



OFFICIAL REPORT  
AITHISG OIFIGEIL

# Meeting of the Parliament (Hybrid)

Tuesday 26 October 2021

Session 6



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Pàrlamaid na h-Alba

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**Tuesday 26 October 2021**

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# Scottish Parliament

Tuesday 26 October 2021

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

## Time for Reflection

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

The first item of business this afternoon is time for reflection. Our time for reflection leader today is the Rev Kipchumba Too, the minister at Denny Westpark Church of Scotland.

**The Rev Kipchumba Too (Denny Westpark Church of Scotland):** Presiding Officer and members of the Scottish Parliament, it is a great honour for me to address you this afternoon and I am grateful for this opportunity.

The tragic event of 15 October 2021 in Essex is very much alive in our minds. Sir David Amess, member of Parliament for Southend West, was stabbed to death in a church, during a constituency surgery. Our thoughts and prayers are with his family, staff, friends, constituents and colleagues.

I kindly request that we reflect, in a moment of silence, to honour and remember him for his dedicated service to the public, which of course was inspired by his faith in God.

May he rest in peace, rise in glory and dwell eternally in God's house.

Such dedication to public service matters at a time when all is not well. All is not well when our dwellings are at risk from frequent floods and rising sea levels, when families cannot afford to put food on their tables and pay their energy bills, when there are homeless folk in our streets, when people die waiting for a doctor's appointment, and when substance-abuse-related deaths and suicide cases are on the rise.

This is not an invitation to despair but a call to action here and now. Coming from a Christian perspective, my mind is drawn to God's message to the Israelites in Jeremiah, chapter 29, verse 7:

"But Seek the welfare of the city where I have sent you into exile, and pray to God on its behalf, for in its welfare you will find your welfare."

That scriptural passage makes clear that the welfare of the Israelites depended on that of the city. Any danger to the welfare of the city meant danger to their own welfare. Their status as

foreigners and the temporary nature of their stay in the city were not reason enough for them not to commit to the welfare of the city.

It is equally true that our own welfare as individuals depends on the welfare of our dwellings. For us today, seeking the welfare of the city means addressing issues such as racism, poverty, homelessness, inequality, substance abuse, crime, healthcare and the environmental crisis—a challenge that will bring together leaders from all over the world in the city of Glasgow in the coming few days.

No one's welfare is guaranteed until the welfare of all, including that of the planet earth, is guaranteed.

Mahatma Gandhi said:

"Man becomes great exactly in the degree in which he works for the welfare of his fellow-men".

I end on that note, as I invite you to take up the challenge and have your names inscribed in history among the great who demonstrated unrivalled commitment to the welfare of their cities and planet earth.

Thank you. [Applause.]

## Sir David Amess MP

14:04

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

Before we move on to today's business, I would like to say a few words to the chamber, after which there will be an opportunity for party leaders to speak.

I know that all members will have shared my sense of profound shock and sadness on hearing the news of the death of Sir David Amess MP. On behalf of the Scottish Parliament, I extend our deepest sympathy to his family, friends and colleagues. I know that the death of Sir David will also have had a devastating effect on his fellow members of Parliament and all those who worked alongside him at Westminster. Members will wish to be aware that I wrote last week to the Speaker of the House of Commons, assuring him of our sympathy and support.

That the attack happened while Sir David was going about his responsibilities as an elected member, seeking to engage in his local community with the people whom he represented, is horrifying for all of us. I know that all members of the Scottish Parliament regard understanding and representing the concerns of their constituents and local communities as being among the greatest privileges of being an elected member.

The Parliament seeks to ensure that you have the support that you need to enable you and your staff to carry out your duties as openly and safely as possible. Members have received various updates about security in recent days, both from the Parliament and from Police Scotland. Work is on-going in the Parliament security team; the Scottish Parliamentary Corporate Body will discuss members' security at its next meeting, and the Parliament will continue to keep members informed.

14:06

**The First Minister (Nicola Sturgeon):**

Presiding Officer, I join you in sending my condolences to the family, friends, constituents and colleagues of Sir David Amess. Since his death, we have heard many moving tributes to Sir David from across the political spectrum. Together, they speak to what has been lost: a good and decent man and a thoughtful and dedicated MP, who served his constituents faithfully for almost four decades.

The fact that Sir David was killed while serving his constituents adds an extra dimension to a crime that would have been unspeakable in any circumstances. Because of that, it is a tragedy that all of us who are in elected office have been

shaken by—as, indeed, we were by the dreadful murder of Jo Cox MP. No parliamentarian or councillor, nor anyone who works with us, should ever face the threat of violence as we represent our constituents. There are serious issues to be confronted about the security of elected politicians and our staff; I know that the corporate body is considering those, in consultation with parties, which is of vital importance.

Nevertheless, I suspect that we are united across the chamber in our determination not to let our democracy be undermined by those who commit heinous crimes or acts of terror. In the democracy that we all cherish, politicians must be accessible. For all of us, meeting our constituents face to face is not just a duty; it is a privilege and is often one of the real joys of the work that we do. That has come across vividly in the many tributes to Sir David.

His death, devastating though it is for all the people who loved him—and, indeed, for our society as a whole—must not diminish our efforts to represent our constituents. Instead, his life and his example should inspire us, as we rededicate ourselves to the idea that politics and public service can be a force for good. It should remind us that parliamentarians here, across the United Kingdom and beyond often have more that unites than we have that divides us. All of us are passionate about serving the people whom we represent. All of us want to create a better society. If we can remember and summon that sense of common purpose more often, even in the heat of a debating chamber, it will improve politics in Scotland and elsewhere and would, I think, be a fitting further legacy of Sir David's distinguished life and career.

14:09

**Douglas Ross (Highlands and Islands) (Con):**

Sir David Amess was first elected to Parliament in the year that I was born, so when I first met him in 2017 he was already more than well established in the House of Commons. However, there are among us on the Conservative benches, in the Scottish National Party, the Labour Party and the Liberal Democrats, people who have served both here and in the UK Parliament. It did not matter what our intake or political party, David made us feel welcome. That was what he was all about. He loved Parliament and used it to promote the causes that were closest to him. He achieved far more as a back bencher for 38 years than many ministers will achieve in their entire ministerial career. The fact that Southend will now be a city is a lasting legacy to the campaigning of Sir David Amess.

There are many heartbreaking elements to the murder of Sir David, Presiding Officer, but as you

and the First Minister have said, the fact that he was so cruelly taken during a constituency surgery brings into sharp focus the role that we all play as representatives. Whether we are MSPs, MPs or councillors, we are there to serve our electorate and should never be killed for doing that.

However, far too many politicians in Scotland and across the United Kingdom face far too many threats and are regularly abused online. A councillor in Scotland right now is leaving politics because his home has been fire bombed three times, and the police are no closer to finding the culprit. Elected representatives receive a torrent of abuse and, sadly, the worst of it is often directed towards female colleagues. That has to stop, and it has to stop now.

I want to use the remainder of my time to remember Sir David. As I said, I got to know him in 2017, when I was first elected. I had an office two doors down from his. He made me welcome and invited me round to his office. Parliamentary authorities had told me very strictly what I was allowed in my office—I could not even change the colour of the furniture. I went into Sir David's office and found that it was full of budgies and fish. It was a sight to behold.

I also had the cleaners' cupboard next to my office, but I never saw a cleaner going into or out of that cupboard. However, one day, I saw Sir David coming out of it, with Christmas decorations. At Halloween, he would put up outside his office witches and other ghoulish ornaments, which would make a noise as people came out of the elevator. After Halloween, he would put those decorations back in the cleaners' cupboard, then bring out his Christmas decorations. It is very sad that we will not see the Santa figure outside 1 Parliament Street, which was where his office was for a long time.

For a period, I was Sir David's whip. He was not an easy member to whip—he was always very courteous, but he would never give away which way he was going to be voting. Most recently, I spent a week with Sir David in Qatar in a cross-party delegation that he led. On that trip, I was reminded about being his whip, because I sent him a message about something that we were doing and he responded in a matter of minutes. I looked back and noticed that all the messages that I had sent him as his whip had not been opened or read. He clearly paid more attention to me as a colleague on a delegation than he did when I was his whip. He led the delegation with great dedication and enthusiasm. I saw him less than 48 hours before he died.

When evil visited Sir David's surgery 11 days ago, it robbed us of a true public servant, a colleague, a friend and a passionate campaigner.

His staff have lost a kind, caring and considerate boss, and they are in our thoughts today.

Worst of all, the tragedy has hit his family hardest. His wife Julia was his rock for almost 40 years and he was a loving father to Katherine, David, Sarah, Alex and Florence. We pray for his family and we mourn with them.

Rest in peace, Sir David Amess.

14:13

**Anas Sarwar (Glasgow) (Lab):** I associate Labour members with your remarks, Presiding Officer, with those of the First Minister and, in particular, with those of Douglas Ross.

The killing of Sir David Amess has utterly devastated everyone who works in and around politics. Sir David built a reputation for kindness, generosity and decency. The thoughts of everyone in the Scottish Labour Party are with his friends and family, and with his colleagues in the Conservative Party, who are hurting at this difficult time.

Sadly, this has also brought back memories of the horror of Jo Cox's murder, just five years ago. That is not least because Sir David epitomised Jo's belief that we have far more in common than we have that divides us—a sentiment that was repeated by the First Minister today. His dedication to public service was driven by the simple principle of helping others. The outpouring of admiration and grief in his Southend West constituency from people from diverse backgrounds shows just how much he meant to the residents for whom he campaigned so passionately. In the granting of city status for Southend, his legacy will endure for generations to come.

Sir David was killed while doing what democracy is fundamentally all about—meeting the people. We must ensure that we do not let violence and extremism win, and we must remain steadfast in our defence of the very essence of our democracy. Sir David's killing may have been an isolated incident, but his tragic death has also shone a spotlight on the abuse, threats and danger that are faced by people in public life. It is too easy for people to think that that means just directly elected politicians. There are support mechanisms around politicians and their families, but it also means their staff, who are going about their daily work and just trying to make a difference to people. Regardless of what sector a person works in or where they work, no one should feel unsafe at their work—and no one should be killed at their work.

This moment has reminded us of the need for greater kindness and compassion in our public

discourse. Yes—there is a place for disagreement and for anger in politics. We sometimes demonstrate that in this very chamber, in Westminster and in television studios. However, there is a difference between expressing disagreement and anger and letting them turn into dislike and hatred. They should never turn into dislike and hatred. Sadly, too much of our politics, particularly on social media platforms, is about othering of communities, dehumanising of individuals and creation of division. We all have a fundamental responsibility to call that out and to face it down.

In memory of Sir David Amess, therefore, and in memory of Jo Cox, we must make a firm commitment that we will never allow those who seek to divide us to win.

14:15

**Lorna Slater (Lothian) (Green):** I am very grateful for having time to reflect on how sad and horrifying the murder of David Amess is, and to offer my sincerest condolences to the family, friends and colleagues of that hard-working MP.

David Amess was stabbed as he carried out his duties as an elected representative, working for his constituents conscientiously and courageously. Such a violent attack disrupts our democracy and makes us all question our safety. The incident has shaken our democracy to its core, because it has broken the principle on which we build our prosperity and security: the peaceful transfer of power. We may call loudly—and sometimes emotionally—for elections, referendums and votes, but never for violence. Although we disagree on many things, the condemnation of violence is the basis of what we all believe and is something on which we all agree.

I did not know David Amess, but I know that MPs and MSPs work very hard for their constituents, and that they embody the service role of the public servant. David Amess should not have had to risk—nor to give—his life in order to do his job. None of us should have to do that. I look around the chamber and think, “Am I safe? Are you? How often should I look over my shoulder when I walk around town? When should I press the alarm?”.

I think of David Amess’s staff and how traumatised they must be, and I think, too, of those who work for us. I think of all the people—young women in particular—who I have cajoled, nudged and badgered into standing for election, and I wonder whether I am putting their lives in danger. How can I ask people to do this job, knowing that it might cost them their life?

It was only a few years ago that another MP, Jo Cox, was murdered. Even after that, all members

of this Parliament have stood for election. They have all had the courage to put themselves forward and to take on public service. I applaud and recognise their courage. Following the murder of David Amess, we will do the same. We may look over our shoulders more and will, I hope, look out more for each other, but we will do our job because peaceful governance, non-violent disagreement and public service are at the core of our democracy and of our decency, and we will not let that horrific act fundamentally change what is important to us.

14:18

**Alex Cole-Hamilton (Edinburgh Western) (LD):** I did not know David Amess, but I recognise him. I recognise the descriptions of the warmth and generosity with which he greeted members of all parties. I recognise his commitment to, and work towards, good causes including fire prevention and animal welfare.

In particular, I recognise the description of the final moments before he was attacked. Sir David was murdered at work, in a constituency surgery not unlike those that are held by each of us in church halls, offices and libraries the country over, week in and week out. He was killed while performing one of the fundamental duties of a representative of democracy—he was making himself available to his constituents, offering them help and receiving their instructions.

What happens in those venues is often more important than anything that happens in this chamber; there is no more important function in the role that we perform as elected public servants. We never know exactly what is coming through the door. Sometimes, it can seem straightforward; at other times, it will be deeply complex.

At face value, the issues are sometimes mundane and sometimes earth shattering, but the unifying theme in almost every surgery appointment and casework meeting is that the issue that is described to us is the most important thing in the person’s world. For the passage of half an hour or so, we have to make it the most important thing in our world. By all accounts, Sir David’s time revolved around his constituents.

Discussions about the safety and security of our elected members have once again begun in earnest. That is understandable, but this act of remembrance is not the time for such debate. All I will say is that, whatever what has happened gives rise to, it must not make it harder for people to come and see us.

I hope that a thousand years from now these islands will still enjoy the freedom of a representative democracy. Our society at that time



will be unrecognisable to us now, but that fundamental pillar of the social contract—a person in need seeking help and finding it in the hearing of their elected members—will and should remain.

I offer my sincerest condolences and those of my party to everyone who knew and cared about Sir David.

## Business Motion

14:20

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

The next item of business is consideration of business motion S6M-01784, in the name of George Adam, on behalf of the Parliamentary Bureau, which sets out changes to today's business.

*Motion moved,*

That the Parliament agrees to the following revisions to the programme of business for Tuesday 26 October 2021—

after

*followed by* First Minister's Statement: COVID-19 Update

insert

*followed by* Ministerial Statement: Scotland's Retail Sector

*followed by* Ministerial Statement: Development and Deployment of Carbon Capture, Utilisation and Storage in Scotland

delete

5.00 pm Decision Time

and insert

6.05 pm Decision Time—[George Adam.]

*Motion agreed to.*

## Topical Question Time

14:21

### NHS Lanarkshire Risk Level

#### 1. **Monica Lennon (Central Scotland) (Lab):**

To ask the Scottish Government what its response is to reports of NHS Lanarkshire moving to the highest risk level, black, and cancelling elective care, including some cancer procedures. (S6T-00225)

**The Cabinet Secretary for Health and Social Care (Humza Yousaf):** Our health and care system is under extreme pressure due to the direct and indirect consequences of the pandemic, and NHS Lanarkshire, like all health boards, is experiencing significant pressures, including workforce challenges. We have deployed military assistance to support emergency care and, to minimise delays for patients who are waiting for elective care and cancer treatment, the board is maximising theatre capacity and support from other boards to provide greater access for patients.

