financial year.

The Scottish Ambulance Service will be critical to part of the solution. We hope that, when we implement the full model 6, there will be much less reliance on the Ambulance Service. However, members should remember that, in my statement, I mentioned that 80 to 90 per cent of births will take place at Dr Gray's when model 6 is up and running so, even once it is in place, the Scottish Ambulance Service will potentially still need to be involved. It will be critical to the discussions that take place about restoring consultant-led maternity services at Dr Gray's.

**Emma Roddick (Highlands and Islands) (SNP):** The increased investment in services at Dr Gray's and Raigmore is very welcome. Will the cabinet secretary outline the improvements in Raigmore that the new investment is expected to deliver? Can he offer any reassurance to those at Raigmore who might be concerned about capacity issues during the interim model 4?

**Humza Yousaf:** I visited Raigmore and spoke to some of the consultants, nurses and midwives who were in the unit at the time. Anybody who has been to the maternity ward there will have seen clearly the constraints under which the staff are operating. We have provided money as part of the redevelopment of that infrastructure—there is clearly a need to improve the capital infrastructure—and we are also looking to increase staffing, because we know that there are challenges in that regard. It is not only about recruitment; we are working with NHS Highland—as we will with NHS Grampian—on retention. That will be very important as we move forward.

I know that there are concerns about the infrastructure at Raigmore. I hope that the investment that we have put on the table will give some hope and reassurance to people that not only are we taking the matter seriously, we are putting our money where our mouth is.

**Carol Mochan (South Scotland) (Lab):** We know that there are already significant pressures on the existing workforces in rural health boards, including NHS Grampian, and that the board is struggling with staff recruitment and retention. Will the cabinet secretary tell us what plans he has to remedy existing staffing difficulties? Why should Parliament trust that the Government has the plans in place to ensure that its actions on workforce-related recommendations will have an effective and lasting impact and will deliver for the services and those who rely on them?

**Humza Yousaf:** The reason why people can trust us on staffing is that, under this Government, we have record staff numbers of staff in our NHS—we have 28,700 more whole-time

equivalents than we had in 2006, which is a 22 per cent increase. Therefore, people can trust that we will grow the workforce.

However, as I said a moment ago, it is not just about growing the workforce; retention is hugely important. There will always have to be a multiagency approach to retention, which is why I will be working not only with the health board but with the local authority on accommodation and schooling for families who wish to move to Moray. I spoke to a couple of consultants who moved their families to Moray. When I asked them their reasons for doing so, lifestyle came up as almost the number 1 issue for them both. We should capitalise on that, but we must ensure that the appropriate support is in place for people who uproot themselves from other parts of the country to move to Moray. It is an attractive place to work and there are great opportunities there, and now that I have announced model 6, there is a really attractive vision for the future of Dr Gray's, which they can be a part of.

**Jackie Dunbar (Aberdeen Donside) (SNP):** It is very welcome that the voices of families and service users in Moray have been listened to throughout the process. Will the cabinet secretary set out how continued stakeholder engagement will be delivered as the service is developed?

**Humza Yousaf:** I commit absolutely to the investment that is needed and to keeping Parliament updated. We will invest in the staffing and in the infrastructure. We are talking about Raigmore and Dr Gray's, but I am having conversations with NHS Grampian about whatever needs to be done in Aberdeen, although we know that the facilities there are excellent.

Although I am leading on the matter, we are taking a cross-portfolio approach and I am speaking to the transport secretary and others about making improvements to make the journey easier for those who have to travel.

**The Deputy Presiding Officer:** Before calling the next speaker, I will return to the earlier point of order. Given the number of members who still wish to ask a question, I am minded to accept a motion without notice, under rule 8.14.3, to extend business by up to 30 minutes. I invite Douglas Ross to move the motion.

*Motion moved,*

That, under Rule 8.14.3, business be extended by up to 30 minutes.—[Douglas Ross]

*Motion agreed to.*

**The Deputy Presiding Officer:** There will be consequential implications for the rest of today's business, including decision time.

**Alex Cole-Hamilton (Edinburgh Western) (LD):** The issues at the heart of the review are not unique to Moray. Expectant mothers in Caithness currently face a 100-mile trip to Raigmore to give birth. Sometimes, they make that journey in the snow and in the dark. Will the cabinet secretary commit, here and now, to a similar independent review of Caithness maternity services. If he will not, can he explain to expectant mothers in Caithness why they cannot expect the same level of service as mothers in Moray?

**Humza Yousaf:** The member knows, I am sure, that the best start north review was commissioned jointly by NHS Grampian, NHS Highland, NHS Orkney and NHS Shetland to look at the challenges facing maternity services across the north of Scotland. The review is being carried out in consultation with local people to develop the best possible sustainable model for maternity services in the future and includes services delivered from Caithness. Changes to Raigmore—and the investment that comes with those changes—will improve the services for all women in NHS Highland who travel to Raigmore to give birth, as well as accommodating women from Moray.

I agreed publicly, when I was asked about this the last time that I travelled to Moray, to meet the campaign groups in Caithness. I understand their concerns about the current situation but I hope to reassure them that the issue in relation to Caithness is being considered and is part of the current review.

**The Deputy Presiding Officer:** Karen Adam, who joins us remotely, has the next question.

**Karen Adam (Banffshire and Buchan Coast) (SNP):** We know that a number of factors contribute to making it more difficult to recruit staff to work in rural areas. Can the cabinet secretary outline whether there will be fresh approaches to recruitment and contracts, such as hub-and-spoke models with larger hospitals, to ensure that specialisms can be delivered in Dr Gray's?

**Humza Yousaf:** That absolutely has to be part of the solution. We know that we have to make posts attractive and it is absolutely correct that that might include, for example, working on different sites. It might also be about mixing a clinical role with an academic role. We will explore whatever we can do to make these posts more attractive.

**Ariane Burgess (Highlands and Islands) (Green):** I join colleagues across the chamber in recognising the hard work of community groups such as keep MUM, which has kept Moray maternity services on the agenda. I welcome the announcement that the Scottish Government will progress model 6, which will see a return to a full consultant-led maternity unit at Dr Gray's, and its

commitment to recruiting more specialist staff to deliver that. How will the cabinet secretary engage with stakeholder groups to monitor progress on the project?

**Humza Yousaf:** I will continue to engage with all stakeholders, from clinicians to elected representatives to the local community. In fact, I am due to speak to keep MUM and the campaign groups straight after this item of business, although that might be slightly delayed, given the extension to business.

I will continue to engage with local community groups and be absolutely involved in the process. I hope that the transparency that we are providing will give elected members plus local community groups reassurance in relation to what they can expect and by what time.

**Sue Webber (Lothian) (Con):** The cabinet secretary mentioned that model 4 was a bridge to model 6, but that in itself could take up to two years to establish. As the cabinet secretary will know, and as we have heard already today, getting to model 4 will require substantial investment in both recruitment and the existing workforce.

Given the existing and long-standing recruitment and retention issues in the health boards, what immediate steps will the cabinet secretary take to ensure that the workforce is in place in time? Importantly, can the cabinet secretary confirm that the two years for the establishment of model 4 is the very limit of the time that it will take and not a target?

**Humza Yousaf:** I would say that that is precisely why we want to introduce a timetable in an open and transparent way. I would not expect it to take longer than two years, but it is important to get that work on the timetable done, to get that clinical input and to update Parliament on it.

I do not think that there is a difference in what we all want. It sounds as though all of us who have spoken want a return to a consultant-led service in Moray and we all want it as quickly as possible. I have to be guided by the clinical view on how to do that safely, because I certainly do not intend to be the health secretary who makes a decision that puts women at risk. I completely accept the point that there is risk in the current model, as people have been saying.

We want to improve the situation as best we can, and making employment sustainable is, of course, absolutely part of that. I hope that the investment that I have put on the table and that the Government is bringing forward is an indication of our commitment. That is the initial investment; I suspect that there will be further investment in the years to come. It is an initial

commitment to restoring consultant-led maternity services at Dr Gray's.

**The Deputy Presiding Officer:** A number of colleagues have pressed their request-to-speak buttons since the motion without notice was taken. I will take a couple of them, but I am not minded to take all those who have pressed their buttons since then, as we need to move on to further business.

**Gillian Martin (Aberdeenshire East) (SNP):** I, too, want to ask about recruitment challenges. The Scottish health service has seen a reduction in the number of qualified staff from Europe applying for positions in it since Brexit, which impacts rural services such as Dr Gray's. What discussions has the Scottish Government had with the United Kingdom Government to enable us to put in place migration policies that are better suited to the needs of our maternity services and the women who use them, particularly in rural Scotland?

**Humza Yousaf:** As members can imagine, we have had conversations with the UK Government across portfolios on the impact of Brexit on various workforces. I am keen to ensure that, from an NHS Scotland perspective, we take a co-ordinated approach to international recruitment. That will, of course, include European Union recruitment.

I recently visited NHS Fife's Victoria hospital, for example, and I met nurse recruits from India, the Philippines and the United Arab Emirates. We need to take a co-ordinated approach, because Scotland, the Highlands and Grampian are exceptionally attractive places to work in. We need to ensure that there is wraparound support for everyone who comes here, and we should target particular countries, including those in the European Union. I am not expecting additional help on that from the UK Government, but I will continue to push it in that regard.

**Miles Briggs (Lothian) (Con):** The cabinet secretary said that £5 million will be made available to NHS Grampian to support moving changes forward in Moray. What will that funding be used for? As has been outlined throughout this statement session, families that are being transferred to Aberdeen face significant challenges. What additional support will be provided to those families when they are in the granite city, especially with regard to accommodation?

**Humza Yousaf:** The £5 million will be there to support the restoration of the service—that is clear. We will come forward in an open and transparent manner with further detail about how that money is being spent.

I will look at Miles Briggs's request for additional support. I have heard from a number of parents who have had to make the journey, and I do not

think that that is an unreasonable request. Where we can provide additional support for accommodation or any other purpose, I am open minded about doing so.

**Clare Adamson (Motherwell and Wishaw) (SNP):** Yesterday, we had a very important committee debate on perinatal mental health. In the intervening period and while the changes are being implemented, what reassurance can the cabinet secretary give that the perinatal and postnatal mental health of mothers will be protected and they will get the support that they need?

**Humza Yousaf:** I have spoken to NHS Grampian and NHS Highland about that very issue: perinatal and postnatal mental health. That is a key consideration, particularly as we move towards model 6. The interim option of model 4 is to provide as much postnatal and perinatal support as we possibly can, and that includes mental health support.

**The Deputy Presiding Officer:** That concludes this item of business. There will be a brief pause before we move on.

## Keeping the Promise Implementation Plan

**The Deputy Presiding Officer (Liam McArthur):** The next item of business is a debate on motion S6M-03837, in the name of John Swinney, on keeping the Promise implementation plan. I encourage members who wish to participate to press their request-to-speak button or put an R in the chat function. I call Clare Haughey to speak to and move the motion.

16:19

**The Minister for Children and Young People (Clare Haughey):** The Scottish Government's ambition is for every child in Scotland to grow up loved, safe and respected so that they can reach their full potential, regardless of the circumstances in which they are born. The independent care review told us that that ambition is not the reality for some of the children and young people in our care.

On 5 February 2020, parties across the Parliament committed to come together to keep the Promise and agreed that we would need to work together to transform how we provide support, and improve wellbeing and lives.

We know that the pandemic hit those in care and at the edges of care hard—perhaps harder than most—and the emergency nature of our response meant that we had to prioritise. However, the comprehensive plan that we published today will enable us to make up for lost time and, alongside our Covid recovery strategy and our plans to tackle child poverty, it will put us on track to keep the Promise by 2030.

Before I progress, I thank all the carers, workforce, agencies and stakeholders who work hard to provide the best environment for our children and young people in care. The work that they do each and every day and the love that they show helps to improve many lives. As we move forward, we will value their ideas and energy in helping us to achieve the change that the Promise has told us that we must make.