We expect, and are planning for, this winter to be the most challenging in the history of the national health service. To help to alleviate those pressures, over and above the £300 million package of winter measures, I announced earlier today an additional £10 million to help patients to avoid a hospital stay whenever possible and to speed up discharges for those who are in hospital, which will, of course, free up capacity for patient care.

**Monica Lennon:** I thank the entire NHS Lanarkshire workforce for its exceptional efforts.

Today, Cancer Research UK in Scotland described the situation in NHS Lanarkshire as deeply concerning, and it has warned us that, for people with cancer, every day counts. Can the cabinet secretary confirm how many cancer procedures in Lanarkshire have been cancelled so far and whether he expects more cancer procedures to be cancelled or delayed in the weeks ahead?

**Humza Yousaf:** I cannot confirm that, because the number is so low that saying it would risk identifying the individuals. I can say that the number of cancer procedures that have been postponed is very small. I have spoken to NHS Lanarkshire, which is working extremely hard in respect of its theatre allocation space to ensure that it can reprioritise those procedures and treatments as quickly as possible.

Monica Lennon and I will undoubtedly have various exchanges on health over the course of

the winter, but I am sure that she would agree and understand that decisions on any patient care, but particularly those that relate to cancer, are never taken lightly. I can provide to her, in written form if she wishes, updates on what we are doing to try to recover some of the cancer diagnostics that we know were affected because of the pause in screening in the early days of the pandemic.

**Monica Lennon:** I am pleased to hear that other theatres and boards have some capacity to assist NHS Lanarkshire. Is the cabinet secretary aware of any other health board that has had to cancel cancer procedures? Is any other health board in Scotland warning that it, too, could declare a code black or, to give it its correct term, the highest risk level, which is black?

**Humza Yousaf:** Decisions on what procedures and treatments can take place are taken at individual health board level. I speak to health board chairs and chief executives on a very regular basis, and all boards are at a significant level of escalation. My most recent conversation with chairs was yesterday, and there was no indication that any other chair, chief exec or health board was going to declare the highest level of escalation, as Lanarkshire has done, but that is, of course, kept under review.

In Lanarkshire, the highest level of escalation, the black level of escalation, is kept under daily review, and it will not be in place for a moment longer than it has to be.

**Neil Gray (Airdrie and Shotts) (SNP):** I congratulate Monica Lennon on securing the question. There is no doubt that there are serious pressures across all aspects of our health and social care services, which have been exacerbated by the pandemic. I thank NHS Lanarkshire staff for all that they are doing in these difficult times to serve my constituents in Airdrie and Shotts.

Can the cabinet secretary again outline what additional support has been given to NHS Lanarkshire, and in particular to its general practitioner services? As my constituents are reporting to me, some—but most certainly not all—surgeries are referring patients directly to accident and emergency, probably for understandable reasons, but that will be having an impact on the pressures that are faced by the three accident and emergency units and, by extension, the hospitals in Lanarkshire.

**Humza Yousaf:** In the interests of brevity, it would probably be easier for me to write to Neil Gray in relation to the additional funding that we have given NHS Lanarkshire, which includes Covid and non-Covid funding. In her statement, the First Minister will outline some further funding that will go to health boards. In the interests of

brevity, I will write to Neil Gray with the details on that point.

On his second point, which I think is incredibly important, we have given additional funding to general practitioners. In my winter package, I announced an additional £28 million for primary care services, a portion of which will, of course, go to GPs.

I met representatives of the British Medical Association earlier this week. The BMA and I wrote jointly to every GP practice in the country, thanking GPs for their incredible service throughout the course of the pandemic, but saying in black and white that, with the change in guidance, we would expect there to be an increase in face-to-face appointments, which will hopefully help in relation to the pressure that we are seeing at the front door of A and E departments.

**Meghan Gallacher (Central Scotland) (Con):** Since NHS Lanarkshire entered code black, I have received emails from constituents who have raised serious concerns over the advice that they have received from NHS 24. One constituent who emailed me was advised that no consultant was available, despite her family member having a repetitive cough, high temperature and sickness. The Scottish Government was aware of the critical level that faced NHS Lanarkshire and other health boards, so why did it not address the staffing issues to ensure that those who phone 111 do not have to present at A and E?

**Humza Yousaf:** If there are any constituent cases that Ms Gallacher wishes to raise with me, she can do that, and I will, of course, contact the health board to see what more can be done for her constituents.

I do not agree with Ms Gallacher's characterisation. The fact that we requested military assistance is a demonstration of how seriously we took the situation at NHS Lanarkshire, and I thank the armed forces for responding in typically quick fashion to our and NHS Lanarkshire's request.

Additional resources are going into the NHS 24 workforce, with a new call centre opening up in Dundee, which will be helpful across the entire country.

### Spiking

**2. Evelyn Tweed (Stirling) (SNP):** To ask the Scottish Government what work is being undertaken in response to reports of recent increases in drink spiking and spiking by injection in nightclubs and bars. (S6T-00222)

**The Cabinet Secretary for Justice and Veterans (Keith Brown):** Anyone who is found to

spike a person will be arrested and may be prosecuted. Police Scotland is pursuing every single report of spiking and is in daily contact with my officials so that we can better understand the prevalence of the activity. A gold command has been established and is being led by an assistant chief constable. That command is reaching out to universities and licensed premises.

I wish to make it absolutely clear that one case of spiking is one case too many, and the act of spiking is an absolutely despicable activity. Such harmful behaviours cannot be tolerated in our society.

We are working with our partners to ensure that we have the right balance of targeted and universal interventions, alongside our wider work to tackle misogynistic conduct and to ensure that men take responsibility for their behaviours.

**Evelyn Tweed:** The reports of increases in spiking are troubling. While I know that there is no simple solution to the abhorrent act of spiking, I am determined to work with organisations such as Rape Crisis Scotland, Engender, the Scottish Licensed Trade Association and Police Scotland, as well as with the cabinet secretary, to see what more can be done. Will the cabinet secretary meet me to discuss this concerning issue?

**Keith Brown:** I would be more than happy to meet Evelyn Tweed and key partners to understand what more could be done to address this concerning issue. As I said, spiking is an abhorrent act, and I am committed to working with partners to tackle that unacceptable behaviour.

**Evelyn Tweed:** Will the cabinet secretary join me in doing everything that we can to encourage anyone who has been spiked, or who has witnessed someone being spiked, to contact the police as soon as possible so that they can investigate the instances as quickly as possible, especially since the evidence that they need is time sensitive; and to highlight that people can reach Rape Crisis Scotland for support via its helpline number, which is 08088 010302?

**Keith Brown:** Evelyn Tweed makes an important point about the time-sensitive nature of the evidence that is crucial for the police. It is the case that Police Scotland is taking every report of spiking seriously. I encourage anyone who has been spiked, or who has witnessed someone being spiked, to report it to the police as soon as possible. As Evelyn Tweed said, support is available from Rape Crisis Scotland for anyone who needs it, and there is no harm in repeating its helpline number, which is 08088 010302.

**Russell Findlay (West Scotland) (Con):** The Scottish Government has a new policy of non-prosecution for drug possession. Will the cabinet secretary back our calls for an exemption to that

policy for those who are caught with drugs that are intended for the purpose of spiking?

**Keith Brown:** I think that Russell Findlay misunderstands, because that is not a Scottish Government policy but declared guidance from the Lord Advocate. The issue that Mr Findlay raised is one for the Lord Advocate, although I take on board the suggestion that was made and will give it further consideration. However, as to prosecutions, Mr Findlay should be aware that those decisions are for the Lord Advocate alone.

**Willie Rennie (North East Fife) (LD):** It is important that we all stand up against spiking. On Wednesday, I will address a protest at the University of St Andrews, and I want to report to the protesters that the Scottish Parliament is taking action on spiking. A successful testing-strip promotion scheme is already in place in Lincolnshire that provides free test strips for all venues. Would the Scottish Government be prepared to roll out a similar scheme in Scotland, as well as fund it?

**Keith Brown:** Willie Rennie makes a constructive suggestion. I undertake to have a look at the initiative that he mentioned. However, I should say that, along with the police and the nightclub industry, other partners are addressing the matter, not least our universities—Willie Rennie mentioned the University of St Andrews—and colleges, given that a number of spiking incidents have happened around student bars. I am more than happy to consider Willie Rennie's suggestion and any others that come forward, but quite a number of actions are being looked at just now by Police Scotland and the Scottish Government.

**Audrey Nicoll (Aberdeen South and North Kincardine) (SNP):** Like other members, I am completely horrified by the recent disclosures about cases of spiking in which young women have wilfully and recklessly been targeted. In my constituency, Robert Gordon University has put the safety of students front and centre of its equally safe strategy. What more can be done to support students within and beyond the campus to ensure that they are safe?

**Keith Brown:** The gold command group that has been established and which is led by an assistant chief constable in Police Scotland is reaching out to universities and licensed premises. I hope that that gives some reassurance to Audrey Nicoll. In addition, members of the equally safe in colleges and universities core leadership group, which includes Universities Scotland, NUS Scotland and the Scottish Funding Council, have been asked to share important Police Scotland information on the issue through its networks.

A final point to make is that we cannot let the issue be the responsibility of those who are victims of spiking. We know that spiking is largely done by men and that four fifths of the victims are women. It is a big challenge for society, and one where men must take on responsibility for their actions. Telling victims what they should do to avoid spiking might be well intentioned, but it is our responsibility, along with the police, various institutions and the nightclub industry, to ensure that we do what we can to make premises safe for everyone concerned.

## Covid-19

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

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

14:34

**The First Minister (Nicola Sturgeon):** In giving an update on the latest Covid situation, I will provide an assessment of the current course of the pandemic. In light of that, I confirm that no immediate changes are being proposed to the mitigations that remain in place. I will also report on the vaccination programme's progress and provide a brief update on international travel. Lastly, I will summarise the mitigations that are being deployed to minimise the risks of transmission at or around the 26th United Nations climate change conference of the parties—COP26.

First, I will give the most recent statistics. Yesterday, 2,262 positive cases were reported, which is 11.5 per cent of all the tests that were conducted. There are 917 people in hospital with Covid, which is 15 more than yesterday, and 59 people are receiving intensive care, which is two more than yesterday. Sadly, a further 20 deaths have been reported in the past 24 hours, which takes the total number of deaths registered under the daily definition to 9,072. I again send my condolences to everyone who has lost a loved one.

More positively, the vaccination programme continues to make good progress. I will provide more details on the booster programme later, but I can confirm that 4,309,932 people have received a first dose and that 3,897,133 have had both doses.

In total, 87 per cent of the over-18 population is fully vaccinated with two doses. That includes 96 per cent of the over-40s, 76 per cent of 30 to 39-year-olds and 67 per cent of 18 to 29-year-olds. In addition, 75 per cent of 16 and 17-year-olds and 53 per cent of 12 to 15-year-olds have had a first dose. For most people in those age groups, only a single dose is recommended at this stage.

This weekly update coincides with the latest three-week review point for the remaining regulations. As I indicated a moment ago, I confirm that the Cabinet agreed at our meeting today to make no change to the current regulations that are in place. That reflects our assessment that, although the situation is greatly improved since August, it remains fragile as we head into the winter period.

In my statement before the recess, I reported that case numbers had fallen by more than 20 per cent in the preceding week and by more than 60 per cent in the preceding five weeks. The fact that case numbers declined so steeply without the need for tougher restrictions was extremely welcome. It showed that increased compliance with mitigations, together with increased immunity through vaccination, previous infection or both, had been capable of stemming even the Delta variant.

However, while case numbers remain much lower than the previous peak, the decline has levelled off over the past three weeks. In recent days, we have been reporting a very slight increase in cases. To illustrate that further, three weeks ago, there were on average just under 2,500 new cases being reported each day, and the average now is just over 2,500 cases a day.

It is important to see that in a wider context. Having had the highest rate for a period, Scotland currently has the lowest Covid case rate of the four United Kingdom nations. At this stage, the increase in cases is relatively small, at about 2 per cent. We are certainly not experiencing a surge in new cases of anything like the magnitude of late August.

However, as we know from experience, there is never any room for complacency with the virus. We cannot ignore the fact that case numbers have started to creep up again. Even before the recent increase, they were at a higher level than we would have wanted.

One consequence of the continued high number of cases is that the national health service remains under significant pressure. Although case numbers are lower than in early September, we are seeing a slightly different age distribution, with increases in the older rather than younger populations. That partly explains why the steep reduction in case numbers has not been mirrored by an equally steep decline in hospital admissions.

Covid-related hospital occupancy—the number of patients who are in hospital with Covid at any given time—is lower than it was three weeks ago, at 917 today, compared with 998 three weeks ago. However, the figure has increased again slightly in the past week.

Hospital admissions also remain high. More than 600 people with Covid are still being admitted each week, and admissions to intensive care units have also increased. What all that means is that NHS staff are dealing with significant numbers of Covid patients alongside other patient care, while also preparing for wider winter pressures and dealing with the backlog of care that built up in earlier stages of the pandemic.

In fact, the entire health and care system is—as all members are aware—under considerable pressure; arguably, it is under more pressure now than at any previous stage of the pandemic. Across the country, hospitals are at, or close to, capacity, and the social care system is also under pressure.

Those pressures are, of course, likely to intensify during the winter period. We know that, with people meeting indoors more often during winter, there are more opportunities for a virus to circulate, which could lead to a further rise in cases. We are also approaching the winter flu season, which could add to the pressure on the NHS.

We are therefore working closely with health boards as they deal with those pressures, and the Cabinet Secretary for Health and Social Care has already confirmed a package of winter support. In addition, I confirm that a further £482 million is being allocated to the NHS and integration authorities. That includes more than £120 million to support test and protect, and more than £130 million to further support the vaccination programme. The balance of funding will cover additional Covid-related costs in areas such as staffing and equipment.

The pressures on the NHS are a reminder that Covid is still a threat to our individual health and to the capacity of our health and care services. That is why continued high compliance with existing mitigations and protections is so vitally important.

At this moment of fragility, I therefore ask all of us across the country to make a renewed individual and collective effort to stick to the basic protections that are still in place to help drive case numbers down again. Please wear face coverings when required, ventilate indoor spaces wherever possible, wash hands and surfaces, use lateral flow device tests regularly, and book a polymerase chain reaction test if one of those LFD tests shows up positive, if you have symptoms of Covid, or if you are identified as a close contact of someone who is positive.

Please also continue to give contact details, when visiting pubs and restaurants, for example, and show your Covid certificate if visiting a venue where that is required. The Covid certification scheme has been operational for more than three weeks and is now enforceable by law. I am grateful to the businesses that have worked hard to comply with the scheme.

Last but not least, we continue to ask people to work from home whenever that is possible, which continues to be an important way of reducing transmission. The Scottish Government will continue to work with business to support an appropriate, phased return to office working.

However, it is important to stress that, at this stage, we still encourage people to work from home as much as possible. I am grateful to employers who continue to do everything possible to provide safe environments for both their workers and customers.

In summary, this is a moment—again—for all of us to step up our compliance with those basic protections. We know from experience that, if and when we do so, we can stem transmission. It is important that we do so now.

The judgment of the Cabinet today—informed, of course and as always, by clinical advice—is that it is not necessary at this stage to reintroduce any tighter restrictions. However, as has always been the case, we will keep that under review. In particular, we will consider on an on-going basis whether any of the existing mitigations need to be strengthened in any way.