In publishing the Scottish Government's implementation plan "Keeping the promise to our children, young people and families" today, we are setting out more than 80 actions that cut across nearly all ministerial portfolios, demonstrating the breadth of activity that is required and that we commit to undertake.

The plan is clear that the Scottish Government cannot keep the Promise on its own. It requires collaboration, crossing boundaries and doing things differently, which will—as it should—take us out of our comfort zone at key points. It also



requires services, organisations, leaders and all of us, including all of us in Parliament, to adopt a person-centred approach that places children and families at the heart of everything that we do.

We as the national Government must lead from the front. Although operational change rightly must take place at a local level, the Scottish Government, in partnership with the Scottish Parliament, holds a number of the key levers to change and the implementation plan will help to enable organisations across Scotland to take forward the work that they need to do to keep the Promise.

**Martin Whitfield (South Scotland) (Lab):** Will the minister take an intervention?

**Clare Haughey:** I will make a little bit of progress before taking Mr Whitfield's intervention.

We continue to work closely with The Promise Scotland, and I place on the record my thanks to Fiona Duncan and the team for continuing to drive forward the work that we all require to do to fully realise the conclusions of the independent care review. We look forward to continuing to work together on the journey to 2030.

**Martin Whitfield:** It is right to say that the plan is being published today, but it would be more accurate to say that the plan has only just been published. It would have been interesting to go into the detail of the plan and look at some of the promises that have been made in this afternoon's debate. Is there a reason for such a late publication?

**Clare Haughey:** I do not believe that there has been a late publication. It is my understanding that parliamentary business managers had previous sight of the document.

The plan sets out actions that are financial, that require policy change, that require the introduction of guidance, that are legislative, and that, ultimately, require us to change our approach. Key to the change is movement from being reactive to providing preventative support. Our commitment to investing £500 million during the current parliamentary session through the whole family wellbeing fund, which begins with £50 million in this financial year, is a large step forward in that.

That investment will deliver service transformation and redesign. It will enable the building of universal, holistic support services, which will be available in communities across Scotland, and give families access to the help that they need, where and when they need it. Importantly, the investment will not fund business as usual, and we will set out further details on how it will be distributed by May.

Unfortunately, there are points at which being in care extends to our young people engaging with

the justice system. If a child's liberty requires to be restricted or deprived, we are clear that that should happen in a setting that is child friendly and rights respecting, with trauma-informed staff. With that, we will end the placement of 16 and 17-year-olds in young offenders' institutions without delay. We will fund care-based alternatives to custody and consult on new legislation. Today, we have launched a consultation to explore how we can best provide the support that children need in difficult circumstances. That is shifting the approach from one of punishment to one of love and support.

It is paramount to ensure that the voices of our children and young people are heard in all the decisions and actions that affect them. Advocacy has a clear role to play in that, and we will support The Promise Scotland to scope a national lifelong advocacy service for care-experienced people and their families. Recommendations will be presented to the Scottish ministers for consideration by the end of 2023.

We look to our workforce to provide the right support in the right way. In considering what the Promise refers to as "the scaffolding"—the people and infrastructure that make the care system work—there is a need for equality in support and service and consistency in training. In that regard, we will consider establishing a national social work agency and will set out in due course our decision on how the implementation of the national care service will relate to children and families services and to youth justice.

Supporting our children and young people means that we must understand, be empathetic to, and be aware of how their experiences might trigger reactions, so it is vital that the workforce is trauma informed. By April 2023, we will publish a long-term delivery plan for further work to embed and sustain trauma-informed workforces and services.

To underpin all the actions that we have set out and to make all the changes that we need to happen a reality, we will introduce a Promise bill by the end of the current parliamentary session. In 2021, we set up the Promise oversight board, the role of which is to hold Scotland, including the Scottish Government, to account. I am grateful to the members of the board for taking on that task and I welcome the scrutiny that they will bring.

To enable us to track progress, we will establish a new Promise collective, which will support alignment and cohesion of activities. That group will ensure alignment across funded delivery and improvement initiatives, and it will provide a single line of sight to the outcomes that are being met.

I have given a flavour of the significant and transformational actions that the Government will

take forward. Much more detail is set out in the plan—I could comfortably speak for much longer to set out the detail that is included in that substantial and comprehensive document.

Before I close, I would like to say a huge thank you to those in the care community and to reaffirm my commitment, and the Scottish Government's commitment, to keeping the Promise. We will bring forward change as quickly as possible. Today's publication is for them—it is the start, and we want to work with them on the journey of change so that all children grow up loved, safe and respected and able to reach their full potential.

I move,

That the Parliament welcomes the publication of the Keeping The Promise Implementation Plan, published on 30 March 2022, recognising the additional challenges that have emerged since the Independent Care Review reported its conclusions in February 2020 and therefore the even greater importance in setting out actions that the Scottish Government must take to Keep The Promise to care-experienced children and young people and their families; believes that, to Keep The Promise, delivery must be undertaken in partnership with local government, The Promise Scotland, the third sector, NHS boards, and the care community across Scotland to enable progress towards keeping more families together through person-centred wraparound support at the right time and providing the right support to reduce the number of children in the care system where it is safe to do so; agrees that Scotland must shift the focus of its actions from reaction to prevention; recognises that where the care system is the right place to be, the experience of children and young people who do enter the care system must be based on love, relationships, compassion and consistency, and commits to work together across Scotland and on a cross-party basis to Keep The Promise to and with the care community, so that all children grow up loved, safe and respected so that they can realise their full potential.

16:27

**Meghan Gallacher (Central Scotland) (Con):** I welcome the opportunity to open this important debate on behalf of the Scottish Conservatives. As a councillor in North Lanarkshire and an MSP for the Central Scotland region, I have championed the implementation of the Promise since its introduction in 2020, as it set out plans to radically reform how young people are cared for in Scotland. The Scottish Conservatives support the recommendations in the reports that have been launched, and we want the Promise that the First Minister made to Scotland's children to be delivered in full. Nicola Sturgeon described the Promise as

“one of the most important moments”—[*Official Report*, 5 February 2020; c 31.]

in her time as First Minister. She said that, through her Scottish Government's commitments, it would be able to achieve and implement the recommendations within a decade.

I remember attending an event in North Lanarkshire Council shortly after I was elected as a councillor—I refer members to my entry in the register of interests in that regard. The event was organised and led by care-experienced young people who illustrated the hardships that can be experienced but also voiced their hopes for this flagship policy.

However, in February, the organisation that is leading the major revamp of Scotland's care admitted that many lives might have got worse since it was launched. Fiona McFarlane, head of oversight for The Promise Scotland, warned:

“For so many care-experienced children, young people and care-experienced adults, their lives won't have improved over the last two years and things will have been really ... hard and may even have got worse.”

She added:

“That's heartbreaking and shameful, and it shouldn't be the case.

Her words were backed up by the First Minister, who has admitted that progress has stalled, citing Covid as one of the main reasons for that.

Charities such as Who Cares? Scotland saw a huge rise in the number of people seeking support during the pandemic. The helpline that Who Cares? Scotland runs has taken about 500 calls from young people, most of whom had never used the service before. That will only add to the challenge of delivering the Promise, and it highlights how the pandemic has detrimentally impacted our young people and their mental health.

Although MSPs across the chamber understand that Covid has had an impact on delivery in some areas, it is concerning to note that organisations, charities and those who have experienced the care system have criticised the lack of overall progress. When she was interviewed by STV News, Megan Moffatt, who is care experienced, said that the Promise recommendations were not being seen “on the ground” and that

“a whole generation of teenagers who are aging out of care ... have left care and are now struggling alone in a real time of crisis.”

A North Ayrshire councillor has also criticised the implementation of the Promise so far, branding it “a government quango”. He argues that councils do not receive enough funding to implement the recommendations of this vital policy, and that that will ultimately lead to care-experienced young people not receiving the level of care that they deserve. I know that I mention council funding quite frequently, but councils receive inadequate levels of funding to tackle the huge issues that they experience. Again, work in the area has been hindered because of the Government's inability to

fund local government fairly. To make the Promise a success, that needs to change now.

In addition, I would welcome reassurance from the minister that the creation of more layers of bureaucracy through boards will not remove powers from local government. It is important that local councils are responsible for implementing additional measures and policies in their local authority area, if that would be beneficial to care-experienced young people.

Concerns have not just been expressed about council funding and the role of local government. Long-term campaigner Jamie Kinloch has raised concerns about a lack of progress, and his research has found that there has been no improvement in several key areas, including in the number of people who tragically die shortly after moving out of care. Through a freedom of information request, it was revealed that 24 young people died in 2020, compared with 21 young people the year before. From January 2014 to September 2021, a total of 111 children and young people have died. Those statistics are damning. One death is one death too many, and, as corporate parents, we should be ashamed and horrified by those statistics.

When responding to those tragic figures, Fiona Duncan admitted that the Promise had not been kept for those who died this year and last year. MSPs and councillors have a collective responsibility for care-experienced young people, and we must and can do better.

The prevention of more deaths is only one area that the Government must prioritise. Scottish Government statistics show that, in 2019-20, 43 per cent of the 7,198 young people who were recorded as being eligible for aftercare support were not receiving it—that equates to roughly 3,096 children. Lack of aftercare support affected 16-year-olds the most, with 53 per cent leaving care not receiving any support.

Care-experienced school leavers are also less likely to be in positive destinations nine months after leaving school. Figures for 2019-20 show that 75 per cent of school leavers who had been looked after within the previous year were in positive destinations. By comparison, 90 per cent of school leavers overall were in positive destinations. Those trends cannot continue. Care-experienced young people need the Government to show them that it can implement positive change throughout the care system.

As I said earlier, the Scottish Conservatives support the principles of the Promise, but the Scottish Government must be honest about the level of criticism that it has received from organisations regarding the lack of progress that is being made.

On the amendment that Scottish Labour has lodged, it is right that, when setting targets, the Scottish Government should take a realistic approach, which must be based on measurable outcomes for young people. For that reason, we will support Scottish Labour's amendment, which would bring in an "annual reporting regime" for the Scottish Parliament and a funding plan. I believe that that would be welcomed by organisations and campaigners.

As the Promise is a commitment that was made by all political parties, the Scottish Conservatives will also support the Scottish Government's motion, in the name of John Swinney. However, as I have stated, the Scottish Government must be honest about the lack of progress that it has made in implementing the Promise. Covid-19 has undoubtedly played a role in that, but it cannot and should not be used as an excuse for the stalling of this hugely important policy. Therefore, in return, I hope that the Scottish Government will consider voting for both the Conservative and Labour amendments, as that will continue to show cross-party commitment to improving the lives of care-experienced young people.

We can, and we must, do more for our care-experienced young people, and we on the Conservative side of the chamber will continue to hold the Government to account over the delivery of the Promise.

Finally, I add my thanks on behalf of the Scottish Conservatives to everyone who is involved in the care community, especially our young people, for their continued input to improve the sector in Scotland.

I move amendment S6M-03837.2, to insert at end

“; recognises concerns that not enough progress is being made, with stakeholders and campaigners claiming that little has changed in the first two years since its introduction; notes that organisations have witnessed a huge rise in the number of young people seeking support during the COVID-19 pandemic, and calls on the Scottish Government to listen to the concerns of local authorities, NHS boards, third party organisations and charities to ensure that The Promise is delivered in full.”

16:35

**Martin Whitfield (South Scotland) (Lab):** It is a great pleasure to speak in the debate. First, I extend my hopes to the Deputy First Minister that he makes a full, satisfactory and swift recovery.

The Promise was entered into on 5 February 2020—a promise without curtailment or amendment and a solid promise to deliver. There are three plans that will take us from 2020 to 2030, and I welcome the minister's confirmation that the Promise will be kept by 2030. It is so important, as it goes to the heart of some of the most vulnerable

children and young people in our communities when all they ask for is to be treated as if they had grown up like everybody else.

The Promise was based on the five fundamentals about what matters to children and families. It is a promise to listen to the question about poverty, which we all know underlies so many of the problems that these young people face. It is a promise to uphold children's rights—I welcome, hopefully, the forthcoming return of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill to embed those rights in law so that children can exercise them. It is also a promise to use language so that young people understand what is happening to them and so that they can feel that they influence, and are part of, the decisions that are made. The language that is used about these young people is so important.

In the short time that I have, I would like to pay tribute to the residential care and education network, which is a network of 27 independent care and education services that provide 24-hour specialist day education for our young people with the most significant and complex needs that are unable to be met in their local authority. That network is an intensive care service in a care system that Fiona Duncan described in the 2020 independent care review as a

“complex, fragmented, multi-purpose and multi-faceted entity”.

I recommend the report of Educating through Care Scotland, “Learning from Care and Education Journeys”, which was launched just last Friday, on 25 March. The report describes 15 young people's experience of the journey and the conclusions that they paint. From those journeys, ETCS has gathered the landscape that is causing the challenge, some of which I am glad to see in the report before us: the challenge of poverty; the challenge of difference in health outcomes and health service use; the high level of drug and alcohol abuse and drug-related deaths; the reduction in local government funding; the negative perception about the quality of provision and the attainment of our care experience children and young people; the impact of Covid; the proposals for a national care service; and the recruitment and retention of valued staff.

As is set out in the amendment, the Government must set itself tangible, realisable and meaningful targets so that success can be measured on that journey to 2030. The outcomes are currently—quite frankly—dreadful, and things must change. Scottish Labour believes that those targets across the board will help us identify the areas that are falling behind and the outcomes that need to be critically looked at. For example, when will care-

experienced young people achieve the same success at their national 5s as other children do?

The Promise said:

“Very early on, it was clear that children must not wait until the end of a traditional Government review for the change they needed now.”

With Scottish Labour's continuing support for the Promise, when will our young people see its delivery and when will they grow up loved, safe and respected so that we realise their full potential?

In the very short time that I have left, I would like to share two parts of a poem by Donna Ashworth, which talks about the Promise:

“But someone told me every child  
Deserves a place to be.  
A place to be themselves,  
To be encouraged to be free

And though it seemed impossible  
That I could ever know this.  
That someone gave me faith again  
That someone kept their promise.”

We made that Promise across Parliament and, on behalf of Scottish Labour, I extend again the cross-party consensus to achieving the Promise, because it is so important for these people. However, there is much to be done, and to be done swiftly.

I move amendment S6M-03837.1, to insert at end:

“, and believes that a successful delivery requires realisable and meaningful targets based on measurable outcomes for young people, interim annual targets, beginning in 2022, with an annual reporting regime to the Parliament, and a commensurate funding plan.”

16:39

**Willie Rennie (North East Fife) (LD):** Presiding Officer, 5,500 people shared their stories, which were no doubt difficult to tell. Around 15,000 children are looked after in residential or foster care, or are looked after at home. That represents 1.5 per cent of all under-18s in Scotland. It is especially because of the large numbers in care, the past mistakes and the openness of those who gave evidence while reliving the trauma that we have a duty to speak up about the lack of progress that has been made during the past two years.

There is no doubt that the pandemic had an effect, but it is not good enough to blame the pandemic. We need to listen to the voices of people who are in the know. We have already heard about Fiona McFarlane. She was very blunt when she said:

“their lives won't have improved over the last two years and things will have been really, really hard and may even have got worse. That's heartbreaking and shameful”.

Who Cares? Scotland's chief executive Louise Hunter said:

"there's a lot of goodwill in Scotland, but ... there's implementation purgatory".

Campaigner Jamie Kinloch said:

"The First Minister said we would rip things up and start again if necessary, and it's hard to see evidence of things being ripped up and started again."

Let us look at some examples of the issues. Following a recent report that 4,000 children are being held in detention by the police, Fiona Duncan, chair of The Promise Scotland, said:

"The continued imprisonment of children is incompatible with Scotland's promise to be the best place in the world to grow up and in direct violation of its aspiration to uphold the rights of children under the UNCRC."

**Clare Haughey:** Will the member take an intervention?

**Willie Rennie:** I will take the minister's intervention in a minute.

Today's announcement is progress, but it is just not fast enough.

**Clare Haughey:** I am glad that Mr Rennie welcomes the launch of the consultation today. I take on board what some of the organisations and experts by experience have said to him, but does he also recognise that the Scottish Government set out a number of actions to keep the Promise in the programme for government last September, that the Scottish Government supported and set up the Promise board, including £2 million for the funding of that organisation, and that it launched the Promise partnership fund in 2021—

**The Presiding Officer:** Is there a question coming, minister?

**Clare Haughey:** Yes. We committed £4 million to that fund. Willie Rennie says that there has been no progress, but I can demonstrate that there has.

**Willie Rennie:** I thank the minister for that, but I did not say that there has been no progress. I just said that there is deep frustration in the sector that that progress is not fast enough. It has been two years. The announcements that the minister just described were made quite recently; we need much more speed.

When it comes to the national care service, it is also disappointing that children's services seem to have been an afterthought. They were not a core part of the initial independent review, and there seems to be a lack of evidence to justify their inclusion. The Education (Additional Support for Learning) (Scotland) Act 2004 places a duty on local authorities to make provision for and support the care of care-experienced children, and yet the educational outcomes for care-experienced

children and young people are poor and exclusion is higher.

We are one year on and there has been hardly any progress on the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill. There is no sign of that bill coming back to the Parliament. We need much greater speed on that.

The Promise Scotland says:

"Scotland has an incredibly progressive legislative framework for young people under continuing care. Children can 'stay put' till they are 21, supporting a more seamless transition."

However, people on the ground say that it is very lumpy. The legislation is not implemented consistently. Everyone in the country has a right to such care. There should also be the right to return to care. If someone who has left considers that it was a mistake, they should have the right to go back.

There is a whole list of things that need to be implemented, and I am sure that the minister recognises that they are sometimes challenging.

**The Presiding Officer:** Please conclude, Mr Rennie.

**Willie Rennie:** Absolutely. However, there is frustration that, despite the great Promise from two years ago, the pace seems to have slowed down rather than speeding up. We need to keep people with us if we are going to ensure that we deliver the Promise. I hope that the minister will reflect on that in her summing up.

**The Presiding Officer:** We move to the open debate.

16:44

**Kaukab Stewart (Glasgow Kelvin) (SNP):** There is an old 18th century nursery rhyme that will be familiar to many, which goes:

"There was an old woman who lived in a shoe.  
She had so many children, she didn't know what to do.  
She gave them some broth without any bread;  
And whipped them all soundly and put them to bed."

That was once considered a harmless and, some might say, amusing rhyme but, on close reading, it sends shivers down the spine of most people. If such a controlling approach to children was practised anywhere, it would be considered outrageous then and outdated now.

On 5 February 2020, a promise was made. The Promise has been guided by more than 5,500 individual voices—voices that should have been listened to a long time ago. As grown-ups, we do not have the monopoly on wisdom. Children's opinions and views are valuable—indeed, they are essential—when their support needs are considered.

By radically rethinking our attitude towards those in Scotland's care system and fulfilling the Scottish Government's promise to place love and compassion at the centre of every child's journey, we can remind care-experienced children that they are wonderful and exceptional, and that they should be treated not as exceptions but as equals in their right to thrive.

Standing here today, I remember sitting in packed assemblies as a teacher and listening to attendance awards, at which remarks such as, "Well done, P5s—100 per cent attendance this week—but what happened in P7?", would be made. I have uncomfortable memories of a misplaced means of encouraging attendance that actually causes harm by shaming some of our most vulnerable children, who might have complex reasons for being late and who need our help and support.

We know that care-experienced children are more than twice as likely to be excluded from school and to experience homelessness. Imagine a child running through the school gates with a schoolbag on their back. Any child's schoolbag might contain their homework, a pencil case or a packed lunch, but I want us to remember that care-experienced children often carry the emotional baggage of trauma, stress and anxiety, and it is our duty to unpack their complex worries and eliminate their burden.

When the independent care review reported its conclusions in February 2020, it found that the care system did not

"universally uphold the rights of children"

and did not

"provide the context for loving relationships to flourish."

Nobody could have anticipated the scale of the struggle ahead, yet the Scottish Government has not wavered in its commitment to improving the lives of Scotland's children, and has recognised the need for a holistic, multi-agency approach that will turn words into actions.

I want to put on record the invaluable work of third sector organisations such as Barnardo's and Aberlour, which have long appreciated the importance of early intervention and family support in ensuring that no child slips through our arms.

I welcome the £500 million for a whole family wellbeing fund and the continuation of the £4 million Promise partnership fund to help to improve the lives of young people who are in or on the edges of care. However, although that investment is welcome, we also need to bring about a mind shift in adults' attitudes, and to be open to the voices of children and what they are telling us. We can no longer accept the old adage of children being seen and not heard.

As we move to enshrine in Scots law the UN Convention on the Rights of the Child, our approach to and understanding of the process of supporting children will require a step change in our culture. Quite rightly, the Promise asks us to rethink how children are supported. Children deserve fun, love and a childhood, not a crash course in adult responsibilities.

16:49

**Jamie Greene (West Scotland) (Con):** I am really pleased to participate in the debate. Many of the points that I had been going to make have already been eloquently made by front-bench members, so I will cover a number of different areas that are of specific interest to me and issues that I have raised previously in the chamber.

"The Promise" opens by saying that

"Scotland must work to build a country that cares"

and that has

"services that work to meet the needs of children and families ... where they are needed, when they are needed."

That is an aspiration that we all sign up to, but the reality is that, in far too many cases, we are far from meeting the needs of every child

"where they are needed, when they are needed."

We know, for example, that the attainment gap between our most and least deprived children has reached its highest-ever level. We know that only 70 per cent of child and adolescent mental health services patients are seen within the Government's 18-week target, which is well below the 90 per cent target. We also know that far too many children still grow up in homes that are rife with substance abuse, addiction, mental health issues and domestic or, worse, sexual violence. We also know that children in care can face even worse outcomes.

My colleague Meghan Gallacher rightly mentioned feedback from Fiona McFarlane, the head of oversight for The Promise Scotland, who said that, over the past two years, things have got much worse for many. She also described the current system as one that served its own convenience rather than those who are in it. That is a valid piece of feedback and one that should worry us.

Who Cares? Scotland—another fantastic organisation, which I commend for all the work that it is doing in Scotland—has equally criticised progress on the plan by saying simply that not enough is happening quickly enough. However, "The Promise" acknowledged that. It said from day 1 that

"children must not wait until the end of a traditional Government review for the change"

that they need now. I agree with that sentiment, because there are around 15,000 children in care in Scotland at the moment and we have to get it right for each one of them.

I will talk about children's mental health. That greatly concerns me, and, to be frank, we are worlds away from getting it right. I was shocked to learn that Scotland has a higher mortality rate among under-18s than any other western European country. A quarter of those deaths are deemed to be preventable—every single one of them.

"The current model for mental health support for children in care is not working."

Those are not my words; they are from the independent care review of two years ago. Seven in 10 CAMHS patients are being seen within the target time, which means that three are not. Three in 10 does not sound much, but it is if we look at the scale of the issue.

We know that mental health support services are at breaking point. In fact, 90 per cent of child psychiatrists in Scotland believe that the service is completely insufficient and underresourced. I am keen to hear from the Government about that.

**The Minister for Mental Wellbeing and Social Care (Kevin Stewart):** Will Mr Greene give way?

**Jamie Greene:** I have only a minute and a half left, but I would be keen to hear from the Government on that subject when it closes the debate.

I will touch briefly on justice, because there is a link between that and children in care. We know that 40 per cent of young people who are in custody have been in care at some point in their lives. The Scottish Prison Service found that a quarter of the adult prison population were care-experienced prisoners. Those are disproportionately high numbers, and we have not had a good conversation about what could have been done much earlier in their lives to avoid those offences happening in the first place.