Of course, the most important tool that we have against Covid is vaccination. The NHS is currently delivering the biggest ever winter vaccination programme. Over the course of this winter, more than 4 million flu vaccines and more than 3 million Covid vaccines will be administered. Almost 1.5 million of those have already been delivered.

The Covid booster programme commenced within a week of the Joint Committee on Vaccination and Immunisation advice on prioritisation being received. So far, more than half a million people have had a booster jab. Those aged over 70 and those on the highest risk list are being prioritised first. Those groups, together with older people in care homes and front-line health and care workers, will all be offered the booster vaccination between now and early November.

Other groups—including all adults over the age of 50—will get booster appointments through November, December and, in some cases, into early January. The portal that will allow those in younger age groups to book appointments online will open in November.

I remind members that the main constraint on the speed of vaccination is the JCVI advice that six months must have elapsed between a second dose and a booster dose.

In short, we are making good progress, but every effort is being made and will continue to be made, within the limits of the JCVI's advice, to accelerate the pace of the programme. For example, as the programme moves down the age groups, we will be considering additional clinics, particularly at evenings and weekends. We will continue to support health boards to identify, recruit and train additional staff as required. We are also enabling boards to make use of healthcare students and primary care staff—including general practitioners, GP practice staff,

dentists and pharmacists—where it is appropriate to do so, to help to meet demand.

It is also important to note that, for convenience and to avoid older and more vulnerable people, in particular, needing two separate appointments, Covid booster and flu vaccinations are being co-administered wherever possible. That might mean that, this year, some people will receive their flu vaccine slightly later than might normally be the case. However, I assure people that the timing of flu vaccinations is entirely clinically appropriate.

I mentioned that 53 per cent of 12 to 15-year-olds have now received their first jab, and I sincerely thank all the young people who have come forward for vaccination. I confirm that everyone in that age group has now had an appointment scheduled, and they should have received a letter telling them about their appointment. Again, I encourage all 12 to 15-year-olds who are not already vaccinated, and their parents and carers, to read the online information about vaccination so that they can make an informed decision about getting the jab. If they have not come forward yet, I ask that they please do so as soon as possible.

As I noted, the scale of the winter vaccination programme that is currently under way is unprecedented. Therefore, I take the opportunity to say how grateful all of us in the Government and, I am sure, across the chamber are to everyone in our pressurised health and care service who is contributing to its success.

I urge everyone to get vaccinated for flu, for Covid or for both, if they are eligible, as soon as they are called to do so. Getting vaccinated remains the single most important thing that we can all do to protect ourselves—particularly over the course of this winter—and one another.

The good progress in vaccinating young people is relevant to the next issue that I will briefly refer to, which is our on-going work to ensure that schools remain as safe as possible in that context. Last week, we confirmed that the current school mitigations, including the wearing of face coverings, will remain in place for a further period in the light of the slight increase in transmission of the virus that we have seen and on which I have reported today. However, we also gave a commitment to monitor key information, including case rates, weekly and to lift those mitigation measures in schools as soon as it is considered prudent to do so.

We also know that ventilation is one of the most important ways to reduce the risk of airborne Covid transmission and that carbon dioxide monitors can help schools to assess and improve their ventilation. That is why we committed to providing local authorities with an additional £10

million of funding to ensure that schools and childcare settings have access to carbon dioxide monitoring. I confirm that the education secretary will write to the Education, Children and Young People Committee later this week with a full update on the progress that local authorities have made in completing CO<sub>2</sub> assessments of schools and other education facilities.

Before I conclude, I will touch on two other issues. The first relates to rules on international travel. Fully vaccinated travellers returning from non-red-list countries are currently required to take a polymerase chain reaction test on day 2 of their arrival back to or into Scotland. However, the UK Government recently announced that travellers arriving into England will be able to take a lateral flow test, with photo verification, instead of a PCR test, and, for practical reasons, the Scottish Government will align with that change. That means that, from 4 am on Sunday 31 October, people travelling to Scotland also can provide a lateral flow test, rather than a PCR test, on day 2 of their arrival.

From around 5 pm on Friday, travellers will be able to book lateral flow tests from the list of providers on the gov.uk website in advance of their arrival into Scotland. Those tests cost between £20 and £30, which is less than a PCR test costs. Therefore, I am sure that the change will be welcomed by travellers and the travel industry. However, it is important to stress that, if a lateral flow test result is positive, a PCR test must be booked to confirm the result.

The final update that I will give relates to the upcoming COP26 summit in Glasgow, which gets under way this weekend. Indeed, some delegates are already here for pre-session events. The summit is one of the most important gatherings of the century so far. It is perhaps the world's last chance to avert future climate catastrophe. The Scottish Government will do everything that it can, working with the UK Government, to make it a success.

Given the scale of the event, the hosting of COP would always have been a significant challenge for the UK and Scottish Governments and for Glasgow City Council. However, the fact that it is happening amid the global pandemic obviously makes it even more challenging. It is inevitable that an event of such scale poses a risk of increased Covid transmission. However, I assure the Parliament and the public that the Scottish Government has been working closely with the United Nations and the UK Government to mitigate the risks as far as possible.

Steps have been taken to ensure, as far as possible, that delegates have been fully vaccinated before arrival. Everyone arriving in Glasgow from outside the common travel area will

also need to show a negative test result before they arrive in the UK. Anyone from the seven countries that are still on the travel red list will be required to stay in managed quarantine for 10 days.

In addition, everyone who enters the core venues for COP—the blue zone—will be required to take a lateral flow Covid test every day, wear a face covering and follow 1m physical distancing and hand hygiene guidance. The event space also has strict hygiene protocols in place. Of course, all the people attending, whether they attend as official delegates or activists, will be required to follow the same basic Covid precautions as the rest of the population, such as wearing face masks in indoor public places and on public transport. As we know, all those steps will help to reduce the risk of Covid transmission. I hope that they will help to make COP a safe event, as well as—we all hope—a successful one.

I said earlier that our position, although improved from that over the summer, is still fragile. Vaccination still allows us to live with far fewer restrictions and mitigations than was possible at earlier stages in the pandemic. Case numbers are lower than they were in August and early September, but they are still high and might now be rising again.

As we head into winter, there are factors that could drive cases up further. Therefore, we must remember—however much we all wish otherwise—that the virus has not gone away. We all need to play our part in helping to keep it under control. For that reason, I will close with a reminder of what we can all do to help with that.

First, as I mentioned, I ask people to get vaccinated if they are eligible and have not yet done so. That includes going for a booster jab when they are invited for it. It is never too late to get vaccinated; so, if people have not done so previously, it is still possible for them to come forward and get their jags.

Secondly, I ask people to test regularly with lateral flow devices. I remind them that LFDs can be ordered through the NHS Inform website or collected from local test sites or pharmacies. If someone tests positive, is identified as a close contact or has symptoms, they should self-isolate and book a PCR test.

Thirdly, I ask people to comply with the mitigations that are still in place. Wear face coverings in indoor public places and wash hands and surfaces thoroughly. Meet outdoors if possible. That is increasingly difficult as we get deeper into winter, but outdoor environments are safer. When meeting indoors, open windows—anything at all that improves ventilation will help.

All those precautions make a difference. We have seen that at previous stages of the pandemic. They will protect each of us and the people around us, and they will help to ease the burden on our national health service. So, please stick with it. I offer my thanks, once again, to everyone who is doing all of that.

**The Presiding Officer:** The First Minister will now take questions on the issues raised in her statement. I intend to allow around 40 minutes for questions.

**Douglas Ross (Highlands and Islands) (Con):** Figures that were released today confirm that we have the worst accident and emergency waiting times ever. Every week, just when we think that they cannot possibly get worse, they do. The problem is not only in A and E: every part of Scotland's front-line health service is stretched to breaking point. The crucial point is that every one of those numbers represents a patient who waits far too long, sometimes in great pain.

Our NHS staff are doing outstanding work and their very best, but they need more support from the Government. We welcome the announcement of extra NHS funds, but the problem is that the Government has repeatedly failed to properly plan ahead and heed the warning signs. The Government has dithered and delayed instead of acting, and nowhere has that been more apparent than in the roll-out of the vaccine booster jab.

As the First Minister said, the vaccine is our biggest weapon against the virus. Back in January, when the Covid vaccine was first rolled out, there was real urgency to deliver it, but where is that urgency now? In her statement, the First Minister said that “the main constraint” on rolling out the vaccine is the JCVI advice to wait six months between the second jab and the booster jab. However, today we learned that there are 100,000 people who got their second jab six months ago and who should be getting their booster but are still waiting. Has the First Minister identified specifically what is holding up those people from getting their booster jab?

We also heard that, despite calling for armed forces assistance a week ago, NHS Grampian is still waiting and it is unclear whether the Scottish Government has made that request to the Ministry of Defence. Will the First Minister update Parliament on that request and the issue? It would be useful for Parliament to get that update today.

Finally, we have all heard from constituents, including some very vulnerable people, who are being sent considerable distances to get their flu jab and Covid booster. Do we have enough vaccination clinics, right now, to make sure that everyone across Scotland can get their injections locally?



**The First Minister:** I will try to address all those points. First, the pressure that our national health service, including our accident and emergency services, is operating under is unprecedented not just here in Scotland but across the UK. Indeed, health services are facing that pressure across much of the world because of the circumstances of the global pandemic that we have been living through. The Government continues, through resources and in a range of other ways, to support the health service as much as possible and that will continue.

The pressure on our health services is undeniable and that pressure is felt first and foremost by the people working on the front line. My gratitude to them is well known and I repeat it today. What that support means—this does not in any way take away from the reality of the pressure but gives some context—is that accident and emergency services in Scotland are performing to a higher standard than those in the other nations of the UK. We want to get it higher, but it is important that we understand that context. Through the measures that the Cabinet Secretary for Health and Social Care has outlined and the further support that I have outlined today, we will continue day and daily to make sure that the health service has the support that it needs.

We can all help the NHS right now by doing all of the things that we know keep downward pressure on Covid. The fewer people in our population who have Covid, the fewer people who will need hospital treatment for Covid and, therefore, the more we will all be helping the NHS.

The vaccination programme in Scotland is going exceptionally well. I want to briefly share some more detail about that with members. For example, we have the highest percentage of people vaccinated with a first dose out of all the countries of the UK—78.8 per cent of the total population. Next is Wales with 76.4 per cent. Similarly, 71.2 per cent of the total population in Scotland have had the second dose; next is Wales, again, with 70.6 per cent. We are top of that table. We are also significantly ahead when it comes to the vaccination of 12 to 15-year-olds.

On the roll-out of booster jags, which is the single most important thing that we are focused on right now, our vaccination rates are broadly in line with those in the rest of the UK and, as I said, we are doing everything that we can to accelerate that within the confines of the JCVI advice. I heard the World Health Organization special envoy on Covid-19 on the radio this morning recognising the logistical issues that all countries have to grapple with in delivering a vaccination programme of this scale, but everything is being done to make sure that it happens at pace.

I have two final points. Penultimately—and also on vaccination—throughout the vaccination programme, we have had to balance local with large-scale delivery, which has led to some people having to travel longer distances. We have tried to vaccinate the older and more vulnerable members of our population as locally as possible, and that will continue. We will continue to assess the number and location of vaccination clinics to ensure that the balance is right.

The request for military support by NHS Grampian will be submitted when it has been refined to an appropriate degree. It is important that health boards do not request what they do not need, and it is important that requests are properly framed. That work is on-going.

**Anas Sarwar (Glasgow) (Lab):** My thoughts are with all those people who have lost a loved one.

When the first wave of the pandemic hit, thousands of our older people and the most vulnerable were put in danger, particularly those in care homes. The First Minister assured members that lessons would be learned. I note what the First Minister has said about NHS pressures and I accept that Covid is a part of that. However, let us not deny the fact that there were huge pressures on our NHS pre-Covid and that our NHS staff were crying out that they were overworked, undervalued and underresourced before the pandemic hit.

We are facing pressures even before the winter has begun, and we have thousands of older and vulnerable people whose protection from Covid is reducing, because protection through vaccination decreases over time. The scientific advice is clear: the booster vaccine should be delivered six months after the second dose. The Government is claiming that the booster programme is on track, but we learned today that up to 104,000 people who are at higher risk from Covid-19 are still waiting for a booster, having already waited longer than six months.

We are hearing about long queues in all weathers outside vaccination centres and about people being asked to travel many miles for their booster. I have some examples. In Alexandria, 79-year-old Janet Findlay waited more than two hours before being turned away due to her vaccinations having been recorded incorrectly. Mrs Christine Hawick, who is 81, had an appointment at 4 pm and had to wait for two hours. Mr McDonald, who is 79 and disabled, had to wait for almost an hour and a half. That is simply not good enough. They are not figures on a spreadsheet; they are people—they are mothers, fathers and grandparents.

The First Minister has suggested that evening and weekend clinics might open in the future.

Does she not agree that we need more capacity right now? She has set out the Government's timeline for when boosters will be delivered, but can she tell the 104,000 people who have already waited for far too long when they should expect to get their booster?

I am a bit puzzled and confused about what the First Minister said about NHS Grampian, a refined request and whether support is needed. The simple fact is this: NHS Grampian has asked the Scottish Government for additional support and military assistance and, more than a week later, the Ministry of Defence has not received the request. We need urgent action for NHS boards so that they can deliver quality care to people.

**The First Minister:** Nobody denies that there was pressure on our NHS pre-Covid. That is why the Scottish Government had already introduced and was progressing well with a waiting times improvement plan, for example. Equally, nobody—not least anybody who wants to have credibility on these issues—can deny that that pressure has been significantly exacerbated by the global pandemic.

We are prioritising vaccination for elderly people in care homes now, as we did at the start of the vaccination programme. We were criticised at the start of the vaccination programme for doing that, because it made it look as though we were slower in our progress overall, but that was the right decision then and it is the right decision now.

We could not start vaccinating with booster jags until the JCVI gave its final advice, by which time many people had already passed the six-month mark. We are making sure that the pace of vaccination is as fast as it can be and we are looking at all ways to speed it up. However, the six-month rule is there.

We are taking a slightly different interpretation of six months from that taken by the health service in England; we are defining six months as 24 weeks rather than 26 weeks, to allow us to vaccinate that bit quicker. We will continue to speed up the programme as much as possible. I had a session with the Cabinet Secretary for Health and Social Care and officials yesterday to look at what more we can do now and what more we need to do as we go into the lower age groups to make it as quick as possible.

All Governments across the UK are grappling with that question and taking approaches that are, although not identical, broadly similar. Our vaccination programme has gone well, overall. I have already cited figures that show how well it is going. We focus on that every day.

We also want to ensure that we support health boards to avoid queues or delays when people turn up for vaccination. It will always be difficult to

strike a balance between local and mass access and between appointments and drop-ins. Those who administer the programme review that on a daily basis.

The vaccination programme is a success, but the next phase is critical to getting us through the winter. Nothing that the Government is doing is more important than that.

Finally—I can see the Presiding Officer gazing at me—I will answer on the Grampian situation. The MOD, rightly and understandably, often asks for such requests to be refined. It is important that we make use of military assistance where that is appropriate, but that we do not ask the military to do things that health boards should be doing for themselves. That is why that process is so important.

**Alex Cole-Hamilton (Edinburgh Western) (LD):** On 20 September, the Government announced that all adults aged over 50 would be able to book a booster vaccination through the portal in October, yet October arrived and the Government quietly slid the opening of the portal to mid-November. Such a delay will cause anxiety to those who may be coming up against the recommendation to have a booster after six months.