We also know that 195 young people are being held on remand, some for months and many for years. That is a direct result of the huge backlog of cases that we are waiting to clear and the extension of statutory time limits, which the Government is seeking to extend in the Coronavirus (Recovery and Reform) (Scotland) Bill. Apart from the mental health impacts of that, we know that our suicide rate in prisons is 10 times higher than the average in wider society.

I will briefly touch on the issue of 16 and 17-year-olds in young offenders institutions. I read the proposal in "The Promise" that no young person should be held in a young offenders institution or an adult prison. It goes on to say that, when a

person turns 18, they should not necessarily be transferred to a young offenders institution. That raises an important philosophical point: what is the point of a young offenders institution? Who should be in there and for what types of offence? Even HM Inspectorate of Prisons for Scotland and Government ministers, who accept the premise of that criticism about young people in prison, would also accept that, for some—for example, Aaron Campbell—there is simply no other place. Secure care is simply not appropriate for such offenders.

**Clare Haughey:** Will Jamie Greene give way?

**The Presiding Officer (Alison Johnstone):** The member is concluding.

**Jamie Greene:** I wish that I could, but it is such a short debate. However, I hope that we can talk more about that. I want to talk about how shocking aftercare support is in Scotland.

We are not truly getting it right for every child. We need to snap out of the fantasy view that we are if we are going to get it right. I support the motion, but I also support the amendments, because they are a much-needed wake-up call for the Parliament.

16:54

**Paul McLennan (East Lothian) (SNP):** I refer members to my entry in the register of members' interests, as I am a serving councillor on East Lothian Council.

I also mention that I might need to leave before the end of the debate, Presiding Officer. I think that I sent you an email about that.

I am delighted to see the publication of the keeping the Promise implementation plan, which will help us to meet the challenges that care-experienced young people face. It is great to see that the Scottish Government remains committed to keeping the Promise, and it is great to see the cross-party support for it. As has been mentioned, the implementation plan is all about creating a system that places love and relationships at the centre of the lives of every child and family who need support.

Last week, I attended a parliamentary reception for STAF—the Scottish Throughcare and Aftercare Forum—which was hosted by Paul O'Kane. It was a fantastic event at which we heard from people in the sector, care givers, those with lived experience and the Deputy First Minister. The passion about getting this right was clear among everyone.

The Scottish Government has shown that supporting care-experienced young people is a top priority. One example of that is the care-experienced students bursary, which provides a higher rate of student support funding that is being

made available to care-experienced students in higher and further education. I will touch on that again later.

It is clear that all our ambition is to support care-experienced young people from the start, through their most formative years and beyond.

I want to talk about an experience that I had with an organisation called inclusion in East Lothian education, which was set up by parents whose kids have been excluded from school on a long-term basis. Some of those kids—in fact, quite a large majority of them—end up in the care system. I asked members of the group what the best help for them would be, and they all said family support. Family support is, of course, one of the five main priority areas for the Promise.

I am delighted to hear of the introduction of the new whole family wellbeing fund. It will provide funding of at least £500 million over this parliamentary session, which will enable the building of universal holistic support services that will be available to children across Scotland. Such services need to be designed locally, with clear input from carers, and, if they can, they should prevent young people from entering care in the first place. The recently announced Scottish attainment challenge framework states that each local authority should, as one of its objectives, support investment in services for care-experienced children. Local design of services must be multi-agency, with input from those with experience of care.

The whole family wellbeing fund will help to reduce the number of children and young people who are living away from their families, which will help to reduce the need for crisis intervention and will contribute to improving people's lives across a wide range of areas—including, but not limited to, child and adolescent mental health, child poverty, alcohol and drug misuse and educational attainment.

The programme for government included the introduction of a new care experience grant, providing a £200 annual payment over 10 years to young people with experience of care.

The introduction of the bairns' hoose model, which is a child-friendly environment that provides trauma-informed recovery, by 2025 is also very welcome. That is a key initiative. The key aim of the model, as we know, is to reduce the number of times that children have to recount their experiences to different professionals. When I spoke to the parents from the inclusion in East Lothian education group, they raised that issue with regard to some of their kids. Obviously, it is great to see that Scotland is modelling that on initiatives in Nordic countries.

We all recognise that children and young people with care experience have poorer outcomes and they often need additional support for employment opportunities. The care-experienced children and young people fund of £11.5 million to support the educational development of care-experienced children and young people up to the age of 26 provides help to local authorities.

The young persons guarantee aims to ensure that each person aged between 16 and 24 has the opportunity for a job, an apprenticeship, a place in further or higher education or on a training programme, or a volunteering place.

Four minutes is a short period in which to talk about such an important issue. The Scottish Government's wraparound approach is informed by those at the centre of services. It is important that the Government remains committed to driving forward the transformational change that is required to make Scotland the best place to grow up in, where all children are loved, safe and respected and can realise their full potential.

16:58

**Foyso Choudhury (Lothian) (Lab):** The motion sets out something for Scotland to aspire to, but, as always, the devil will be in the detail and in the Scottish Government's commitment to follow up in practice the aims that it has set out in principle. In order to judge the merits of the implementation plan, we must first look at the context in which it comes to us.

I cannot address all aspects of the Promise in the time that I have, so I will focus instead on a couple of key parts. One of the focuses of the Promise and the implementation plan is, of course, support for the workforce who are involved in care. People in poverty are overrepresented in kinship care. We must wonder how we have fallen into that situation in the first place while also welcoming any commitment to addressing it.

The motion notes

"the additional challenges that have emerged"

due to the pandemic, but challenges existed in the care system well before the pandemic.

I will focus on kinship care, where some of the least represented people in society are overrepresented in the care system. People from black, Asian and minority ethnic backgrounds are overrepresented in kinship care. If we are to tackle structural inequalities, we need to understand how they were built up and how they interact. As we proceed with keeping the Promise, we must be assured that people who have been forgotten before will not be forgotten again.



That takes me to my next point. A point that jumped out at me as I read the reports of the independent care review is one that I have noticed again and again during my time as a member of this Parliament, usually in the context of considering the most vulnerable people in society: there is not enough data. As well as addressing the structural inequalities in the system, keeping the Promise must include a commitment to not just keeping data on people in care but publishing and analysing that data, so that we, in this Parliament, and the Scottish public can have confidence that the plan is on track.

The Scottish Labour amendment addresses that point. The targets and outcomes to do with the care plan must be measurable so that progress can be evaluated, with the full transparency that the people in our care system deserve.

I have said before that this Parliament cannot operate in the dark. On an issue as important as this, we must have confidence that we are keeping the Promise, not keeping a secret.

17:02

**Gillian Mackay (Central Scotland) (Green):**

The pandemic has been an extremely difficult time for many care-experienced people and their families and wider support networks. According to the Promise's "Change Programme ONE" report:

"it was the children and families the current 'care system' doesn't work for, who faced some of the greatest challenges."

The pandemic has exacerbated the effects of poverty, trauma and poor mental health. People who were coping before have been left struggling. Change is needed now, more than ever.

It is also clear that the pandemic has placed enormous pressure on public services. Although progress towards implementing the Promise has been made, it has been slow and there is still far to go before we achieve transformative change.

Who Cares? Scotland says:

"Longstanding recommendations and commitments, including increasing the access to independent advocacy for Care Experienced children and young people, have not been fully realised and need addressed".

I am sure that, for young people who are currently in the care system, change cannot come fast enough.

The Government needs to be clear in its commitment to change, so I welcome the update on progress and the publication of the implementation plan.

During the pandemic, resources in public services were redeployed and redirected. According to the Promise, there is a profound risk,

over the coming year, that a consequence of Covid-19 will be that more decisions are taken that lead to children entering the care system, when, with support, families could stay together. We need to ensure that resources are directed towards prevention and supporting families to stay together.

There are other barriers to radical reform. The lack of accurate data on the number of people who experience care and the continuing stigma have both been cited as blocks to progress.

The Promise highlighted that Scotland collects data on the care system and its inputs, processes and outputs, rather than what matters—that is, the experiences and outcomes of the people who live in and around the system. I am pleased that the implementation plan acknowledges the need to collect data that captures the lived experiences, relationships and day-to-day lives of care-experienced people and their families and support networks.

We also need to capture the wishes and views of children and families. "Plan 21-24" set out "The Fundamentals" that need to be built into everything that organisations do to keep the Promise. Those fundamentals are: what matters to children and families; listening; poverty; children's rights; and language.

The "Change Programme ONE" reports highlights, however, that,

"Whilst there is work underway on every Fundamental, there is a mismatched, inconsistent national and local picture".

I would therefore welcome further detail from the minister about what action is being taken to ensure that the fundamentals are embedded in every aspect of implementation work.

Regarding stigma, the Promise has highlighted the fact that, for years, care-experienced children and adults have said that language needs to change so as to normalise their lives and shift away from professional speak, which is stigmatising for children and marks them out as different.

We need to create a culture change regarding how care is viewed and spoken about, as stigma is a significant barrier to families asking for help. I am pleased that the implementation plan commits to that culture change and to using destigmatising language at every opportunity. It also recognises that there needs to be a shift in wider public attitudes, and I look forward to further detail about the work being made available.

Before closing, I will focus on the national care service. Organisations such as Who Cares? Scotland have raised concerns about the setting up of the service further delaying implementation

of the Promise. As such, large-scale public sector reform will leave services in a state of flux. We need to ensure that implementation remains a priority, and that the creation of the new national care service honours the contributions given by care-experienced people, their carers and families to the independent care review and honours the vows to keep the Promise.

Above all else, we must remember that behind the plans and targets are people, and that everything that we do has an impact on them. Care-experienced people deserve love and respect. They deserve to be safe and to have nurturing relationships built on patience, kindness and compassion. We must implement the Promise so that all Scotland's children can realise their full potential.

**The Presiding Officer:** I call Collette Stevenson, the last speaker in the open debate.

17:06

**Collette Stevenson (East Kilbride) (SNP):** I very much welcome the

"80 actions to improve the lives of children, young people and families in and around the edges of care".

All children have the right to grow up loved, safe and respected, so that they can realise their potential. However, many people in Scotland have experience of entering the care system, with all the challenges that that can bring.

In 2016 the First Minister announced an independent root-and-branch review of the care system to consider how we best give Scotland's most vulnerable children the childhood that they deserve. The review was published in 2020, and the Scottish Government has accepted all of its findings. I know that all members are determined that we as a Parliament keep the Promise. The independent care review listened to thousands of children, young people and adults with experience of the care system. That is a key aspect of the Promise, and it is something that we must continue to do.

As the Deputy First Minister's motion sets out, it is vital that we move to a preventive approach, rather than a reactive one. Where possible, the focus should be on keeping families together. I welcome the whole family wellbeing fund, which is backed by at least £500 million over this parliamentary session, which will help to prevent families from reaching crisis point.

For those cases where going into care is the only option, we must ensure, as far as possible, that siblings are not split up. We know through hearing from children and young people that relationships with their brothers and sisters are vital to their sense of belonging and their

wellbeing. Good progress has been made there, but we must maximise that. I can say from my professional experience of working with children, including those in the care system, that we need to ensure that all care homes can support children's schooling. That includes the prevention of exclusions and ensuring that care-experienced pupils can engage with their education just as well as their peers. In many cases, care-experienced young people have poorer outcomes and require additional support. I therefore welcome the Scottish Government's actions to support educational development through the care-experienced children and young people fund, backed up with £11.5 million of funding this academic year.

We need to break down barriers for children in care, ensuring that they have the right support in place for the transition to adulthood. The Scottish National Party manifesto confirmed our plans to introduce a care experienced grant to support young people. This annual £200 payment will help them in their transition, offering financial support for up to 10 years between the ages of 16 and 26.

With their focus on equality, policies such as the young persons guarantee will, I am sure, be beneficial to care-experienced young people in the post-school transition. By offering every young person in Scotland opportunities for work, learning, training or skills development, we give everyone a fair chance to realise their potential.