The First Minister called today for the public to step up their compliance with basic protections. The Government also has a duty to step up its efforts to get the basics right. Why does the Government keep missing its own timetable? Why are elderly people without transport, including some who have a vaccination centre on their doorstep, being sent to hubs far away? Why are people still being turned away from appointments due to inaccurate record keeping?

**The First Minister:** We do these things in the way that we judge to be quickest and most effective. I remember being rightly asked, just a few weeks ago, about why we were not using schools as the first option for the vaccination of 12 to 15-year-olds. We explained why that was. It turns out that that has allowed us to vaccinate 12 to 15-year-olds more quickly.

We judged that, rather than opening a portal for the over-70s to book online, it was quicker to send letters to those people and to allow the portal to come in later for the over-50s. I am over 50. I cannot have my booster jag yet because there have not yet been six months since my second dose. The fact that I will have to wait until November to book my appointment makes no practical difference to me. We are seeking to do this in the most effective and efficient way.

I understand the difficulty in trying to strike the balance between local and mass access. That is why we are taking a different approach with the

older and frailer age groups than we are with the younger age groups. There will always be tensions and difficulties in a system of this scale. I accept that, and we will work to try to resolve those as much as possible. Overall, the vaccination programme is an outstanding success, which is because of the efforts of the many people who are delivering it across the country.

**Fiona Hyslop (Linlithgow) (SNP):** The First Minister may be aware that the West Lothian-based vaccine producer Valneva recently published successful phase 3 trial information and is now seeking approval from the Medicines and Healthcare products Regulatory Agency and the European Medicines Agency.

The United Nations has indicated that the pandemic might last for some time and require additional Covid vaccines globally. Should the Valneva vaccine receive final MHRA and EMA approval, will the First Minister commit the Scottish Government to constructively supporting the company in its export activities and to working with the UK Government to reassess its decision on future ordering policy, if future rounds of booster vaccinations are needed? That would support this Scotland-based manufacturer to provide a sustainable supply of vaccines at home as well as supporting global efforts against the pandemic. What contact, if any, has the Scottish Government had with the company and with the UK Government since the news of the phase 3 trial?

**The First Minister:** We will continue appropriate contact with the company and the UK Government. I know that the health secretary has also discussed the matter with Fiona Hyslop. At present, the UK vaccine task force procures vaccines on behalf of all four nations. Vaccine supply is secure for the programme that is currently under way. We await further scientific and clinical advice on future programmes.

I welcome the positive phase 3 results that Valneva has reported and congratulate the company on those. Scottish Enterprise will continue supporting the company as it develops its growth plan in light of the successful clinical trial, and the Scottish Government will keep all options open as we progress into further phases of the vaccination programme.

**Oliver Mundell (Dumfriesshire) (Con):** On 8 October, the Scottish Government circulated to stakeholders draft guidance on future plans for the wearing of face coverings in schools. It said:

“Learners in secondary schools will no longer be required to wear face coverings in class, although they will still be required in communal areas.”

However, when the finalised guidance was published just over a week later, that text had disappeared. Can the First Minister help parents,

pupils and teachers to understand what led the Scottish Government to overturn the contents of its draft guidance? Does she accept that indefinite use of face masks in classrooms is not proportionate? Will she set out the specific conditions that would be required before the Scottish Government would implement its draft guidance of 8 October?

**The First Minister:** First, although I absolutely acknowledge that many of them do not like that face coverings have to be worn in classrooms, I think, nevertheless, that most parents and young people understand the reasons for it.

It is not the case—it is a mischaracterisation of the position to say that it is—that wearing of face coverings is “indefinite”. We do not want that to be in place for longer than is necessary; however, while it is necessary, it is an important protection. I said in my statement that we are monitoring case numbers and other relevant information weekly.

On why the position changed, I note that, at the start of October, the draft guidance, informed by the education advisory sub-group, was put together in the way that Oliver Mundell quoted. Of course, back then, cases were declining. Since then, as I have set out fully today, cases plateaued but have now started to increase slightly again. It was in that light that we considered the matter further, with full input from the chief medical officer, and considered that it is an appropriate precautionary measure to keep the mitigations in place for the time being.

We will consider the situation on an on-going weekly basis; as soon as it is considered prudent to do so, the mitigations will be removed. I think that everybody would agree that, when it is safe, one of the first mitigations that we want to remove is the requirement for young people to wear face coverings in classrooms.

**Evelyn Tweed (Stirling) (SNP):** Scotland’s vaccination certification scheme remains an important tool in helping to control the spread of Covid-19. What assurances can the Scottish Government provide to civil liberties and human rights groups, which remain understandably cautious about such public health measures?

**The First Minister:** I thank Evelyn Tweed for that question. The Covid certification scheme is in our view a necessary, proportionate and limited measure that is targeted at higher-risk activities. It is—I think that this is the important point to remember—an alternative to potential closure of higher-risk venues.

All our decisions are taken and reviewed on the basis of the latest data and clinical evidence. The review process includes consideration of impact assessments including equality impact assessments and children’s rights and wellbeing

impact assessments, which should be an important assurance for civil liberties and human rights groups.

We will not keep the certification scheme or any other Covid mitigation measure in place for any longer than is necessary, but right now it is an important protection that will continue to be important for the foreseeable future.

**Jackie Baillie (Dumbarton) (Lab):** Vaccination appointments for Covid boosters may be rolling out in the rest of the country but, weeks on, in mainland Argyll and on Bute there are no booster clinics at all. General practitioners have been giving flu vaccinations, but NHS Highland has fallen well behind in its delivery of the Covid booster. Many of my constituents—certainly all those who are over 80 years of age—have waited for longer than the JCVI-recommended six months for their booster, so their protection from Covid is waning. It is critical that they receive their boosters without any further delay.

Why is there that delay in NHS Highland, when will vaccination clinics be opened locally and when will elderly and vulnerable people in Argyll and Bute receive their Covid boosters?

**The First Minister:** It is important that the programme continues at pace and that the pace accelerates wherever possible across the country. I have already gone into some detail on that. I am happy to look at the figures for NHS Highland and for mainland Argyll and Bute, in particular, to see whether there is a particular problem there, and to get back to Jackie Baillie in due course.

It is important to recognise that, at the point of the JCVI advice, some people—particularly in the older group—had already been waiting six months. We could not start the programme before we had the advice, so there has always been a catch-up requirement in the programme, which is why it is important that we get it done as quickly as possible. All efforts are being focused on that.

I will get back to Jackie Baillie on the particular geographical point as quickly as possible.

**John Mason (Glasgow Shettleston) (SNP):** At the start of the vaccination programme, experts and medics were wary about mixed vaccines for people. Will the First Minister say something about whether vaccines can now be mixed?

**The First Minister:** All our decisions on the vaccination programme are guided by the JCVI's advice. After reviewing the data on different combinations of vaccines, the JCVI advised that, regardless of which product was used in the primary course of someone's vaccination, people who are eligible for a booster should be offered a dose of the Pfizer vaccine or a half dose of the Moderna vaccine, because they are well tolerated

as a third dose and will provide strong booster protection. When the Pfizer and Moderna vaccines cannot be offered—for example, due to contraindications—booster vaccination with the AstraZeneca vaccine might be considered for people who received AstraZeneca in their primary course of vaccination.

**Sandesh Gulhane (Glasgow) (Con):** A critical factor in our Covid recovery is NHS workforce planning, and the First Minister's strategy seeks to recruit from overseas. Currently, 65,000 Indian physicians work in the UK, making them the second-largest cohort of doctors after those who trained in the UK.

Given the on-going pressures to resource our NHS here in Scotland, why is the First Minister not working with the British Association of Physicians of Indian Origin? BAPIO is a recognised professional development and placement organisation that is working with trusts in England and Wales to bring in and train doctors over two years, through their Royal College of Physicians membership, while they provide vital services for the NHS. Will the First Minister commit to a meeting and to exploring the possibility of recruiting doctors via BAPIO?

**The First Minister:** Absolutely. I will ask the health secretary to look into that as a matter of urgency. I am happy and keen to work with anybody to try to attract people to work in our national health service. I take this opportunity to express my gratitude to people who come to Scotland to work in our health service, whether they come from India or any other country. They provide hugely valuable services for us all.

We are working with the royal colleges and others to promote and increase international recruitment. I am aware of no reason why we would not work with any organisation that would seek to help us to recruit people from India. I am happy to ask the health secretary to look into the issue as a matter of urgency.

**Annabelle Ewing (Cowdenbeath) (SNP):** Given the confusion that is presided over daily by television and radio, which fail to take into account that Covid protections are still very much in place in Scotland, unlike the position south of the border, can the First Minister confirm that mask wearing will still be required in Scotland for the foreseeable future, given the important role that it plays in fighting the pandemic?

**The First Minister:** Yes. I envisage that the requirement to wear face coverings in certain indoor public places will remain in place for the foreseeable future. Of course, I should also say that we are required to assess that on an on-going basis in order to make sure that the requirement

continues to be proportionate and appropriate. However, given the level of cases right now, and given that we are going into the winter period, it is highly likely that it will continue to be a requirement for some time longer.

Of course it is not without inconvenience, but wearing a face covering is one of the simplest things that we can all do to protect other people. Everybody who wears a face covering helps to protect others. That is an important part of the solidarity that we all need to continue to display. I know that it is difficult and that we all have lapses at times, but we should all make sure that we remember to wear a face covering when we are required to do so.

**Gillian Mackay (Central Scotland) (Green):** I extend my party's condolences to everyone who has lost a loved one.

I have expressed concern about the changes to travel restrictions and the impact that they will have on our ability to prevent variants from entering the country. The First Minister said in her statement that travellers who receive a positive lateral flow test result will have to book a PCR test. Will she say how that will be enforced and how the approach will affect our ability to monitor for new variants entering the country?

**The First Minister:** As I said before, we are aligning on international travel rules because of the practical considerations of having different rules in place in different parts of the UK, and the potential for that to damage our travel industry without delivering any additional public health benefit. We have not always been in agreement about all the changes, but we continue to discuss those matters carefully with the UK Government on an on-going basis.

On post-arrival testing, people will still require to be tested—the same arrangements are in place around that. They will be able simply to do a lateral flow device test in the first instance, as opposed to a PCR test. If that LFD test is positive, they will then book a PCR test in the normal way. The requirement for testing is not being removed; it is simply the type of test in the first instance that is being changed. However, all the other arrangements around testing after people's arrival remain as they were previously.

**Jackie Dunbar (Aberdeen Donside) (SNP):** With regard to the Covid vaccination certification scheme, should local authorities be ensuring that businesses across Scotland are scanning the QR codes on the individual apps, or is a visual check acceptable?

**The First Minister:** The NHS Scotland Covid check app is available for businesses to download and is free to download. It is a verifier app that businesses can use to verify vaccination

certificates, and I know that many businesses are using it. However, we have made it clear that visual checks are also acceptable. We continue to engage with the sectors that are affected, and we will encourage more use of the app as the scheme continues to develop.

**Liz Smith (Mid Scotland and Fife) (Con):** The First Minister says on page 5 of her statement that it is for practical reasons that the Scottish Government has decided to make the change from a day 2 PCR test to a lateral flow test, yet in previous statements she has said that it is for medical reasons. If it is for practical reasons, is it not the case that that change could have been made at the same time as it was made for England and Wales, which would have saved a lot of people a lot of trouble?

**The First Minister:** With the greatest respect, I do not think that Liz Smith is right when she says that I have changed the basis on which the Scottish Government is making those decisions. On the change of test, I have made it clear that, if it had been down to us, we might not have made all of those changes. We have, however, decided to align for the practical reason that, if we had different arrangements in place here, the risk would be that people would choose to travel to Scotland via England. They would then not be doing what we required. Our travel industry would take a hit, and we would not have the public health benefit. Those are the practical reasons that I think I set out when I announced the changes previously that I have set out here today.

Even so, when a change is made, it is right that we take the appropriate time to consider, in all the circumstances, whether it is the right thing to do—to align for those practical reasons—or whether there are any other arguments that would lead us in the opposite direction. That is what we have done. We have reached the decision that I have set out today, and I think that it will be welcomed. None of these decisions are easy, though, and none of them should be taken lightly or without proper consideration.

**Stephanie Callaghan (Uddingston and Bellshill) (SNP):** I am looking for clarity about booster vaccinations and the NHS Scotland Covid status app, because residents in the Uddingston and Bellshill constituency have been in touch with me with concerns about reports that boosters will not be recorded on the NHS app and that, as a result, international travel could be restricted 12 months after their second vaccination. Can the First Minister provide reassurance on that matter?

**The First Minister:** Given the current state of the booster vaccination programmes not just in the UK but around the world, boosters are not currently required for international travel or domestic use. They are not currently included in

the Covid certification process—either the app or the non-app route. However, we anticipate that that may change in the future as boosters are used more widely internationally. There will, of course, be further discussions on the requirement across the four nations of the UK and in the European Union, and we will keep Parliament appropriately updated.

**Bob Doris (Glasgow Maryhill and Springburn) (SNP):** Can the First Minister provide any further update on measures that are being taken to encourage continued uptake of the vaccines and boosters, especially among young people? Those would include the increased use of drop-in surgeries, which my constituents in Maryhill and Springburn would very much welcome.

**The First Minister:** The first thing to say is that uptake rates for the Covid vaccines are exceptionally high across all age groups. Again, I thank people who have come forward in such huge numbers to get their vaccinations.

We continue to gather information on uptake and any reasons for vaccine hesitancy. We work with health boards and other groups to try to get anyone who has not already taken up their vaccine to consider doing so. It is important that people recognise that, if they have not taken up their vaccine already, they have not lost the opportunity to do so.

Part of that consideration is thinking about the locations for vaccination. As we have gone through the bulk of the initial phase of the programme, the considerations around appointments versus drop-in clinics have changed because there are smaller numbers of people still to come forward for vaccination. As we go further into the booster programme, those considerations will change again.

The programme delivery is quite dynamic and it is important that we continue to learn from the experience, consider the different stages of the programme and ensure that the overall arrangements are appropriate, taking into account all of that.

**Pam Duncan-Glancy (Glasgow) (Lab):** Throughout the pandemic, we have heard—rightly—about the pressure on the NHS, but the pressure on care is also pushing that service and those who work in it to breaking point. Recently, that has led to some councils, such as Glasgow City Council, stopping essential services and putting more pressure on unpaid carers. Unfortunately, the Covid recovery strategy does not include specific action to tackle the impact on unpaid carers, which has left them feeling voiceless.

I have written to the health secretary, the Minister for Mental Wellbeing and Social Care and the Deputy First Minister, asking them to meet carers and hear directly about the impact. Will the First Minister set out how the Government plans to support carers at this time and say whether she or one of her ministers will commit to meeting them as soon as possible? Will she consider publishing a specific carers recovery strategy?

**The First Minister:** I will certainly take away the latter suggestion and consider whether that would be helpful. I will make a couple of brief points. First, increasingly, given the way that modern healthcare is delivered, although we can distinguish between the NHS and social care, we cannot separate them because they are so closely integrated. Equally, we must give strong recognition to the role of unpaid carers in the delivery of social care. That is something that we always do.

We have been supporting unpaid carers in a range of ways—for example, through increased financial support through the carers allowance supplement. There will be an additional payment of that over the course of the coming winter. I understand the pressures that unpaid carers are under. It has been an incredibly difficult set of circumstances for them, and we will always consider what more we can do. We will certainly give consideration to the suggestion of a stand-alone strategy.

**Karen Adam (Banffshire and Buchan Coast) (SNP):** Is the Scottish Government considering reintroducing shielding restrictions for people who are considered to be at high risk over the coming winter months?

**The First Minister:** We know how harmful shielding can be and has been to the physical and mental health of those who had to do it. We do not want or expect to advise a return to shielding in the future. Most adults in Scotland and more than 94 per cent of adults on the highest risk list have received at least two doses of the vaccines—many of them will be getting their booster vaccination as well—and we know that the vaccines give a significant degree of protection.

We do not want to go back to shielding, but it is important that everyone who is in the highest risk category understands the protections that they can take to make themselves safer. It is important that all of us recognise that, by following the mitigations that we are being asked to follow, we are contributing to making the whole environment safer for those who are at the highest clinical risk.

**Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP):** Like Jackie Baillie, I have constituents who are over 80 but who have yet to be offered an appointment for a

booster jag and have gone beyond the six months. They are, therefore, very anxious. I understand from the statement that they should be offered boosters by early November at the very latest. Is that correct?

**The First Minister:** Those in the over-70 age group are being vaccinated—and many of them have already been vaccinated—with boosters. Those who have not yet had a booster will be vaccinated between now and early November. In total, more than half a million people have had the vaccine boosters, and people who are aged over 70 are being prioritised. Some of those who are aged between 60 and 69 have also started to receive letters.

In all the important discussions about booster vaccinations today, I want to make it very clear that, although there will, no doubt, continue to be questions and people will push us to go faster—and rightly so—there is probably no single bigger responsibility on the shoulders of Government right now than to get the booster programme delivered as quickly as possible. It is the biggest protection that we will have over the winter months, and I assure everyone that the greatest possible priority is being given to it.

**Sue Webber (Lothian) (Con):** Statistics that were released today on courses of dental treatment show that, in 2020-21, almost 360,000 fewer treatments were carried out on children in comparison with the previous year, and that there was a decrease of more than 3 million in the treatments that were carried out on adults. That comes after warnings from dentists last week that the combination of high demand and the withdrawal of Scottish Government support will devastate the sector. Given the dire situation that is facing dentistry, what is the First Minister's Government going to do to ensure that dentists are supported and that people can access the vital treatment that they need?

**The First Minister:** The figures that the member has quoted today—which are, of course, of concern—are a reflection of the limitations on dental services during the pandemic. It is really important, as with other treatments, that there is a catch-up as quickly as possible. We will continue to support dentists as we did before the pandemic and as we will continue to do as we come out of it. The Cabinet Secretary for Health and Social Care's winter support package, which he set out to the Parliament before recess, had funding for dentists, including for dental services for children.

Again, we understand the importance of the topic, and that will be reflected in the actions that we take in the coming weeks and months.

**Martin Whitfield (South Scotland) (Lab):** Recently, the Cabinet Secretary for Education and

Skills told members that she believed that the lateral flow testing rates in schools were too low and that she would like to see higher figures. Since then, rates have reduced again. For secondary 1 to S3 pupils, the figure is down to 7.3 per cent. For S4 to S6, it was 3.1 per cent, prior to the October week holiday. Does the First Minister believe that those rates are too low and, if so, what will she and her Government do to increase them?

**The First Minister:** I want people to take advantage of lateral flow testing. I want people across the population to do that, and certainly young people and those who work in schools; for them, that is particularly important.

Testing, although we strongly recommend it, is of course voluntary, and, led by the Government, we all have a role to play in encouraging people to remember to regularly test with lateral flow devices. It is naturally the case that, when transmission is rising, people are perhaps more vigilant and will do it more often; and when cases start to fall again, perhaps that falls away. As I have said, we are going into a period in which cases appear to be rising again, so it is an important moment for us all to remind people of the role that regular testing can play in trying to identify cases of the virus and to break the chains of transmission.

**Emma Harper (South Scotland) (SNP):** Does the First Minister agree that it is safe to have both the flu vaccine and the Covid booster at the same vaccination appointment—given that many other vaccines are co-administered in that way—and that co-administration will help to expedite the winter flu and third-dose Covid programmes? I remind members that I am part of Dumfries and Galloway's vaccination team.

**The First Minister:** It is of course entirely safe to have the Covid booster and the flu vaccine co-administered; it would not be happening if that was not the clear clinical advice, and it is allowing us to make sure that both those vaccination programmes happen as quickly as possible.

I have certainly had contacts to the effect that some people have been slightly concerned that their flu vaccine may be a couple of weeks later this year than in previous years because of the attempt that is under way to co-administer and not to call people twice. As I did in my statement, I reassure people that, given the timeframe of winter flu, the clear advice is that the timing of flu vaccinations is clinically appropriate. I therefore advise people that, as soon as they are invited to come forward, and if they are offered flu and Covid vaccinations in the same appointment, they should, please, make sure that they take that up.

**Stephen Kerr (Central Scotland) (Con):** On the same subject, I seek clarification from the First Minister, on behalf of a constituent. I note that, in her statement, the First Minister talked again about the Covid booster and flu vaccination jabs being co-administered, but will she confirm that, for those who for good reasons want to take their flu jab separately from their Covid booster, arrangements are in place for those to be dealt with separately?

**The First Minister:** We want everybody to get vaccinated with both the Covid vaccine and the flu vaccine. I am not a clinician but, if there is a good reason or a good clinical reason why somebody cannot do that, we will, of course, want to facilitate the vaccines being given separately. However, I also say to people—I hope that Stephen Kerr will assist with this—that, as Emma Harper has just highlighted, it is clinically safe to have the vaccinations together, and our strong advice is that people should have them together. That is the quickest way of getting everybody who is eligible vaccinated. I hope that that message goes out loudly and clearly, but I also hear the other message. If there are good reasons why that cannot happen, we have to facilitate the vaccines being given in other ways.

## Urgent Question

### Council and Education Workers Pay Deal

15:36

**Mark Griffin (Central Scotland) (Lab):** To ask the Scottish Government what action it is taking to help agree a pay deal that is acceptable to council and education workers in order to avert industrial action.

**The Cabinet Secretary for Finance and the Economy (Kate Forbes):** Mark Griffin will know, because I have said it before, that local government pay negotiations are between the trade unions and the Convention of Scottish Local Authorities, through the Scottish joint committee. The Scottish Government is not a member of the SJC, and it has never taken part in those negotiations. However, I am very clear that a resolution that is suitable for all sides and avoids industrial action is in the best interests of all of us.

**Mark Griffin:** More than half of local government workers earn below £25,000 a year, and the current offer does not even bring the lowest paid up to £10 per hour. Given the trailed uplift of the national minimum wage, does the cabinet secretary believe that it is right that those workers should be paid fairly above that minimum hourly rate set by a Tory chancellor? The Scottish Government has intervened in pay negotiations for national health service workers and teachers, despite not being their direct employer. Will the cabinet secretary commit to intervening in the dispute, meeting the trade unions as requested, and funding a pay offer that puts local government workers on a par with their fellow key workers in the NHS?

**Kate Forbes:** I recognise the position behind Mark Griffin's question. I have frequently put on record my gratitude to our public sector workers, including those who work in local government, and we have reflected that position in the public sector pay policy. That is in sharp contrast with the pay freeze south of the border, as Mark Griffin has said.

Our public sector pay policy maintains the distinctive Scottish approach and continues our focus on reducing inequalities. We have continued to do everything that we can to ensure that there is a fair settlement for local authorities, despite the challenges of the pandemic and the constrained fiscal position. I will continue to engage, and I hope that progress can be made to avert industrial action and ensure that there is a fair pay deal.

**Mark Griffin:** How does the cabinet secretary believe that we can keep schools open and safe, in the middle of a pandemic, with no cleansing,



catering or janitorial staff? They have had no pay lift at all for the duration of the pandemic and notice for industrial action on 8 to 12 November has been served. That could be just the beginning of a long winter of school closures and waste or recycling not being collected. Our children's education has been severely impacted by the pandemic. What will the Scottish Government do to intervene in the dispute and keep schools open?

**Kate Forbes:** I meet representatives of COSLA on a regular basis when it comes to the funding settlement for local authorities, and I continue to do that in advance of next year's budget. The point that the member makes about providing reassurance and certainty to local government is something that I believe in.

I go back to my original answer, recognising how critically important our front-line workers are and recognising the importance of a pay deal that reflects the work that they have done. That is why the Scottish Government's public sector pay deal is distinctive and is far fairer than that south of the border, despite there being no consequentials for it.

I sincerely hope that a resolution is found through the SJC, based on negotiations between the trade unions and COSLA.

## Retail Sector

**The Deputy Presiding Officer (Liam McArthur):** The next item of business is a statement by Tom Arthur on Scotland's retail sector. The minister will take questions at the end of his statement, so there should be no interventions or interruptions.

15:40

**The Minister for Public Finance, Planning and Community Wealth (Tom Arthur):** There is less than two months to go until Christmas. The run-up to the festive season is the most critical trading period of the year for retail. The impact of the pandemic on the sector has been enormous. It has changed the way in which staff work and businesses operate.

For some businesses, this Christmas could mean make or break, given the disruption of Covid on top of the challenges associated with Brexit. Since the start of the pandemic, businesses have benefited from more than £4.3 billion in Scottish Government support. That includes a generous non-domestic rates relief, which has been extended for the retail sector, along with hospitality, leisure and aviation, throughout 2021-22.

Today, I will set out a range of further policies and programmes that will support retailers and those who work for them to make a fair and prosperous recovery.

Retail is important to each and every one of us. It creates jobs, as one of the largest private sector employers in Scotland, with more than 233,000 workers, which is around 9 per cent of Scotland's entire workforce. It creates wealth, contributing £5.8 billion in gross value added to the Scottish economy, according to the most recent statistics. More than that, it is part of the fabric of our communities and our society.

There are almost 14,000 retail businesses, which are located in every part of Scotland. Shops are often the cornerstones of our communities, as has been demonstrated during the pandemic. We relied on retail workers during lockdown for the foods and essential supplies that we needed. Many of them went above and beyond, particularly to ensure that our most vulnerable citizens did not go without. Their efforts were nothing short of heroic, and I am sure that all members in the chamber would offer their thanks.

Through the success of the vaccination programme, we have been able to lift many Covid restrictions, and that has allowed individuals and businesses to get back to something much more like normality. However, Covid-19 has not gone

away, and we remain in a difficult position. It is necessary to retain some safeguards for now, while we recover and rebuild for the future. Recovery and rebuilding are crucial for the retail sector, which was subject to restrictions for many months. The Scottish Retail Consortium estimates that some retail businesses were closed for up to 220 days during lockdown.

Although I recognise that there are still challenges, there are signs of recovery. According to monthly gross domestic product statistics, retail output is 10.8 per cent higher than it was 12 months previously, and 4.8 per cent higher than it was in July 2019, before lockdown measures were introduced. However, more than 21 per cent of wholesale, retail and vehicle repair businesses are reporting decreased turnover compared with what is expected at this time of year. Figures from the Scottish Retail Consortium that were published last week show that retail sales are down 9.1 per cent compared with September 2019. Those depressed sales figures are compounded by wider challenges, including Covid-related global supply chain disruptions. Others—labour market shortages, in particular—are the result of the United Kingdom Government's decision to leave the European Union in the midst of the pandemic. Urgent action is clearly needed, and we continue to press the UK Government on that.

We must consider the changes that continue to impact and transform retail. Technology is influencing consumer behaviour and is being harnessed by retail. Online shopping now accounts for more than a quarter of all retail sales, compared with 3 per cent in 2007, when the first iPhone appeared on the market. Innovations such as self-scanning checkouts, automated stock control and digital sales and marketing are now commonplace. Covid might have accelerated the transformation, but some of our biggest retail brands, such as Debenhams and Topshop, have not kept pace and have disappeared from our high street. We therefore need a forward-looking, co-ordinated, collaborative response to support the future retail sector.

Earlier this month, the Scottish Government published its Covid recovery strategy, which states that

“A strong sustainable economy goes hand in hand with a fair and equal society.”

Our forthcoming 10-year national strategy for economic transformation will set out the ways in which we will support business, create new and good green jobs and build the industries of the future. Key to that is constructive collaboration. For the retail sector, that collaborative effort is being delivered through the development of our retail strategy.

We are harnessing the expertise of retail businesses, trade unions, academia and public sector and trade organisations to identify the challenges and opportunities for retail in Scotland. Although the strategy will be published later in the year, I want to highlight one of its key components. The Fair Work Convention's “Fair Work in Scotland Report” highlighted the fair work challenges that the retail sector faces. It also stated that

“a sectoral approach, building on the core principle of joint working, would support progress towards achieving our aim of becoming a Fair Work Nation by 2025.”

I can confirm that the strategy will look to establish a sector-led group that will work jointly with partners, including trade unions, to focus on addressing the key challenges that retail faces and that, in particular, it will be tasked with improving fair work across the sector.

I turn to a matter of considerable interest to colleagues in the chamber: new year's day trading. The Union of Shop, Distributive and Allied Workers—USDAW—petitioned for a consultation on whether the Scottish ministers should use existing order-making powers under the Christmas Day and New Year's Day Trading (Scotland) Act 2007 to close large retail stores on new year's day. The matter was considered by the Public Petitions Committee in the previous parliamentary session and, this summer, the Scottish Government honoured our commitment to consult. Although I am sympathetic to the campaign to legislate, the limits of the 2007 act are clear. Having carefully considered responses to the consultation, the prevailing economic conditions and the options that are available to us under the legislation, I regret to confirm that we will not be making an order.

We have been consistently clear that, in line with the statutory requirements of the 2007 act, a decision on new year's day trading will take account of the prevailing economic conditions, which remain difficult for the retail sector. Employment law is, unfortunately, currently reserved. As such, the legislation would restrict trading only in stores over a certain size and it would not give all retail workers a day off. The legislation would not even cover all workers in large retail. Simply closing stores would not prohibit restocking, deliveries or online shopping, so employees could still be required to work. Crucially, the legislation would also not guarantee that those who got the day off would be paid for it. I am clear that the legislation cannot deliver what the Scottish Government and the unions want: better conditions for all workers. We are unable to guarantee paid time off or to protect all workers under the 2007 act.

We want to go further than the legislation allows and to put fair work principles at the heart of the retail sector. Fair work principles should apply to those who work in all stores and in all parts of retail operations. The retail strategy will have fair work at its core, which will benefit retail businesses by making them more attractive to workers and more resilient, productive and profitable. As I have outlined, that requires a coherent, collaborative and long-term approach involving retailers, trade unions and employees. I am happy to discuss that further with MSPs with an interest in the statement.

Retail is a vital part of our town centres and cities, and we must support them. Through the work of the town centre review and the city centre recovery task force, we are supporting those economies to become more diverse and sustainable as they face the challenge of changing and evolving retail patterns.

Earlier this summer, I launched the Scotland Loves Local fund, which will help to bring creative projects and activity into our towns and neighbourhoods, thereby building wealth in local communities and attracting the footfall that is essential for shops and businesses. With up to £2 million of investment this year, the fund will enhance the Scotland Loves Local marketing campaign and gift card scheme. I look forward to announcing the awards from the fund, for which I understand that there have been 242 applications.