I welcome the publication of the keeping the Promise implementation plan. It will improve the lives of children and young people in the care system, but it will also ensure that we take a more preventive approach going forward. We must keep the Promise so that all children grow up loved, safe and respected and have the opportunity to realise their potential.

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

17:10

**Michael Marra (North East Scotland) (Lab):** I thank the Government for bringing this debate to the chamber and I thank members throughout the chamber for their powerful contributions and strong words, which must be followed by robust action.

I reiterate Scottish Labour's thanks to Fiona Duncan and her team at the independent care review, the countless volunteers who comprised the workstreams and the thousands of people who fed into the review. What it produced was, in reality, a review like no other. It set a renewed narrative and an aspiration for the children and young people who are in all our care.

There are elements in the plan that the Government has produced that can be welcomed. It is important to note that, today, we have heard the political consensus on the delivery of the Promise being maintained. I know that the Government will recognise that. The direction of travel is something that we all support.

Our amendment stresses the need to ensure that we are collectively accountable for our commitment, and the importance of that has been noted by members throughout the chamber. The Tory amendment touches on that as well, and we will support it at decision time. Meghan Gallacher spoke eloquently about the need to ensure that we focus on outcomes for young people. That is core to our concerns, especially given the lack of progress that Willie Rennie highlighted.

Willie Rennie mentioned in particular the imprisonment of children, and we are really heartened that concrete action on that issue will come forward in the coming months. The Parliament's Education, Children and Young People Committee has heard in recent weeks about the number of young people who have been incarcerated in Scotland throughout the pandemic. A lack of access to justice is bedevilling their lives, and we need to make sure that there is immediate action on that. Jamie Greene touched on some of those issues in his speech.

I was struck by Kaukab Stewart's speech. She recognised the importance of education in the plan. However, I see nothing in it that will move the dial on the key numbers. Sixty per cent of young people with care backgrounds leave school without a national 5, while the figure for other children is 14 per cent. We need concrete actions to ensure that the education components of the plan, which we all agree are critical, will be delivered on. Jamie Greene also said that our mortality rate for under-18s is the worst in Europe.

What is the target and when will it be achieved? When will we see parity? We must surely expect that our outcomes will get better. At the very least, we must aspire in the short term for them to be equal. We need action and real, concrete targets for where we want to go.

As we meet today, we must reflect on the aspiration to keep the Promise and what it means. Despite the plan, we still have no real clarity from the Government on what the statement means and no concrete expression of what success will look like. There are lots of adjectives, but we need outcomes. The reality is that this is not just about statistics or figures; it is about a group of people who are in our care but have unimaginably bad outcomes. Years on from the announcement of the root-and-branch review, their outcomes are still worsening.

My colleague Martin Whitfield outlined some of the perilous education outcomes that exist. Care-experienced pupils are five times less likely than their peers to gain even one higher, and six times less likely to attend university. Again, we need to ensure that we focus on those solid outcomes. The lack of that foundational stability in life leads to incredibly poor life outcomes, which must be—and are—the solid focus of the efforts to reform the system. Those young people see higher interaction with the criminal justice system and higher rates of homelessness, and we do not even bother to measure health outcomes.

An investigation by *The Ferret* showed that, in 2020, 24 young people died in our care, which is a record number, if that phrase can be used in such horrific circumstances. The number was 21 the year before, and it was 111 between 2014 and the end of September 2021—a tragic waste of life and potential. It is a failure that this country can ill afford as it sees through its duty to protect those who are in its care. We need to see robustly measured outcomes, with accountability of Government to Parliament and, crucially, to care-experienced young people.

I really hope that the Government will back the amendments, which I believe are constructive. They are about setting the targets and ensuring that we work together and continue our shared commitment to deliver better outcomes for young people in Scotland who are in care and are leaving care.

17:15

**Oliver Mundell (Dumfriesshire) (Con):** I am pleased to close the debate on behalf of the Scottish Conservatives and to join my colleagues in reaffirming our support for the Promise.

The debate has been worth while and has broadly struck the right note. There has been recognition across the chamber of the collective shared ambition to deliver on the Promise—it is a genuine cross-party commitment—and that the Government is responsible for delivering and setting the required targets. Therefore, it is right that Opposition MSPs push the Government to do more and that they question the rate of progress.

Although a new plan and consultation are welcome, they do not, in and of themselves, mean anything. An implementation plan is nothing without implementation. Of course, we must acknowledge that there has been a global health pandemic, but that cannot be used as an excuse for failure to deliver for the young people for whom we have a collective responsibility. A promise should not be made lightly. It is not about offering to do something when it suits or when things are going well; it is about doing the right thing and

following the right priorities even when things are really difficult.

It is arguable that the need to deliver for care-experienced young people was even greater during the height of the pandemic. There can be no doubt that many of the challenges that young people faced were felt even more acutely among that group. As we have heard time and again in the debate, young people in care face far greater barriers and challenges than their peers do. There is no reason to believe that the situation was any different during the pandemic, when many of the services and support mechanisms that they rely on were reduced or put under great strain. Indeed, many care-experienced young people will look at what has happened over the past two years and feel, regardless of the pandemic, that they have been let down and that the support and the promised changes never really materialised.

Both Willie Rennie and Meghan Gallacher quoted Fiona McFarlane, the head of oversight at The Promise Scotland, who warned that

“For so many care-experienced children, young people and care-experienced adults, their lives won’t have improved over the last two years and things will have been really, really hard and may even have got worse.”

She also said that

“That’s heartbreaking and shameful, and it shouldn’t be the case.”

As a Parliament and as a country, we cannot afford to be complacent, and as has been said, we cannot be part of keeping a secret. There are very serious concerns, and more recommendations and warm words can go only so far. None of us can shy away from the fact that many people who depend on us have been badly let down. Therefore, while recognising the work that has been done and the plan that has come forward, we, including the Scottish ministers, must be honest and transparent when it comes to admitting that, so far, we have fallen short.

As my colleague Meghan Gallacher said, if the Scottish Government is asking Parliament to look past the delays in implementation, it should be willing to acknowledge the concerns that have been expressed by stakeholders and campaigners. As Scottish Labour clearly sets out in its amendment, the Government should be willing to put in place meaningful targets. As Michael Marra said in his closing speech, it is not clear from the implementation plan that there are concrete, definite and meaningful targets. That is just not good enough, particularly given the delays that we have seen.

A Government that is keen to build trust and consensus in such an important area should have no problem with voting for the amendments. I suspect, however, that in the case of our

amendment, that might prove to be a challenge. If that is the case, it will be disappointing, but I plead with the Government to recognise that not all has gone as well as it could have done—certainly, it has not gone as was promised.

As I conclude, and regardless of the outcome at decision time, I note that I hope that today’s debate and publication of the plan mark the start of a renewed focus on making good on the Promise. Let this be the last year that we stand here and say that progress has been limited; let it be the last year that we tell young people that they matter, then fail to back up those words with action; let it be the last time that we pass the buck.

Ultimately, responsibility lies with the Scottish Government, but politics aside, it is an area that is just too important for us to have seen such limited progress. Where there is a will to deliver the changes, there is a way; the Scottish Conservatives stand ready to do what we can to support delivery of the Promise. It is an area in which we are desperately keen to see the Scottish Government succeed. That can be done only by listening to the concerns of stakeholders and partners and, most important of all, those of care-experienced young people. By working with them in a spirit of partnership, we can get things sorted out quickly. Behind the statistics that we have heard are real people whose life chances desperately depend on our getting this right. We cannot afford, in a small country, to see so much talent being wasted, or to see so many people being excluded from playing a full part in our society.

**The Presiding Officer:** I call Clare Haughey; I would be grateful, minister, if you could take us up to just before 5.30 pm.

17:21

**Clare Haughey:** I thank members for their contributions to the debate. I am delighted that the cross-party support for keeping the Promise remains so strong, and by the opportunity that is presented to work together to make the change that is required to improve the lives of our care-experienced children, young people, adults and families. That is a sentiment that I have heard from all, across the chamber.

Our implementation plan is neither the end of the story nor the whole of it. We are on a journey to change; the plan sets out work that is already under way and work that we will take forward at pace.

The past two years have been unprecedented, and publishing the plan today brings us back on track to deliver the range of actions and commitments that will help us to keep the Promise by 2030.

**Martin Whitfield:** I am grateful to the minister for taking an intervention. I just want to clarify my earlier intervention and to apologise. The information on publication of the plan was in order—it was right, so I apologise for any misunderstanding or confusion that I caused.

**Clare Haughey:** Not at all. I thank Mr Whitfield for putting that on the record. I am grateful to him for doing so; it was very gentlemanly and collegiate of him.

As members have noted, our approach to supporting our care-experienced people must be holistic. It must recognise the importance of family and, where support is provided, it must recognise the needs of the individual, the situation that surrounds them and what is important to them. Love and nurture should be at the core of our approach, so we must ensure that they are integral to the many areas of work and different parts of Government that are spanned by our actions.

The whole family wellbeing fund—which has been referred to by members—presents an opportunity to do things differently. By not funding business as usual, we can further the shift of investment from reaction to prevention.

The wider financial and policy supports that are set out in the plan will assist our carers and families who are engaged with the care system. They will support our care-experienced people in education and employment—education has been mentioned by several members this afternoon—support our care leavers and provide support for family wellbeing that will, in turn, help to keep families together and to reduce the challenges that they face day to day.

Through the Promise, we have received clear direction on what needs to change quickly. The commitments that are made in the implementation plan to bring an end, without delay, to placement of 16 to 17-year-olds in young offenders institutions, as well as action to address use of restraint in care settings, are a clear response to that.

I take on board some points that were made by Jamie Greene and I hope that he will consider contributing to the consultation that has been launched today, because he obviously has some key points that we would be keen to hear.

We will work with The Promise Scotland as we make progress on that journey. Again, I thank it and welcome its agreement to progress the work on advocacy, access to information and governance, and to work to support alignment and cohesion of delivery of initiatives and activities through a new Promise collective. However, we are clear that we cannot do this alone: we must join up our policies, our finances, our actions and

our implementation, and we must work together to bring the transformational change that is needed.

I was very pleased to get a message during the debate that said that the Convention of Scottish Local Authorities has put out a statement welcoming the implementation plan.

I was delighted to join, as part of care day last month, a Who Cares? Scotland event. Several members, including Paul McLennan and Meghan Gallacher, mentioned Who Cares? Scotland. I was part of a panel with South Lanarkshire champions board and North Lanarkshire champions board, and I chatted to children, young people and their families about the Promise. That brought home to me the importance of working together, listening to the voices of care experience, and placing them at the heart of policy making and system and service design. I have to declare an interest: I am a South Lanarkshire constituency MSP. I was particularly pleased to hear about how well Who Cares? Scotland thinks the Promise is being embedded by North Lanarkshire Council and South Lanarkshire Council in delivery of services through listening to children and young people who are in their care.

We are committed to building genuine partnerships with our local government colleagues, COSLA, The Promise Scotland, delivery partners, the third sector, partners across health, justice and education, and all our stakeholders who have an interest in improving the lives of our children and young people throughout Scotland. We welcome the opportunity to do so.

**Michael Marra:** Would co-operation and collaboration with local authorities be improved if we had a published resource plan with predictable resources attached to the implementation plan, so that people could plan services for the long term?

**Clare Haughey:** As I said earlier in this speech and in my opening speech, the whole family wellbeing fund is a £500 million fund over the current parliamentary session. There is £50 million for next year, which is to help to change how we support families.

Let us be honest and open with one another. As Willie Rennie mentioned, more than 5,500 care-experienced people have told us that change is needed. If that means that we need to have difficult conversations and to make difficult decisions, we must be prepared to do that.

Not all care-experienced people are the same. Not all care-experienced persons think, act, feel or believe the same. They do not all want the same outcomes in their lives, nor do they need the same support, but every care-experienced person should grow up feeling loved and supported to live a happy and healthy life. We might not be able to legislate for love, but together we can create the

conditions in which love and relationships are at the centre of the support that we provide. We must all work closely with our children, young people, adults and families to ensure that we are making the difference that they need.

If we work together on the ambition that the Promise has directed us to achieve, by 2030 we will have a Scotland in which families are supported to stay together through whole-family support. We will have significantly reduced the number of children and young people in the care system and our communities will be better supported by the services that are available to them. Being care experienced will not be surrounded by stigma—another issue to which members from across the chamber have referred. Support, if it is required, will be person centred and accessible at the time of need. All transitions will be managed smoothly, and the service that is provided will not be determined by age or geography.

The implementation plan that has been published today takes us a step forward on that journey. Once again, I welcome the opportunity for us to work together to achieve that.

I turn briefly to Martin Whitfield's and Meghan Gallacher's amendments for the Labour Party and the Conservatives, respectively. I understand the sentiment behind the amendments from both parties. However, although the Government could agree to some aspects of them, we are unable to support them.

As I am the Minister for Children and Young People, many of the commitments that are set out in the plan fall under my portfolio area. I am committed to driving forward the change that is required to keep the Promise. I look forward to working with all partners to do so.

**Michael Marra:** Will the minister take an intervention?

**Clare Haughey:** I am concluding.

I look forward—this is important—to engaging with more of the care community over the coming months and years to ensure that our national policy intent is felt on the ground, and that our actions continue to take us in the right direction.

**The Presiding Officer:** That concludes the debate on the keeping the Promise implementation plan.

## Business Motions

17:29

**The Presiding Officer (Alison Johnstone):**

The next item of business is consideration of business motion S6M-03858, in the name of George Adam, on behalf of the Parliamentary Bureau, setting out a business programme.

*Motion moved,*

That the Parliament agrees—

(a) the following programme of business—

Tuesday 19 April 2022

2.00 pm Time for Reflection

*followed by* Parliamentary Bureau Motions

*followed by* Topical Questions (if selected)

*followed by* Ministerial Statement: Transforming Scotland's Tech Sector

*followed by* Local Government, Housing and Planning Committee Debate: National Planning Framework 4

*followed by* Committee Announcements

*followed by* Business Motions

*followed by* Parliamentary Bureau Motions

5.00 pm Decision Time

*followed by* Members' Business

Wednesday 20 April 2022

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions:  
Justice and Veterans;  
Finance and Economy

*followed by* Ministerial Statement: Displaced People from Ukraine - Update

*followed by* Scottish Liberal Democrats Business

*followed by* Business Motions

*followed by* Parliamentary Bureau Motions

*followed by* Approval of SSIs (if required)

5.40 pm Decision Time

*followed by* Members' Business

Thursday 21 April 2022

11.40 am Parliamentary Bureau Motions

11.40 am General Questions

12.00 pm First Minister's Questions

*followed by* Members' Business

2.30 pm Parliamentary Bureau Motions

2.30 pm Portfolio Questions:  
Education and Skills

*followed by* Scottish Government Debate: Long COVID

*followed by* Business Motions  
*followed by* Parliamentary Bureau Motions  
 5.00 pm Decision Time  
 Tuesday 26 April 2022  
 2.00 pm Time for Reflection  
*followed by* Parliamentary Bureau Motions  
*followed by* Topical Questions (if selected)  
*followed by* First Minister's Statement: COVID-19 Update  
*followed by* Scottish Government Business  
*followed by* Committee Announcements  
*followed by* Business Motions  
*followed by* Parliamentary Bureau Motions  
 5.00 pm Decision Time  
*followed by* Members' Business  
 Wednesday 27 April 2022  
 2.00 pm Parliamentary Bureau Motions  
 2.00 pm Portfolio Questions:  
 Covid Recovery and Parliamentary  
 Business;  
 Net Zero, Energy and Transport  
*followed by* Scottish Government Business  
*followed by* Business Motions  
*followed by* Parliamentary Bureau Motions  
*followed by* Approval of SSIs (if required)  
 5.00 pm Decision Time  
*followed by* Members' Business  
 Thursday 28 April 2022  
 11.40 am Parliamentary Bureau Motions  
 11.40 am General Questions  
 12.00 pm First Minister's Questions  
*followed by* Members' Business  
 2.30 pm Parliamentary Bureau Motions  
 2.30 pm Portfolio Questions:  
 Rural Affairs and Islands  
*followed by* Stage 1 Debate: Non-Domestic Rates  
 (Coronavirus) (Scotland) Bill  
*followed by* Parliamentary Bureau Motions  
 5.00 pm Decision Time

(b) that, for the purposes of Portfolio Questions in the week beginning 18 April 2022, in rule 13.7.3, after the word "except" the words "to the extent to which the Presiding Officer considers that the questions are on the same or similar subject matter or" are inserted.—[George Adam]

*Motion agreed to.*

**The Presiding Officer:** The next item of business is consideration of business motions S6M-03859 to S6M-03861, on stage 1 timetables for bills.

*Motions moved,*

That the Parliament agrees that consideration of the Fireworks and Pyrotechnic Articles (Scotland) Bill at stage 1 be completed by 6 May 2022.

That the Parliament agrees that consideration of the Hunting with Dogs (Scotland) Bill at stage 1 be completed by 30 September 2022.

That the Parliament agrees that consideration of the Non-Domestic Rates (Coronavirus) (Scotland) Bill at stage 1 be completed by 29 April 2022.—[George Adam]

*Motions agreed to.*

## Decision Time

17:30

**The Presiding Officer (Alison Johnstone):**

There are three questions to be put as a result of today's business. The first question is, that amendment S6M-03837.2, in the name of Meghan Gallacher, which seeks to amend motion S6M-03837, in the name of John Swinney, on the keeping the Promise implementation plan, 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.

17:31

*Meeting suspended.*

17:34

*On resuming—*

**The Presiding Officer:** We move to the division on amendment S6M-03837.2, in the name of Meghan Gallacher. Members should cast their votes now.

The vote is now closed.

**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)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Choudhury, Foyso (Lothian) (Lab)  
 Clark, Katy (West Scotland) (Lab)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Dowey, Sharon (South Scotland) (Con)  
 Duncan-Glancy, Pam (Glasgow) (Lab)  
 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)

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)  
 Ross, Douglas (Highlands and Islands) (Con)  
 Rowley, Alex (Mid Scotland and Fife) (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)  
 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)  
 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)  
 Dey, Graeme (Angus South) (SNP)  
 Don, Natalie (Renfrewshire North and West) (SNP)  
 Doris, Bob (Glasgow Maryhill and Springburn) (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)  
 Greer, Ross (West Scotland) (Green)  
 Harper, Emma (South Scotland) (SNP)  
 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)  
 Maguire, Ruth (Cunninghame South) (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)  
 Regan, Ash (Edinburgh Eastern) (SNP)  
 Robertson, Angus (Edinburgh Central) (SNP)



Robison, Shona (Dundee City East) (SNP)  
 Roddick, Emma (Highlands and Islands) (SNP)  
 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)  
 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-03837.2, in the name of Meghan Gallacher, is: For 50, Against 63, Abstentions 0.

*Amendment disagreed to.*

**The Presiding Officer:** The next question is, that amendment S6M-03837.1, in the name of Martin Tess Whitefield, which seeks to amend motion S6M-03837, in the name of John Swinney, on the keeping the Promise implementation plan, 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)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Choudhury, Foyso (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)  
 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)  
 Ross, Douglas (Highlands and Islands) (Con)  
 Rowley, Alex (Mid Scotland and Fife) (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)  
 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)  
 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)  
 Dey, Graeme (Angus South) (SNP)  
 Don, Natalie (Renfrewshire North and West) (SNP)  
 Doris, Bob (Glasgow Maryhill and Springburn) (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)  
 Greer, Ross (West Scotland) (Green)  
 Harper, Emma (South Scotland) (SNP)  
 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)  
 Maguire, Ruth (Cunninghame South) (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)  
 Regan, Ash (Edinburgh Eastern) (SNP)  
 Robertson, Angus (Edinburgh Central) (SNP)  
 Robison, Shona (Dundee City East) (SNP)  
 Roddick, Emma (Highlands and Islands) (SNP)  
 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)  
 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-03837.1, in the name of Martin Whitfield, is: For 51, Against 63, Abstentions 0.

*Amendment disagreed to.*

**The Presiding Officer:** The final question is, that motion S6M-03837, in the name of John Swinney, on the keeping the Promise implementation plan, be agreed to.

*Motion agreed to,*

That the Parliament welcomes the publication of the Keeping The Promise Implementation Plan, published on 30 March 2022, recognising the additional challenges that have emerged since the Independent Care Review reported its conclusions in February 2020 and therefore the even greater importance in setting out actions that the Scottish Government must take to Keep The Promise to care-experienced children and young people and their families; believes that, to Keep The Promise, delivery must be undertaken in partnership with local government, The Promise Scotland, the third sector, NHS boards, and the care community across Scotland to enable progress towards keeping more families together through person-centred wraparound support at the right time and providing the right support to reduce the number of children in the care system where it is safe to do so; agrees that Scotland must shift the focus of its actions from reaction to prevention; recognises that where the care system is the right place to be, the experience of children and young people who do enter the care system must be based on love, relationships, compassion and consistency, and commits to work together across Scotland and on a cross-party basis to Keep The Promise to and with the care community, so that all children grow up loved, safe and respected so that they can realise their full potential.

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

## Ovarian Cancer Awareness Month

**The Deputy Presiding Officer (Annabelle Ewing):** The final item of business is a members' business debate on motion S6M-03472, in the name of Marie McNair, on ovarian cancer awareness month. The debate will be concluded without any question being put. I ask members who wish to speak in the debate to press their request-to-speak button now. I call Marie McNair to open the debate. Ms McNair is joining us remotely.

*Motion debated,*

That the Parliament acknowledges that March is Ovarian Cancer Awareness Month; understands that ovarian cancer is the sixth most common cancer faced by women in the UK, with over 600 new diagnoses in Scotland each year; notes that the symptoms of ovarian cancer are persistent and frequent, and that they usually happen more than 12 times a month; understands that key symptoms include persistent bloating, feeling full quickly or loss of appetite, pelvic or abdominal pain and urinary symptoms; further understands that there is currently no screening test available for ovarian cancer; highlights what it sees as the need for better public awareness; believes that a woman's route to diagnosis is key to survival, and commends the organisations, campaigners and charities.

17:42

**Marie McNair (Clydebank and Milngavie) (SNP):** I apologise for not being physically in the chamber, but I am currently self-isolating. It is a privilege to lead this members' business debate on ovarian cancer awareness month. I thank all colleagues who have decided to speak in support, and I thank the minister for what I am sure will be a welcome and thoughtful contribution.

This month marks ovarian cancer awareness month. We know that ovarian cancer is the sixth most common cancer faced by women in the United Kingdom. According to Cancer Research UK, there are about 7,400 new cases of ovarian cancer each year, which equates to approximately 20 diagnoses per day. The key symptoms of ovarian cancer include persistent bloating, feeling full quickly, loss of appetite, pelvic or abdominal pain and urinary symptoms such as needing to urinate more frequently than usual. Other symptoms include unexplained weight loss, tiredness and changes to bowel habits or symptoms of irritable bowel syndrome, especially if it starts after the age of 50. Sadly, ovarian cancer is often diagnosed too late.

I am very aware of the suffering that this horrible cancer causes. I will never forget two women whom I had the privilege to care for when I was part of the nursing team at the St Margaret of Scotland Hospice in my constituency. The women were only in their late 20s and early 30s and,

sadly, they both died of ovarian cancer. It was tragic to see those young women endure the misery that the cancer causes and the impact that it had on their families.