I am pleased to announce that the Scotland Loves Local gift card is now available to consumers, backed by the next phase of the Scotland Loves Local marketing campaign. I encourage people to support their local businesses, especially in the run-up to Christmas.

The national planning framework 4 will provide updated planning policy on retail that recognises its role in the economy and for communities, which is linked to 20-minute neighbourhoods—connected, compact and accessible places that contribute to community wealth building. We will lay a draft of NPF4 in Parliament and carry out extensive consultation later this autumn.

Our vision is of a thriving retail sector. The policies and programmes that I have set out today will support retailers and other businesses to recover from the impact of Covid and Brexit by increasing footfall and activity while revitalising local places and town centres, but our recovery must be progressive. It must improve the lives of people and their families—of people who work in retail and the customers they serve.

I want the retail sector in Scotland to become an exemplar for inclusive economic growth. Through the retail strategy, the sector will play its part in creating a fairer, greener and stronger Scotland.

**The Deputy Presiding Officer:** The minister will take questions on the issues that his statement raised. I intend to allow about 20 minutes for questions. Members who wish to ask a question are kindly requested to press their request-to-speak button or to place an R in the chat function.

**Liz Smith (Mid Scotland and Fife) (Con):** I warmly welcome the Scottish Government's response to the new year's day trading consultation. The minister knows full well that the retail sector's overwhelming view was that such a statutory closure of shops on new year's day would be a retrograde step at the very time when we are doing everything possible to get the sector back on its feet. Such a closure would also have sent a contradictory message to tourists, who we encourage to come to Scotland in the festive period.

I have three specific questions that have arisen from evidence that the Finance and Public Administration Committee has taken recently. What is the Scottish Government doing to assess the changes in consumer purchasing behaviour—not just the technological changes that the minister mentioned—as a result of the Covid situation? Those changes have huge implications for the retail sector and it is incumbent on the Scottish Government to assess them.

The minister was right to mention Scotland Loves Local, which has strong cross-party support. Will he spell out what action the Scottish Government is taking, in line with local authorities, to ensure that our schools, hospitals and other public bodies do an awful lot more to enhance public procurement of local produce? The record on that is not particularly good.

What measures is the Scottish Government taking, in line with the banking sector, to address the high level of debt in some smaller firms in the retail sector as a result of Covid?

**Tom Arthur:** I recognise Liz Smith's first point, which was about changing consumer activity. She will be familiar with the evidence that the Scottish Retail Consortium has provided about different patterns of spending. We have now seen an uplift in goods that were not in demand as much during the pandemic. In lockdown, purchases of food and at garden centres increased, but goods such as clothes and footwear were purchased less. That is changing; we are monitoring the figures closely and will consider the situation as part of the work on the retail strategy.

I am happy to take away Liz Smith's point about debt so that I can speak to colleagues and look into it further. We have provided extensive support—more than £4.3 billion—to businesses throughout the pandemic, and a lot of businesses

on our high streets and in town centres will continue to benefit from our comprehensive package of non-domestic rates relief.

On Liz Smith's second point, I could talk at length about the subject. We have a commitment to taking forward community wealth building legislation later in the parliamentary session. As Liz Smith knows, a key pillar of community wealth building is procurement. I want to work with local authorities, our health boards, other public bodies and the private sector to leverage their financial clout so that the money goes in to support local economies. I very much look forward to having a conversation about that with Liz Smith and other members across the chamber in due course.

**Daniel Johnson (Edinburgh Southern) (Lab):** I thank the minister for early sight of his statement. I also point members to my entry in the register of members' interests, given my interest in the retail sector and my membership of USDAW.

My fellow members of USDAW will feel let down and betrayed by the Scottish Government's failure to act on new year's day trading. Does the minister recognise that the Government entirely fails to grasp the point by referring to website, administration and stockroom staff? It is the shop-floor staff in the very large stores, on which he says that the legislation does allow him to act, who are affected by unpredictable and antisocial hours and who would get a day off if the Government chose to act. Does he think that it is fair to force shop workers to work on new year's day, given the work that they have done through the pandemic?

Does the minister also recognise that this is a missed opportunity? Although a 10-year strategy will undoubtedly be welcome when it arrives, with footfall down by a fifth and supply chain costs up by a third, many retailers will simply not survive long enough to see the benefits of such a strategy. Retail requires a recovery and survival plan, and it needs one now. Will he commit to come back to the chamber with something substantive and meaningful in order to allow retailers to survive into the new year?

**Tom Arthur:** I thank Daniel Johnson for his question and recognise his interest in the area and his sterling work on his member's bill during the previous session of Parliament.

On Daniel Johnson's final point, I will come back to the chamber with the retail strategy when it is published. It is being developed in collaboration, including with representation from USDAW. It will be a substantive document—yes, for the long term but also to help us to meet our fair work objectives by 2025 and to support Covid recovery in the immediate term.

I am hugely sympathetic to the first points that Mr Johnson raised. However, as I said in my

statement, although it is a matter of regret, the issue with the legislation is that it does not, in my opinion and in the opinion of the Government, deliver what those advocating for it to be implemented are seeking. It does not guarantee retail workers a day off. As we know, many people who work in retail are not in customer-facing roles, and could still be required to work on the shop floor and in stockrooms on new year's day. Indeed, in the consultation response, 43 per cent of businesses indicated that they would still require staff to work on new year's day.

I would much rather that we had powers over employment law in this Parliament, so that we could have a broader look at fair work practices, including holidays in the festive season. However, we are unable to do that in this Parliament, which was recognised as the legislation was going through Parliament 14 or 15 years ago.

I sympathise with the calls of USDAW members and with the points that Daniel Johnson made. I hope that he can trust that I am acting in good faith, because I simply do not believe that the legislation can deliver what USDAW, Daniel Johnson and many of us would like to see.

**Audrey Nicoll (Aberdeen South and North Kincardine) (SNP):** During Scottish business week, I visited retailers in my constituency, one of which no longer has a post office. That has resulted in a surplus of floor area, which is now partitioned off to form an empty but usable space. What can be done to support or incentivise businesses such as supermarkets to ensure that unused floor space can be used for community benefit?

**Tom Arthur:** As we all are, I am very keen to see community benefit wherever possible. I am conscious that some large retailers have, for example, partnered up with local suppliers to create pop-up stores, which is an excellent example of the kind of activity that can take place.

More broadly, we are seeking to provide a supportive tax landscape around non-domestic rates. We are also taking action through the Scotland Loves Local campaign, such as the local gift card. The work that we are doing more broadly in planning and town centre regeneration will also help to increase footfall, which will be of benefit to all retail.

**Douglas Lumsden (North East Scotland) (Con):** The Scottish retail industry employs more than 240,000 people and makes a huge contribution to the Scottish economy. However, the pandemic and lockdown have resulted in almost one in six shops closing down permanently. Shopper footfall has fallen by 27 per cent and shop vacancies have spiked to a six-year high, all of which is contributing to an increase in

the number of empty shops on our struggling high streets. What the minister announced today does nothing to stop the rot. There is as yet no strategy, no plan and no mention of our business improvement district.

**The Deputy Presiding Officer:** Question, please.

**Douglas Lumsden:** The minister said that the next two months could be make or break for many retail businesses, so when will he open his eyes and provide real help to the retail sector?

**Tom Arthur:** I assure the member that my eyes are wide open, and I engage regularly with the retail sector. As he will be aware, the challenges that are faced by retail are not unique to Scotland, or even to the United Kingdom. During the pandemic, we have seen the acceleration of existing changes for the retail sector that had been taking place over a prolonged period. The challenge is about what comes next.

I agree that there is a need for immediate support, and that is why, as I made clear earlier, the Scottish Government has spent £4.3 billion supporting businesses, including with a comprehensive package of non-domestic rates relief to support the retail and other sectors throughout the pandemic. We are also taking action, such as the Scotland Loves Local campaign, to increase footfall and motivate more people to shop locally, and we will ensure that such activity is synchronised as we move towards Christmas and the golden quarter for retail, which is a term with which I am sure the member is familiar.

We are taking that immediate action and, in the autumn, I will be bringing national planning framework 4 to the Parliament. In consultation with partners, including the Convention of Scottish Local Authorities, we are preparing a review of the town centre action plan. Later this year, we will publish the retail strategy, and I would be happy to come back and discuss that with members in more detail.

As I said in my statement, I am happy to meet any member to discuss the issues, because I am passionate about making Scotland a vibrant and flourishing place for the retail sector.

**David Torrance (Kirkcaldy) (SNP):** The economic impact of the pandemic has been felt across Scotland, but there has undoubtedly been a disproportionate impact on areas with pre-existing inequality. What steps can the Scottish Government take to counteract such inequalities?

**Tom Arthur:** I thank David Torrance for his question, which covers a huge area. On 5 October, the Government published its Covid recovery strategy, which sets out an ambitious

vision and plan for Scotland's recovery from the pandemic and is focused on bringing about a fairer future for all.

The strategy details three outcomes that are central to achieving that vision of a fairer future: increasing financial security for low-income households; enhancing the wellbeing of children and young people; and creating good, green jobs and fair work. That work will also be taken forward through the national strategy for economic transformation.

We recognise the key role that convenience stores can often play in our localities, particularly in supporting vulnerable groups, which will be reflected in the retail strategy.

I am happy to discuss the matter further with the member, should he be interested in doing so.

**Colin Smyth (South Scotland) (Lab):** The minister said that the run-up to Christmas is the most critical trading period of the year for retail—it is make or break for many. However, there was nothing in his statement to ensure that it is a case of make, rather than break. Why has the Government not considered a proper high street voucher scheme, which has been called for by Labour and the Scottish Retail Consortium, to give a real stimulus to our high street, rather than the very limited Scotland Loves Local gift card, which consumers have to pay for themselves?

**Tom Arthur:** I appreciate that Colin Smyth has raised the issue before. We will look closely at what is happening in Northern Ireland and monitor its impact. We know that consumers spend a lot of money during the festive period. The gift card will help us to channel that money into our local economies—that is what we are trying to incentivise.

Aligned with the gift card is the Scotland Loves Local campaign, which will seek to drive more people to use the gift card and spend money locally, thereby supporting local retail.

**Michelle Thomson (Falkirk East) (SNP):** In my constituency of Falkirk East, many retailers did a great job of being innovative throughout the pandemic, and demonstrated their fundamental value to our communities. However, at present, small local retailers are at a huge disadvantage compared with online-only giants, who can avoid local taxation, often do not pay anywhere near their full share of national taxes and do not invest in local communities.

Will the minister write to the UK Government to ask whether it has managed to make any progress to ensure that online giants such as Amazon pay their fair share of taxes and provide value to society? Will he also look at ways in which the Scottish Government can encourage large

companies such as Amazon to increase their contributions to very worthy causes in Scotland?

**Tom Arthur:** I am happy to write to the UK Government to raise those issues.

I will pick up on the point that Michelle Thomson made about recognising the tremendous contribution that has been made by retail, particularly local retail, in our communities. I would have wished to also make that point in response to David Torrance's question. Local convenience stores play an important role in supporting people in our communities across Scotland. Often, there is a long-standing relationship between customers and the people who work in those establishments, but the real value that retail adds to our communities can sometimes be overlooked.

The issue around online giants that Michelle Thomson raised is important, but as she will be aware, it is a global issue that requires a global solution. I welcome the announcement made by the G7 finance ministers in June to address the issue. The UK digital services tax, which the UK Government introduced in April 2020, was a step in the right direction, but it is a short-term solution. We need concerted global action to address the issue. Of course, the Government is committed to exploring the options for introducing a digital tax within its existing powers.

**Willie Rennie (North East Fife) (LD):** If the Scotland Loves Local gift card is to have a meaningful economic impact on retail, it needs to operate at scale; otherwise, it will just be tokenistic. How many businesses have made bulk purchases of the card for their employees, and how many cards has the Government bought for its employees?

**Tom Arthur:** Willie Rennie makes an important point that the gift card will work only if it operates at scale. I do not have specific answers to his questions but I will see whether I can source the data and will write to him if we have it.

The Scottish Government is making 5,000 of the cards available to each local authority to kick start the project. The cards are now available to buy online and we are working in partnership with Scotland's Towns Partnership, which administers the scheme, on ways to expand opportunities for people to procure the gift cards going into the new year.

I will look to see whether we can provide the data on the specific points that Willie Rennie raises. If we can, I will do so in writing.

**Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP):** I refer to the proposed retail strategy and note that local authorities are not specifically listed as possible consultees. However, the decisions of planners—

especially in rural towns such as those in the Midlothian South, Tweeddale and Lauderdale constituency—have a major impact on small retail businesses. Will the minister confirm that local authorities will be part and parcel of developing any retail strategy?

**Tom Arthur:** I am happy to confirm that we engage regularly with a range of partners, including COSLA, and will take into account the views of all partners in forming the retail strategy. The strategy will be driven by the work of the steering group. I hope that that reassures the member.

**Maggie Chapman (North East Scotland) (Green):** I thank the minister for his statement and USDAW for the petition. The Scottish Greens continue to support statutory holidays over the Christmas and new year period as a workers' rights issue. All workers have not only the right to spend time with loved ones at times of important celebrations but the right to decent time off and a good work-life balance.

As the idea of the high street changes, with big brands such as Burton and Debenhams disappearing, the need to reimagine our town centres and the retail sector becomes increasingly pressing. Does the minister agree that concepts such as the four-day week show a shift in values from working all that we can to focusing more on a better work-life balance? Will he provide an update on the work that is being undertaken to shift to a four-day working week?

**Tom Arthur:** As Maggie Chapman will be aware, the Government has a commitment to pursue a four-day week. My party stood on a manifesto commitment to provide £10 million to support it, so we will take that forward. I would be happy to write to her and provide more details on the matter.

Our high streets are changing. That is why NPF4 will have the concept of 20-minute neighbourhoods at its heart. I look forward to the wide-ranging discussions and debates that we will have on NPF4, including its specific policies on retail, when it is published later in the autumn.

**Tess White (North East Scotland) (Con):** Will the forthcoming retail strategy address the marked decline in retail and customer service modern apprenticeship starts that Skills Development Scotland has highlighted? They are nowhere near pre-pandemic levels.

**Tom Arthur:** There is a specific skills work group and theme within the retail strategy, so the strategy will not only address the issues that Tess White raises but consider more broadly skills within the sector in line with our broader commitments on fair work. I look forward to further discussion once the strategy is published.

**Paul McLennan (East Lothian) (SNP):** I welcome the minister's comments on steps that the Scottish Government will take to promote fair work. Will he expand on how the Government will engage with the retail sector and stakeholders as it continues to develop its approach?

**Tom Arthur:** As I mentioned in my statement, we are committed to taking from the work of the retail strategy steering group the point about a sector-led group. The form of that group will be agreed in discussion with the sector. However, the strategy will be a live document and we look to work in partnership with business, trade unions and employees to ensure that the sector delivers. Fair work will be at the heart of the strategy.

## Carbon Capture, Utilisation and Storage

**The Deputy Presiding Officer (Liam McArthur):** The next item is a statement from Michael Matheson on the development and deployment of carbon capture, utilisation and storage in Scotland. The cabinet secretary will take questions at the end of his statement, so there should be no interruptions or interventions.

16:09

**The Cabinet Secretary for Net Zero, Energy and Transport (Michael Matheson):** I want to update members in light of last week's illogical and disappointing decision by the United Kingdom Government not to support one of the most significant parts of Scotland's journey to net zero—the Scottish cluster led by the Acorn CCS project—despite a successful bid that the UK Government acknowledged had met its assessment criteria. Instead, it designated it as a “reserve” cluster.