The majority of women will be diagnosed when they notice symptoms, typically when they visit their general practitioner. Although symptoms can occur at every stage of the disease, they are non-specific and can be hard to pinpoint. A woman's route to diagnosis is key to their survival. As with many cancers, the earlier ovarian cancer is diagnosed the better the survival rate is. Put simply, the earlier the better. The difference in survival rate between early and late diagnosis is substantial. Statistics show that about 93 per cent of women who are diagnosed with ovarian cancer at the earliest stage survive for five years or more, compared to only 13 per cent of those diagnosed at stage 4.

In Scotland and in the UK more widely, we have an exceptional national health service screening programme that successfully helps to save many people's lives. However, the programme covers only three main types of cancers and, overall, 6 per cent of cancer diagnoses happen through that route. We need to consider what can be done to better enhance all the options and see an even better approach.

In leading the debate, I am highlighting the need for early diagnosis. I am also sharing the experience of my constituent Denise Hooper and her ideas of what can be done to improve diagnosis. On behalf of Denise, I want to raise her belief that there is scope for testing for cancer antigen 125 in the detection and screening of ovarian cancer. Denise has campaigned on that for some time and previously raised a petition in the Parliament.

Denise was back and forth to her doctor for six months with IBS symptoms and was then sent for an ultrasound and MRI scan. She was given the all-clear and advised that the mass found was likely to be a fibroid but, due to her age, she was recommended for a hysterectomy. At Denise's pre-operative assessment, her oncologist noticed that her levels of CA-125 were high during a blood test taken prior to that and informed her that that might have been an indication of ovarian cancer. Denise had her hysterectomy and was diagnosed with stage 3 ovarian cancer.

CA-125 is a protein that is often found on the surface of ovarian cancer cells and in some normal tissues. Women with ovarian cancer often have a high level of the protein in their blood. A small sample of blood is taken from the patient's arm and sent to a lab for a simple test to measure the level of CA-125 in the blood sample. In most healthy women, the level of CA-125 is usually about 35 units per millilitre. However, some

women can have a naturally high level of CA-125 in their blood. The level of CA-125 in a person's blood can rise for many reasons, including endometriosis, menstruation, ovarian cysts and sometimes ovarian cancer, which is one reason why it cannot accurately be used as a sole screening test for ovarian cancer. However, we want its presence to lead to better screening as a matter of course.

If the level of CA-125 in a person's blood is 35 units or higher, their GP should arrange for them to have an ultrasound scan of their tummy and pelvis. The ultrasound scan will create pictures of their ovaries so that they can be checked for anything unusual and will help their GP to gather more information. In some areas of the UK, a CA-125 blood test and ultrasound scan are ordered at the same time. The National Institute for Health and Care Excellence recommends that women with possible symptoms of ovarian cancer be tested for CA-125 in a primary care setting, typically at their GP surgery.

Although the CA-125 test has been studied in women with secondary cancer, the test has not been fully evaluated for women who have seen their GP with symptoms that could be ovarian cancer. Cancer Research UK conducted a study that looked at 50,000 women who had seen their GP and taken the CA-125 test. Research found that 10 per cent of women with higher levels of the protein biomarker were diagnosed with ovarian cancer, making an abnormal test 12 times more predictive than previous estimates had suggested. As well as helping to diagnose ovarian cancer, CA-125 blood tests are sometimes used to monitor the treatment of ovarian cancer as well as other types of cancers such as fallopian, or to check for signs of reoccurrence.

Although the CA-125 test should be routine, it is not being suggested that it should be the be-all and end-all. Instead, Denise is asking that it be considered as part of the test in the routine screening for ovarian cancer. That would work alongside other screening methods that are often used to diagnose, such as ultrasound and transvaginal scans. It is clear that everything possible should be considered that has the potential to improve the detection of this horrible cancer.

As I said, I will never forget the misery that was inflicted on those young women whom I nursed at the end of life. We must pull out all the stops to increase awareness, have a step change in diagnosis and provide a gold standard in the necessary care of those with ovarian cancer.

I commend organisations such as Target Ovarian Cancer and many other campaigners and charities for their tireless efforts to raise awareness of ovarian cancer. I thank the other

speakers for taking part in tonight's debate. I thank my constituent Denise for sharing her story and for her bravery and determination to secure improvements in the efforts to diagnose as early as possible and therefore save lives.

**The Deputy Presiding Officer:** I call Jackie Dunbar, who joins us remotely.

17:49

**Jackie Dunbar (Aberdeen Donside) (SNP):** Please accept my apologies for not being in the chamber this evening, Presiding Officer. I thank my colleague Marie McNair for bringing this important subject to the chamber for a members' business debate.

Ovarian cancer is not my friend. I first met it back in August 1977 when I was nine years old. I did not know what it was at the time, but I knew that it was not good. Mam and Dad sat me down to tell me that I would need to go and live with my granny and granda for three weeks while mam went into hospital to get a small black spot removed from her belly. I know now that the explanation was not very factual but, at nine years old, it was good enough for me to get a grasp of.

Mam had her operation on 16 August 1977, the day that Elvis Presley died. My sister still remembers this, as Mam was a huge fan of his and it has always stuck in her mind. I came home after Mam got home from hospital to find Mam and Dad's bed in the living room, and could not work out why. I thought, "Mam was getting better, wasn't she?" After all, she had had the operation she needed. Eight weeks after her operation and 17 days after my 10th birthday, my mam passed away, aged just 34 years, from ovarian cancer. So, no, ovarian cancer is not my friend.

What do I know about it now? Well, I know that ovarian cancer is one of the most lethal of female cancers. I know that it is most often diagnosed at a late stage. The symptoms are commonly experienced as a result of other conditions, but people should let their doctor know how often they are experiencing symptoms, as that is an important step in helping the doctor to know when they should consider ovarian cancer as a possible cause. I know that, when it is detected at an early stage—when the cancer remains confined to the ovary—up to 90 per cent of those diagnosed are likely to survive for more than five years. That compares to 17 per cent surviving for five or more years when the cancer has spread to other parts of the body.

I also know that there is still no routine simple screening test to accurately detect ovarian cancer. Contrary to popular belief, cervical screening will not detect ovarian cancer. Although cervical screening is effective in early detection of cervical

cancer, it is not a test for ovarian cancer. There have been no advances made in the last 40 years in the diagnosis or treatment of this silent cancer, and it is time that it got as much publicity as other cancers. That is why I am telling my, but more importantly, my mam's story tonight.

We need a consistent approach to testing. Why does it have to rely on doctors taking the decision on whether someone fits the bill for testing? My sister used to get a CA-125 blood test done routinely, but I never have. Why? We both come from the same mother, but we have different doctors and different health authorities. I urge the minister to look into that as a matter of urgency.

I started my speech by saying that ovarian cancer is not my friend, and I am determined not to allow it to have the last say in my speech tonight. I dedicate this to my mam, Elizabeth May Dunbar, née Watt, wife to Jimmy and mam to Elaine, Andrew and Jacqueline, born 10 May 1943 and died 19 October 1977, aged just 34 years. You may be gone, Mam, but you are definitely not forgotten.

17:54

**Sandesh Gulhane (Glasgow) (Con):** I wish to draw members' attention to my entry in the register of interests, as I am a practising NHS GP. I am not drawing this debate to a close, so I will not answer some of the questions that have come before me.

The ovaries are two small organs—each about the size and shape of an almond—located in the lower area of the tummy in the pelvis but, as with most things in the body, it is not the size that matters. They produce the eggs we need for babies. They also produce oestrogen and progesterone, which are the female hormones, and they are very busy organs. Ovarian cancer arises from the cells in and around the ovary and fallopian tubes, and those cells tend to spread on to the surface of the tummy and the transparent tissue that surrounds the organs around the abdomen. They form lumps on the surface of the bowels, the fatty tissue that extends down the stomach, the liver, the spleen and the lungs. Those lumps are metastases. They often produce excess fluid inside the tummy, which causes significant bloating and other uncomfortable symptoms.

That is what a patient of mine presented with when she came to the surgery. She was a young woman in her 20s who was complaining of random bloating and feeling uncomfortably full really quickly after eating. Those could be symptoms of anything, including irritable bowel syndrome. Fortuitously, I had been reading about ovarian cancer that very morning, so that was the first

thing that came to my mind and I added a CA-125 blood test to the checks. Unfortunately, the CA-125 level that came back was very raised.

We have all heard about CA-125 from previous speakers, so I will not continue with that, but when the test came back positive I organised urgent ultrasound and referral to gynaecology. Members might think that it was very fortunate that the woman had received a possible diagnosis after just one visit to the GP when most women have to present repeatedly, but that was not to be. She died because she had put up with her symptoms for too long. The feeling of being full too quickly, loss of appetite, bloating, going to the toilet more, tiredness, weight loss and change of bowel habits are all ovarian cancer symptoms, and she felt embarrassed to seek help. The cancer had spread and that is what caused her to die.

We have heard that, each year, 7,400 women in the UK and 600 in Scotland are diagnosed with ovarian cancer, which is very difficult to detect because of the vague symptoms. If you are worried, do not hesitate. If you have the symptoms that I have spoken about, you need to go and see your GP. You need to ask for help, and please keep a symptom diary, because that is really helpful for me when I see it.

We do not have a screening test for cervical cancer but, for women and people with a cervix, we have a cervical screening test for the human papillomavirus, HPV. It is very important, as HPV causes 99 per cent of all cervical cancers and four out of five Scots will have HPV at some point in their lives. We can check for it with the screening and also with the smear test. If you have not had your smear in the past five years, please book with your GP today. I digress from ovarian cancer but, as it is a women's health issue, I thought that I would take the opportunity as a doctor to encourage women to get their smears as well.

It is very clear that early diagnosis and timely intervention lead to better outcomes and save lives. If you have any new symptoms or if you are worried, please do not delay. Please come forward. It could well save your life.

17:58

**Evelyn Tweed (Stirling) (SNP):** I thank my colleague Marie McNair for securing this important debate. Despite a welcome decrease in its incidence, one in 59 women in Scotland are still diagnosed with ovarian cancer, and there is a striking lack of awareness of the disease. That is why I would like to start by paying a warm and heartfelt tribute to Janey Godley, who is currently undergoing treatment for ovarian cancer while openly and admirably sharing her experiences on social media. Janey has done a huge amount to

raise awareness as well as offering comfort to others. She is an inspiration and I wish her all the very best with her on-going treatment. As Janey says, it is a sneaky cancer. Symptoms can be complex and misdiagnosed as other less serious conditions—some of the symptoms have already been discussed this evening.

In recent years, Scotland has led the UK in improving early diagnosis of ovarian cancer, having the shortest diagnostic pathway with the CA-125 blood test and ultrasound carried out at the same time, but there is no one viable screening tool. We need to focus on finding an effective screening tool and raise further awareness of the disease, as the earlier the diagnosis, the better the prognosis.

One person who knows the importance of early diagnosis is my Stirling constituent Gillian McLaren. As a keen netball player with an active lifestyle and healthy eating habits, at the age of 33 Gillian felt at low risk from cancer. She visited doctors for over 18 months with bowel changes, exhaustion, nausea, pain and symptoms of urinary infections. In early 2020, a blood test showed raised levels of CA-125 and she was diagnosed with ovarian cancer. Gillian said that there is nothing that prepares you for the words that you have cancer. She said:

"I was told in a very gentle and sensitive way but it is still a shock. I had always hoped that one day I would have a family of my own. I was told I would lose my fertility during treatment. Cancer was threatening my life but it was also taking away my choice to one day have children. That fertility loss felt like a death."

Now aged 35, Gillian wants to raise awareness of the signs of ovarian cancer, especially in younger women, and help other young people with the disease feel less isolated. Gillian's advanced diagnosis was life changing and affected her prognosis but, thankfully, her surgery was a success and she is grateful to be in remission now. In Gillian's own words:

"I believe it is not that it is a silent killer. It is a lack of knowledge of what to look out for among the public and health professionals. It is about adding up the various symptoms with a potential ovarian cancer diagnosis. It is really important to listen to women when they say they know their bodies. This should really be respected and heard."

Crucially, Gillian says:

"If anyone you know is experiencing symptoms that are abnormal or unusual, head straight to your GP. Be as persistent with them as your symptoms are with you."