Members will rightly be interested to understand more about what that decision means for Scotland and about our response to that UK Government failure. In providing that, it is important to set CCUS in its proper context as a crucial element of Scotland's decarbonisation as we move towards a just transition to net zero.

We are rightly proud of our world-leading statutory emissions targets and it is anticipated that CCUS will play a vital role in helping us to reach those. We have consistently called on the UK Government to deliver on its areas of climate change responsibility. Collaborative action is particularly vital as we approach the 26th United Nations climate change conference of the parties—COP26. Although it is encouraging to see proposals in a number of areas, the recent UK net zero strategy does not go far enough. There are a number of areas where we need the UK Government to take more action and to act faster, including providing more support for areas such as renewables and CCUS.

The UK Government decision about the Scottish cluster is out of step with its own net zero strategy, which raised the ambition for the amount of carbon to be captured and stored in the UK. The strategy more than doubles the ambition for carbon capture set out in the Prime Minister's 10-point plan, yet there is no corresponding increase in support for the required multiple CCS projects with the capacity to achieve that.

Scotland has vast potential for carbon dioxide storage in depleted oil and gas reservoirs in the North Sea. As seen with the Acorn project, the

repurposing of onshore and offshore legacy oil and gas infrastructure offers us rare and cost-effective access to those storage sites. The Acorn project is expected to store more than 6 million tonnes of carbon dioxide a year by 2030—approximately 10 per cent of Scotland's current emissions—and up to 20 million tonnes by 2040.

On that basis alone, the UK Government's decision not to award the Scottish cluster track 1 status is wholly illogical. It shows a clear lack of ambition and leadership on climate change by the UK Government. In stark contrast, the establishment of CCS in Scotland would mean that we could support decarbonisation efforts across the UK and in other nations.

The Scottish Government has long been supportive of CCUS as a means of decarbonising our industry and underpinning negative emissions technologies, and as a vital tool in our armoury for achieving Scotland's emissions targets. Our 2045 net zero target is based on advice from the Climate Change Committee, which described CCUS as a "necessity, not an option" and, significantly, pointed to Scotland's CO<sub>2</sub> storage potential in recommending that date.

CCS offers Scotland's mature oil and gas industry an important transition opportunity. The UK Government's decision will materially affect the businesses and communities in the north-east of Scotland that already possess the skills and expertise that are required to transition to a low-carbon economy, while delaying the opportunity to create many good, green jobs.

A just transition must be delivered across all our communities, including those that depend on oil and gas. That is why we have announced a £500 million just transition fund for the north-east and Moray and asked the UK Government to match that ambition, and it is why we will also support people working in carbon intensive industries with a skills guarantee.

I am aware that some members might have concerns about CCUS. Let me reassure them that I am aware of their concerns, and that this Government's support for the technology is contingent on its performance and consistency with our climate targets. As the First Minister set out in her pre-COP keynote speech yesterday, with the highest possible capture rates, CCUS could be a crucial technology for industrial decarbonisation and our energy transition, creating options and providing industry with the flexibility to transition products and services to net zero. It would mean that we could drastically reduce emissions while securing our energy supply and providing industry with early options to decarbonise. It would ensure a future for Scotland's industrial clusters in Grangemouth and the north-east, ensuring that important domestic

industries continue to provide significant employment in a net zero Scotland.

I reiterate the Scottish Government's support for the Scottish cluster. We have long supported the Acorn project, providing funding and policy support through feasibility stages since 2017, and we continue to believe that Acorn is the most cost-effective and deliverable CCS project in the UK. The Scottish cluster estimates that its projects can support an average of 15,100 jobs between 2022 and 2050, with a peak of 20,600 jobs in 2031.

The UK Government's confirmation that two English industrial clusters will be awarded track 1 status, overlooking the compelling case that was submitted by the Scottish cluster, is not just short sighted but a serious mistake. We engaged with the UK Government throughout the process to highlight the Scottish cluster's role as a vital component of decarbonisation in Scotland and throughout the UK. We also offered the UK Government help in supporting the project on several occasions. Despite most people considering the Scottish cluster to be the most advanced CCS project in the UK, it was not awarded clear and definitive track 1 status. It is instead a reserve cluster, for what we can only assume to be political rather than policy reasons.

It is astonishing that the UK Government has taken that decision, as it significantly compromises our ability to take crucial near-term action to reduce emissions in Scotland and across the UK. The chancellor is expected to deliver his budget on Wednesday. He has a chance to fix this in his budget announcement and I urge him to do so.

Last week, Sir Ian Wood stated that the UK Government's decision makes little economic or environmental sense, and he likened the approach to leaving the best player on the subs' bench. I share those sentiments, as do many colleagues across the chamber, I am sure.

Let me be very clear: the Government believes plainly and simply that the UK Government has made a serious mistake that it needs to correct—it needs to award the Scottish cluster track 1 status. Not to recognise that the Scottish cluster presents the best opportunity to reduce emissions by the mid-2020s smacks of politics and not science. Such an inexplicable decision shows that the UK Government is guilty of empty words and broken promises on ensuring a just transition for Scotland's communities. Members should remember that the UK Government pulled the plug on £1 billion of carbon capture investment for Peterhead in 2015, and it has now repeated the same trick. The north-east of Scotland is the home of the offshore industry and it is an obvious location for a carbon capture project. I therefore call on the UK Government to reverse the decision



and to accelerate the Scottish cluster to full track 1 status without delay.

We have previously advised the UK Government that we would help to support the Scottish cluster. We stand ready to do so, but we do not hold all the necessary legislative or regulatory levers, as they are retained by the UK Government.

Earlier today, the Minister for Just Transition, Employment and Fair Work and I met with cluster representatives. We reaffirmed our continued support for CCUS in Scotland and outlined our call to the UK Government. I can also confirm that the First Minister will write to the Prime Minister to make the strong case for accelerating the Scottish cluster to track 1 status.

CCUS will play an essential role in industrial decarbonisation in Scotland and worldwide. The planned Scottish cluster would play a vital role in a just transition and in ensuring that Scotland reaches its net zero goals by 2045.

The Scottish Government will continue to press for track 1 status for the Scottish cluster and will support development and deployment of CCUS in Scotland that is compatible with our climate change targets.

**The Deputy Presiding Officer:** The cabinet secretary will now take questions on the issues raised in his statement. I intend to allow 20 minutes for questions. Members who wish to ask questions should press their request-to-speak button or type an R in the chat function.

**Liam Kerr (North East Scotland) (Con):** We are all disappointed by the decision, but we must be clear. Far from being illogical or inexplicable, the decision was the result of an objective process that was based on objective criteria that the Scottish Government did not raise any issues about. The process judged which of the bids met the criteria.

Let us also be clear that this is not the end of Acorn but the beginning of an ambition to have four clusters running by 2030. Kwasi Kwarteng has said that Acorn will almost certainly be built in the next few years, as part of the second phase, and the UK Government continues to work with Acorn to ensure readiness. I use the word “continues” because the cabinet secretary seems to have conveniently forgotten that the UK Government has also produced an energy white paper and a £16 billion North Sea transition deal. It has established Aberdeen as an energy transition zone with £27 million worth of support, and it has already given £31 million of support to Acorn. The Acorn project partners have publicly stated that they intend to maintain the project’s timeline and to have it operational by the end of 2026, and the UK has committed to supporting

Acorn in that aim, both financially and with management.

First, what has the Scottish Government officially offered the cluster to ensure that it can proceed by 2026? Secondly, one solution would be for the Scottish Government to commit to funding the project—will it do so? Thirdly, precisely how much of the proposed just transition fund is earmarked to go towards CCUS projects?

**Michael Matheson:** Only a few months ago, Liam Kerr was setting himself up as the champion of the Acorn project in an article in *The Press and Journal*. He has been sold down the river by his colleagues at Westminster.

I gently suggest that Liam Kerr should not simply be disappointed by his colleagues at Westminster; he should be angry at the way in which they have treated the people of the north-east of Scotland by making this decision. He should be speaking up more for the people of the north-east of Scotland.

If it is not illogical to double a target for the UK’s use of carbon dioxide storage in a net zero strategy but not to support the most cost-effective, largest-capacity CCUS project in the UK to deliver that, I do not know what illogical is. It is clear that there is a lack of consistency in the UK’s approach, which is why the decision smacks more of politics than of science. The member should be standing up to challenge that.

One thing that is clear from the discussion that I had today with cluster members is that they have had no clarity from the UK Government about what “reserve” status means. They have not been told what support will be available to them. There is no explanation of the funding that will be available or what “reserve” status means, and the UK Government has set no timeline for how long that funding is meant to last.

The UK Government has left the project high and dry. However, I assure the member that we are going to work with the Scottish cluster to keep the pressure on the UK Government to stick to its promise and deliver on the Acorn project and the cluster, because it is critical not just to Scotland’s net zero targets but to the UK’s net zero targets.

**Monica Lennon (Central Scotland) (Lab):** I thank the cabinet secretary for advance sight of his statement. It is regrettable that, on the eve of COP26, we have the UK and Scottish Governments at loggerheads when we need constructive dialogue to tackle the climate emergency.

The cabinet secretary acknowledged in his statement that there are concerns about the performance of carbon capture technologies and their consistency with climate targets. Friends of

the Earth Scotland has questioned whether CCS is falsely positioned as a climate solution when the technology is largely unproven and untested. What is the Scottish Government doing to unpick those concerns and allay those fears? Can the cabinet secretary give an assurance that the technologies are not being seen as a silver bullet and that other measures that can help in the short term, including improved access to public transport and improved energy efficiency, will be continued at pace?

**Michael Matheson:** If there is a failure in the process, on the eve of COP26, to take the serious action that is necessary to tackle climate change, I am afraid that the responsibility for that rests at the door of 10 Downing Street, which has failed to provide the necessary support to the Scottish cluster. From Grangemouth right up to the St Fergus terminal, the project is critical not just to ensuring that we achieve our net zero targets but to the range of industries that are supporting it in order to decarbonise their industrial processes. It is mission critical to many of them being able to deliver that, and it is critical to the jobs that are dependent on it as well. On the member's point about being at loggerheads, I am afraid that the responsibility rests fairly and squarely with the UK Government.

I assure the member that, although there are those who raise questions about the technology, we take advice on these matters from the Climate Change Committee, which has said that the use of CCS is, as I said in my statement,

“a necessity, not an option.”

The technology is in its infancy, but it has real potential to deliver real change. That is why we are very clear that deployment of net zero technology of this nature has to be compatible with achieving our net zero targets by 2045. That is our commitment, and that is why we support the Acorn project, which is so important to ensuring that we reach our statutory targets.

**Gillian Martin (Aberdeenshire East) (SNP):** The decision not to back the Acorn project is another betrayal of the north-east of Scotland by the Tories, who previously cut the £1 billion of funding for the carbon capture scheme at Peterhead after a huge amount of progress and investment. As the cabinet secretary said, the Climate Change Committee has specifically said that CCUS is essential to our meeting the targets in the Climate Change (Emissions Reduction Targets) (Scotland) Act 2019.

Does the cabinet secretary agree that the Acorn project was the obvious project to support, that the decision not to support it was absolutely a political decision, that the UK Government is yet again holding Scotland's progress back, and that we

cannot rely on it ever to stand up for Scotland's interests?

**Michael Matheson:** I have spoken to many people across the industry over recent months, and there is absolutely no doubt that the Scottish cluster, and the Acorn project in particular, was viewed as being the most deliverable, cost-effective, ready-to-go project when it came to delivering on CCUS. It was the clear project.

It is not just a project that is able to deliver at an early stage, in the mid-2020s; it is also a project with other benefits. I do not decry the other two projects, because we need them as well, alongside the Scottish cluster. However, the Acorn project is the only project with the ability to allow the shipment of carbon dioxide, which was planned in order to support areas such as the south of Wales and parts of the south of England, where industries that are looking to decarbonise wanted to use the Scottish cluster, and the Acorn project in particular, as part of that process. The project would support not just Scottish jobs, but jobs well beyond Scotland, in other parts of the UK, and it was mission critical to them in that regard.

I am angry that we are in a situation in which the UK Government has let down a sector, despite significant work on the project and despite giving the impression that the project would get the green light. It has pulled the rug from under the sector's feet at the very last moment, and the repercussions of that are significant. It is important that the UK Government recognises the implications for the sector, not just in the north-east and other parts of Scotland but in other parts of the UK, and that it revisits the matter urgently.

**The Deputy Presiding Officer:** I am keen to get through all the questions, so I ask questioners and the cabinet secretary to be as brief as they can be.

Brian Whittle joins us remotely.

**Brian Whittle (South Scotland) (Con):** At the weekend, Michael Glackin wrote that the SNP's “petulant manufactured row” with the Westminster Government over free ports might have contributed to the decision and that

“the SNP would create similar obstacles should Acorn have won”.

We know that the decision was actually made on the basis of objective criteria, but the SNP's grievance approach and continual desire to create discord is well known.

Will the Scottish Government work constructively with the Westminster Government to ensure that Acorn receives the appropriate support from both Governments to proceed as

soon as possible, for the benefit of the environment and the Scottish economy?

**Michael Matheson:** There we have it, from Brian Whittle: a “manufactured row” about free ports is the reason why the UK Government chose not to go ahead with Acorn. It is utter rubbish—there is no truth whatever in that suggestion, and it should be treated with the contempt that it deserves.

I can say to Brian Whittle that, on several occasions, we made a direct offer to the UK Government to provide support to the project and, to date, I am still waiting for the UK Government’s response to my correspondence on the matter. Sadly, the UK Government does not appear to have prioritised the issue, and clearly, given its decision last week, it has chosen not to go ahead with the project—end of.

I assure Mr Whittle that we will continue to push the case for the Scottish cluster and make sure that the UK Government hears the voices of the people of Scotland on this important issue.

**Jackie Dunbar (Aberdeen Donside) (SNP):** Scottish business leaders, including Sir Ian Wood, wrote to the Prime Minister to argue that the Scottish cluster offers the potential to

“create, safeguard and continue to support tens of thousands of high skill jobs directly and in”

the supply chain

“of the existing energy industry in the northeast as well as throughout Scotland.”

Does the cabinet secretary agree that the UK Government should listen to those voices and not just ignore them?

**Michael Matheson:** I very much welcome the letter that went from Sir Ian Wood and others, which called on the Prime Minister to address the issue. In recent months I have, given his knowledge and expertise in the area, discussed with Sir Ian Wood the importance of the Acorn project and the Scottish cluster. He sees the project as being mission critical to the future of North Sea oil and gas and the transition in the sector.

It is fair to say that the general feedback that I have had from people in the sector is that they are shocked and, as someone put it, flabbergasted by the decision of the UK Government. It is important that the UK Government listens to voices of reason, such as that of Sir Ian Wood, and that it responds constructively by reversing its decision quickly.

**Michael Marra (North East Scotland) (Lab):** I sincerely hope that the COP delegations are not taking lessons in diplomacy and negotiations from the minister or from some Conservative members

who are sitting opposite him. We have had no answer from the minister on whether the Scottish Government will act to support the project. We must work together, in that case. The Scottish Government has a duty to make the sector work, by whatever means.

What progress has been made on investing in the skills base in north-east Scotland to ensure that the region is at the forefront of a jobs-first energy transition?