I would like to thank Gillian and my colleague Jackie Dunbar for sharing their very personal experiences with us today. Only by continuing to have these very open, public conversations can we work to raise awareness and tackle ovarian cancer together.

18:02

**Carol Mochan (South Scotland) (Lab):** I thank Marie McNair for bringing this important debate to the chamber and I thank members for the contributions so far. We can see how important these debates are, as Evelyn Tweed has just said, in allowing us to talk about these issues in a public forum. On behalf of Scottish Labour, I recognise the importance of ovarian cancer awareness month, which is marked in March. This is a cancer that impacts over 600 people in Scotland every year and this is an important debate in which we seek to raise awareness about it.

I would highlight the symptoms again, but I think that they have been covered very well by the previous speakers. The key fact is that it is important that women go and seek help should they have any of those symptoms and not feel that they are bothering any of the medics or the nursing staff. I am sure that those staff would rather that women came forward and made sure that they were getting themselves checked.

As the motion states, the symptoms usually occur frequently, which is defined as happening more than 12 times a month. It is important that women come forward. The symptoms of ovarian cancer are very common and can be caused by many conditions, but it is important to have them checked out by a GP because, as we have learned more and more in recent years, the earlier an individual has cancer of any sort diagnosed, the more likely they are to be treated and to recover.

As is mentioned in the motion, despite significant research efforts and trials, there is currently no screening available for ovarian cancer. I was very interested in the contributions in the debate so far, because I am not overly familiar with that issue, and I certainly will seek to find out a lot more about the points that Marie McNair and others made.

To take more preventative measures, obtain quicker rates of detection and better levels of treatment, it is crucial that we invest further in research, because knowledge is power. The more we can understand, the better chance we have of achieving Ovarian Cancer Action's aims of making this a more survivable cancer. That is also why raising public awareness is so important. When regular screening services do not exist as they do with other potential cancers, it is vital that members of the public are encouraged to be conscientious in checking for symptoms and to act accordingly and promptly to ensure that they are working in their own best interests.

According to Ovarian Cancer Action,

"Although five-year survival rates for ovarian cancer are improving, other cancers, such as breast cancer, had better

survival rates two generations ago than ovarian cancer does today."

I thought that that was quite striking. This should be a concern to us all. It is a staggering truth and it shows that, although we have made progress, there is still a long way to go to ensure that there is better treatment—ideally, personalised treatment—and higher survival rates for women.

On behalf of Scottish Labour, I again recognise the significance of ovarian cancer awareness month and stress the importance of not stopping our efforts to raise awareness, as we do so often in the chamber, but to regularly bring to the attention of our constituents the symptoms of the illnesses and the fact that they are treatable with early detection. Progress has been made, which is testament to the work of campaigners and organisers who have done a significant amount of work to raise awareness of ovarian cancer, but we must not stop. We must keep making more progress, invest more in research and deliver early diagnosis and improved treatment. I thank everyone for their contributions. Thank you very much.

18:06

**Gillian Mackay (Central Scotland) (Green):** I thank Marie McNair for bringing the debate to the chamber. As the motion states,

"ovarian cancer is the sixth most common cancer faced by" people with ovaries  
"in the UK".

It is important that we highlight the symptoms and causes of cancer, so that everyone knows what to look out for. That is particularly important for ovarian cancer. As we have heard, symptoms can be difficult to recognise, particularly in the early stages, because they are so often the same as symptoms of other conditions such as IBS. The earlier ovarian cancer is diagnosed, the better the outcome. When it is diagnosed at its earliest stage, 98 per cent of people with ovarian cancer survive the disease for one year or more, and 93 per cent survive for five years or more.

However, according to Ovarian Cancer Action, 90 per cent of women and people with ovaries cannot identify the main symptoms. Cancer is a worrying subject and can be difficult to talk about, but, in order to raise awareness, we need to have those difficult conversations. If someone we know is experiencing symptoms of ovarian cancer, they might not identify those symptoms as signs of cancer, or they might be worried about going to their GP when they are so busy. We all have a role to play in raising awareness of the symptoms and encouraging people to seek help when they experience them. Starting a conversation with

someone about cancer can seem daunting, but it might save a life.

It is also important to raise awareness of risk factors so that people can determine their level of risk. Between 5 and 15 per cent of ovarian cancers are caused by an inherited gene. Someone whose mother or sister had ovarian cancer is about three times more at risk. The risk of ovarian cancer also increases with age, with most cases occurring in people with ovaries who are over 50 years of age. However, as Jackie Dunbar said, the cancer does not discriminate by age. Other risk factors include certain medical conditions such as endometriosis, and hormonal factors such as starting periods young or having a later menopause. I encourage anyone who has concerns to visit the NHS Inform website, where more information about risk factors can be found. The Macmillan Cancer Support website can also offer helpful information and advice.

It is worth noting that, unlike with cervical, bowel and breast cancers, there is still no reliable and effective screening method for ovarian cancer. That is why it is so important that people are aware of the signs and risk factors. GP practices are open and are seeing patients, so if you have persistent concerning symptoms, please seek medical advice. Ovarian Cancer Action recommends that people with concerning symptoms keep a record of what they are experiencing and have their notes to hand when they speak to a doctor.

As we have heard, the 62-day cancer referral standard is not currently being met by any health board, and performance against that standard has worsened since December 2020. That is concerning, and the pandemic has obviously had an impact. Staff are working extremely hard to work through the backlog, and we need to ensure that they have the support to continue to do so.

I am aware that the Scottish Government has set out plans to address workforce issues in the national workforce strategy and the NHS recovery plan, but we need to make sure that we retain staff across the NHS, particularly in nursing. We need to ensure that there is a joined-up, integrated workforce so that we do not simply move existing staff from one service to another.

Given that this is ovarian cancer awareness month, it is worth ending my speech by reiterating the main symptoms of ovarian cancer: increased abdominal size and persistent bloating; persistent pelvic and abdominal pain; and difficulty eating and feeling full quickly or feeling nauseous. If you experience those symptoms regularly, please make an appointment with your GP. Women's pain is not always taken seriously, but you know your body better than anyone. If something does not feel right, please seek help.

18:11

**The Minister for Public Health, Women's Health and Sport (Maree Todd):** I thank Marie McNair for lodging the motion and securing the debate, and my colleagues for their important contributions. It is a brilliant opportunity to reflect on what we have achieved so far and on further opportunities to improve.

I particularly commend Jackie Dunbar's very moving speech, in which she gave her child's eye view of the experience of her mum being diagnosed and dying so rapidly with ovarian cancer. It is vital that each and every one of us uses our life experience to improve current treatments and work for our constituents, so I am very grateful for that moving contribution.

Unfortunately, ovarian cancer continues to be prevalent throughout Scotland and the rest of the United Kingdom, with about 600 women being diagnosed every year in Scotland. We know that the earlier cancer is detected, the easier it is to treat. Raising awareness of ovarian cancer and its common symptoms, which have been outlined by members, is crucial in detecting the cancer early, particularly because the symptoms can be vague, as many members have said.

The Scottish Government is committed to detecting and treating cancer as early as possible. Raising awareness of the symptoms of cancer, including ovarian cancer, is a focus of our £44 million detect cancer early programme. As services continue to recover from the impact of the Covid-19 pandemic, we recognise that our efforts in that area have never been more important. That is why we have committed an additional £20 million for the DCE programme as part of our NHS recovery plan, which was published in August 2021. That funding will lead to even greater public awareness of the signs and symptoms of cancer, and it will support the development of optimal cancer pathways to improve earlier diagnosis rates. Traditionally, the focus has been on bowel, breast and lung cancers, but other areas have been added more recently to the programme.

We are working on a number of awareness-raising initiatives through the programme. That includes redesigning the DCE website, which is available at [getcheckedearly.org](https://getcheckedearly.org). The website will feature an updated version of our symptom checker tool, which is complete with links to relevant third sector organisations. The online checker tool was first launched in 2018, and it includes information on symptoms of ovarian cancer. In addition, research is being undertaken to better understand the possible barriers and levers to early diagnosis, on which any new DCE campaigns should focus. Once the results are available, we will seek new solutions to improve access.

We recently formed a new early cancer diagnosis programme board, which is chaired by Catherine Calderwood, the national clinical director at the centre for sustainable delivery. That group will be responsible for shaping and supporting the delivery of Scotland's early diagnosis agenda over the coming years, including the development of any new and additional public awareness campaigns. In recognition of the importance of primary care clinicians in finding cancer early, a clinical review of the Scottish referral guidelines for suspected cancer was completed, and updated guidelines were launched in early 2019. Those include guidelines for suspected ovarian cancer.

In relation to other engagement, we are in regular contact with Target Ovarian Cancer, which is a valued member of the Scottish Cancer Coalition. I was very pleased to become a teal hero by participating in Target Ovarian Cancer's event to promote ovarian cancer awareness month at the Scottish Parliament a few weeks ago. My officials and I continue to liaise with the charity on its work to raise awareness of ovarian cancer.

Over the course of the pandemic, urgent suspicion of cancer referral rates fell below pre-Covid levels. Public awareness campaigns and messaging have run throughout the pandemic in order to increase uptake and encourage people with possible cancer symptoms to seek help. I encourage any individual who might be experiencing common symptoms of ovarian cancer to present to their GP.

Not only is it important for people with symptoms to come forward, but it is equally important to be aware of the risk factors in developing ovarian cancer. According to Target Ovarian Cancer, two of the main risk factors are age and genetic factors. Age is the primary risk factor, with risk increasing as a woman ages. The majority of diagnoses are for women over the age of 50. In addition, 15 to 20 per cent of cases are linked to mutated genes—primarily BRCA1 or BRCA2. Other risk factors include being overweight, using hormone replacement therapy and having endometriosis, which can marginally increase an individual's risk. However, it is important to note that those factors do not always result in developing cancer.

More generally, women's health is a key priority for the Government. That is why, last August, Scotland became the first country in the UK to publish a women's health plan. That represented an exciting step forward in our ambitious aim to raise awareness of women's health, to improve access to health information and services for women and girls and to reduce inequalities in health outcomes for all women. The plan focuses on a specific set of priorities where there is

evidence of inequalities and where women have told us that improvements are needed. Those priorities include menstrual health, menopause and endometriosis care.

Alongside that work, the Scottish Government works closely with a number of organisations, including Target Ovarian Cancer and the Scottish Cancer Coalition, which have been mentioned, to raise awareness of ovarian cancer. Our partners are key contributors in raising awareness and providing support for people suffering from or at risk of ovarian cancer. They also provide assistance, education and information to those who need it most. Their work is invaluable, and I take this opportunity to acknowledge and thank all those involved.

I am glad that Evelyn Tweed mentioned Janey Godley, who is undergoing treatment for stage 3 ovarian cancer. In sharing her experience, even at this really tough time for her and her family, she is doing a power of good by raising awareness of this devastating condition. As public health minister, I am very grateful for that. I am sure that all of us in the chamber wish her well in her recovery.

It is appropriate to acknowledge the continued hard work of our health workers, who have, in the face of a pandemic, continued to provide high-quality care and support to all the people who have a suspicion of cancer.

As we have heard, the Scottish Government and all of us here are absolutely committed to increasing awareness of ovarian cancer and improving cancer patients' experiences and outcomes. I thank all our partners that help us in achieving those goals. We will continue to work together to further improve our services and awareness.

*Meeting closed at 18:18.*



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

---

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

---

All documents are available on the Scottish Parliament website at:

[www.parliament.scot](http://www.parliament.scot)

Information on non-endorsed print suppliers is available here:

[www.parliament.scot/documents](http://www.parliament.scot/documents)

For information on the Scottish Parliament contact Public Information on:

Telephone: 0131 348 5000

Textphone: 0800 092 7100

Email: [sp.info@parliament.scot](mailto:sp.info@parliament.scot)

---



The Scottish Parliament  
Pàrlamaid na h-Alba