**Michael Matheson:** Given the importance of the work, we have provided support to the Acorn project over the past couple of years, as it carried out its feasibility work programme. Secondly, we made a clear commitment to supporting deployment of carbon capture, utilisation and storage in Scotland as part of our emerging energy technologies fund. We remain committed to doing that over the coming years.

How much we can support the project depends partly on decisions by the UK Government, because a key part of this is tied up in regulatory and other powers that the UK Government has, so we do not have the powers to intervene in that regard. However, there might be other areas in the project where we can continue to provide support and assistance, so we are actively considering that.

Now is not the time for us to start unpicking elements of the Scottish cluster. What is important is that we point out to the UK Government its failure and, because of the potential consequences, the need to address urgently the serious mistake that it has made.

On Michael Marra’s final point, I assure him that among the key actions that we want to result from our north-east and Moray transition deal is support for a skills transition and assistance for people in carbon-intensive industries to move into zero-carbon industries. That will be a key focus of the training and work of the transition deal.

**Audrey Nicoll (Aberdeen South and North Kincardine) (SNP):** The Scottish National Party Scottish Government has committed to investing £500 million in the north-east and Moray over the next 10 years to accelerate the transition to net zero and to support highly skilled jobs and livelihoods in the oil and gas sector. Does the cabinet secretary think that the UK Government should match that funding commitment, if it is serious about a just transition for the north-east?

**Michael Matheson:** Yes, I think that it should, and we have asked it to do so, given the economic benefits that the UK has obtained from oil and gas extraction over many decades, on the back of Scotland’s resources—the north-east’s in particular. It is about time that the UK Government stepped up and helped to support the transition.

Matching us in that £500 million transition fund for the north-east and Moray, alongside going ahead with having the Scottish cluster in track 1, would be a step in the right direction by the UK Government in demonstrating leadership.

**Willie Rennie (North East Fife) (LD):** After years and years of delay, during which carbon capture was on, then off, then on again, the biggest loser has been the planet. I support the Scottish Government's call for the decision to be reversed, but does the minister agree that what is most important is that the project actually happens this time?

**Michael Matheson:** Yes, I agree. We have already had a false dawn. With all due respect to Willie Rennie, I note that it was Ed Davey MP, I think, who made that promise during the referendum campaign. After the referendum result, that promise was short lived. That is why we cannot allow the UK Government to get away with pulling the same trick yet again on the people of the north-east and the rest of Scotland. I welcome the member's support in getting behind us as we do everything that we can do to pressure the UK Government to reverse its decision and to put the Scottish cluster in track 1.

**Karen Adam (Banffshire and Buchan Coast) (SNP):** The triple whammy of the downturn in oil and gas, Covid and Brexit has been devastating for our north-east communities. We desperately needed the investment, which would have been based in my Banffshire and Buchan Coast constituency and would have helped to deliver the just transition.

The Scottish Conservatives have described the move by the UK Government as a lukewarm "disappointing". My constituents are not disappointed; they are once again feeling betrayed, angry and overlooked. Will the cabinet secretary join me in urging Conservative MSPs in this Parliament, particularly those who represent the north-east, to stand up for their constituents and urge their colleagues in the UK Government to reverse the decision and support the vital project?

**Michael Matheson:** As I understand it, the desire among Conservative members is to give the impression that everything will be okay with the Acorn project and the Scottish cluster if we just give it time. The problem with that approach is that significant investment decisions have to be made by companies on where they will support the development of CCS technology. Those decisions are being made now—not in two, three, four or five years, or over the indefinite timeframe for which reserved status provides. There is a lack of clarity for the whole cluster. Because of the project's importance, we should not allow the fundamentals of the project to be lost. I hope that Conservative

members will get behind us in supporting the project, and that they will put pressure on their colleagues at Westminster to reverse the decision.

**The Deputy Presiding Officer:** Three more members wish to ask questions. I intend to allow all of them in, but the questions and responses will need to be brief.

**Mark Ruskell (Mid Scotland and Fife) (Green):** The cabinet secretary is aware that our parties do not have a shared vision for the role of CCS, which is a technology that is repeatedly overpromised on and underdelivered around the world. Relying on CCS to cut a quarter of Scotland's emissions is risky. All the parties in the previous session of Parliament agreed that there needs to be a plan B for meeting our climate targets and delivering a just transition that does not rely on CCS. Does the cabinet secretary recognise the importance of working out that plan B now, rather than pinning all our hopes on a technology that might turn out to be neither credible nor ready in time?

**Michael Matheson:** The advice from the UK Climate Change Committee is that zero-emissions technologies will play an important role in helping to meet our statutory climate change targets; the committee has directly referenced that. I respect the fact that we have different views on use and deployment of CCUS. The Scottish Government continues to be supportive of CCUS, including the Scottish cluster and the Acorn project.

We must recognise that CCUS will likely play an important part in meeting Scotland's statutory climate targets. We will continue to take that approach. It is important that we recognise the role that the technology will play in supporting us in becoming a net zero nation by 2045.

**Maurice Golden (North East Scotland) (Con):** Earlier this year, Stuart Haszeldine, who is a professor of carbon capture and storage at the University of Edinburgh, gave evidence to the Economy, Energy and Fair Work Committee. In response to being asked what was needed to make CCS a success, he said:

"in Scotland we do not have a clear industrial road map for the circularity of our heat or carbon and for putting that back where it came from."—[*Official Report, Economy, Energy and Fair Work Committee*, 2 February 2021; c 23.]

Will the cabinet secretary agree to develop a clear industrial road map for Scotland?

**Michael Matheson:** Let us not lose sight of the critical issue, which is the development of CCUS technology. One of the benefits from the Acorn project and the Scottish cluster of being a first mover in development of the technology is that it can be utilised and deployed in areas that are different from that for which it was originally developed. That is why the project is so important.

It will help to develop the route map and to create the opportunities that the new technology can develop in several areas, as well as being utilised to meet our statutory climate change targets. I assure Maurice Golden that our support for Acorn and CCUS is to ensure that we get the benefits of developing the technology and its deployment in sectors other than the oil and gas sector.

**Fiona Hyslop (Linlithgow) (SNP):** Does the cabinet secretary—*[Interruption.]* I am sorry, can you hear me, Presiding Officer?

**The Deputy Presiding Officer:** It might be my fault for not announcing you, Ms Hyslop. Your microphone is on now.

**Fiona Hyslop:** Does the cabinet secretary agree that the advanced stage of capability of the Acorn project should not only underpin the just transition that is needed in the north-east of Scotland, but could and should be the fastest way of sharing that knowledge and deployment on a global stage, so that the world can move more quickly to decarbonising, given the global interest over the past decade in the work in Scotland? Does the cabinet secretary think that the UK Government does not care about its responsibilities to the north-east and globally?

**The Deputy Presiding Officer:** Please be as brief as possible, cabinet secretary.

**Michael Matheson:** There is absolutely no doubt that the Scottish cluster is a key part of delivering a just transition. We have seen the failures of UK Governments in the past in relation to deindustrialisation without ensuring a just transition. We cannot allow that mistake to be repeated, particularly in the north-east of Scotland. There is no doubt that one of the benefits of the project, given its ability to move at an early stage, is the knowledge and skills that have been built up, which can be exported to and deployed in other parts of the world in order to support other nations to become net zero nations.

## Mental Health Needs and Substance Use

**The Deputy Presiding Officer (Annabelle Ewing):** I remind members of the Covid-related measures that are in place and of the fact that face coverings should be worn when moving around the chamber and across the Holyrood campus.

The next item of business is a debate on motion S6M-01761, in the name of Angela Constance, on a person-centred approach to mental health and substance use. I invite those members who wish to speak in the debate to press their request-to-speak buttons now. I call Angela Constance, Minister for Drugs Policy, to speak to and move the motion—in up to 10 minutes, please.

16:45

**The Minister for Drugs Policy (Angela Constance):** I very much welcome—

**The Deputy Presiding Officer:** I am not sure that your microphone is on, Ms Constance. Can we see what we can do about Ms Constance's microphone, please, if her card is in?

**Angela Constance:** My card is in.

**The Deputy Presiding Officer:** Please resume, Ms Constance.

**Angela Constance:** Thank you, Presiding Officer.

I very much welcome the opportunity to open the debate on ensuring a person-centred approach to supporting people who have both substance use and mental health needs. The link between poor mental health and drug problems is clear. Research demonstrates that more than 90 per cent of those who are most at risk of a drug-related death will experience anxiety and/or depression.

That is one stark reminder—there are many—as to why mental health and drug and alcohol services need to be joined at the hip and why we must be guided by the principles of a person-centred approach. Taking a person-centred approach means that we must ensure that there is no wrong door for people as they seek help and that services are inclusive, easy to navigate and based on the views of lived experience.

As well as listening to and learning from the voices of people with lived and living experience, we must make good use of their skills and talents to improve the way in which services are delivered. Both Mr Stewart and I are more convinced than ever that change needs to be

informed and driven by those who understand the system most.

In March this year, I made a commitment to the Parliament that people, families, networks and communities will be more involved in local and national decision making. That is why we are investing in local experience panels and in a national collaborative of those who have lived and living experience. Mr Stewart has also committed to establishing a similar national panel that will advise and inform across all mental health policy.

I have often heard about the challenges that people experience in accessing the services that they need. They regularly describe a system that is overly complex and difficult to navigate, and in which they are passed from pillar to post. That is why Healthcare Improvement Scotland is already helping to develop, in Dundee, an integrated model of care across mental health and substance use services. That new approach has been firmly based on the views of people who have lived—real-life—experience.

Plans are in place to extend that work across four more health board areas, backed by a cross-Government investment of £2.2 million. I am pleased to announce that that will cover Lanarkshire, Greater Glasgow and Clyde, Grampian and Lothian health board areas.

**Michael Marra (North East Scotland) (Lab):** Does the minister recognise that it is more than two years since the publication of the Dundee drugs commission report that called, specifically, for far more integration between mental health and addiction services, and that that kind of delay, when people are continuing to die, is a significant issue for people in the city?

**Angela Constance:** I recognise the value of the work that was led by the Dundee drugs commission, and I am determined, along with Mr Stewart, to ensure that we now motor ahead to a phase of work that is far more about implementation and change on the ground. I therefore hope that Parliament will welcome the extension across the country that I have announced of some of the good work that is going on in Dundee.

**Miles Briggs (Lothian) (Con):** Will the minister take an intervention?

**Angela Constance:** No; I will perhaps do so if I have time later.

In January, the First Minister launched the national mission to reduce drug deaths and improve lives. At the heart of that £250 million mission is a clear focus on supporting people to access treatment—the treatment or recovery that is right for each individual and happens at the right time.

We need: services to offer same-day treatment; a wider range of treatment and recovery options; more overdose prevention measures and related interventions, such as naloxone kits; increased capacity in residential rehabilitation; and more assertive outreach to get people treatment where they are, bring them the protection of treatment, and make recovery a real option.

People already have a right to healthcare that meets their needs. We need to make sure that we are taking every possible action to deliver on their rights, and we need to implement those rights for everybody, including those who live in our poorest communities.

We know that people who are at risk as a result of their drug use often experience a range of health and social care issues. That was set out for us in the “Hard Edges Scotland” report, which was published in 2019. Everything that we are doing to develop a person-centred approach is designed to meet those issues head on, and our national mission sets out a whole-Government approach.

During the pandemic, we have seen rapid changes to the ways in which people access help and support, particularly for people who experience both homelessness and drug problems. In many instances, that has led to people receiving more person-centred care. We have recognised the importance of those changes and invested over £900,000 in Healthcare Improvement Scotland to support four local authority areas to make those changes permanent, improve the pathways of care for people, and support them out of homelessness and into appropriate treatment and care, including mental health and other supports. Further work is under way to ensure that that learning is shared across Scotland.

The medication assisted treatment—or MAT—standards were published in May this year. Implementation of those standards is one part of our overall approach to turning words into actions. I reiterate the commitment that I made to Parliament that those standards should be implemented across the country by April 2022. Those standards for treatment and care are among the key priorities for changing and improving services so that, no matter where someone lives, the right treatment will be available to them when they need it.

MAT standard 9 sets out our commitment that “people with co-occurring drug use and mental health difficulties can receive mental health care”.

I have been pleased to see that many alcohol and drug partnership areas in Scotland have already begun to embed that standard within their models for delivery. The work of the MAT standards implementation team will be important over the

coming months in embedding the standard across Scotland. I will return to Parliament before Christmas to provide an update on that.

I am very aware of the responsibility that we all have in upholding and enhancing people's right to health and the important role that services play in that regard. For people with alcohol and drug problems, that right to healthcare needs to go well beyond the right to drug treatment and support, and people will need support from a range of services to support their recovery. That is why I am announcing today, to build on our existing work, a rapid review of the services that are required to support people who experience mental health and substance use problems. That will enable us to set very clear expectations for what services should be available and openly accessible to support people with mental health and substance use problems. Those services need to range from life-saving interventions through to psychosocial and wellbeing support for people as they find their own recovery.

The expectations that we set will reach beyond alcohol and drug treatment and mental health services and will include, for example, services for people who have experienced homelessness, violence and trauma, including women who have experienced domestic violence, as well as more mainstream services, such as primary care. We will not forget the important role of the voluntary sector.

A person-centred approach must also ensure that support is available for the mental health and wellbeing of family members. That is why we will publish a framework later this year to improve holistic support for families. That framework will support local partnerships, the workforce and family members to work together in developing local family support services to make them more approachable and accessible for all those who need help and support. That is backed by direct funding of £3.5 million per annum to alcohol and drug partnerships alongside a further £3 million allocated through the Corra Foundation to support the implementation of the framework.

We know that people who experience mental health and drug problems often experience stigma and discrimination. Stigma can have a devastating impact on people's lives, and it can be a barrier for people to access services and prevent them from reaching out for help and support. We are committed to removing that barrier and tackling the stigma associated with problematic drug use wherever it is found. A national campaign to tackle stigma is being developed with the input of people with lived and living experience and their family members. The campaign will be launched by the end of this year and it will start a national conversation on how we can all play a part in

reducing discrimination against people and supporting people to reduce drug-related harm and improve their lives.

To save and improve lives, we urgently need a person-centred approach that does not make assumptions about people or their journeys; instead, actions need to be based on listening and then delivering on the views and needs of people with lived and living experience and their families.

I move,

That the Parliament recognises the importance of ensuring a person-centred approach to supporting those with substance use and mental health needs; welcomes the investment of £250 million into the national drug mission and the £120 million Mental Health Recovery and Renewal Fund; supports the development of better working links between mental health and substance use services; recognises the need to embed cultural change to address stigma and include a trauma-informed approach; considers that treatment and assistance should be offered from the first point of contact and consistently throughout each person's journey; notes that, when required, outreach services are available to support people to stay in treatment and that services are designed to ensure that this can happen, and recognises that people may also experience multiple and severe disadvantages, such as homelessness and poverty, which require substance use and mental health services to engage other services.

16:55

**Sue Webber (Lothian) (Con):** The motion goes some way towards indicating the complex factors that need to be addressed if we are sincere in our commitment to tackling the problem. The Labour amendment reinforces how difficult it is to access services, and the subsequent pressures on healthcare that that causes. Although my amendment seeks to acknowledge the long-standing challenges that we face, it also shows our commitment to working with the Scottish Government on the issue.

Let us not forget that, long before Covid, the Scottish National Party was presiding over crises in mental health and drug deaths. The drug death rate has almost tripled since the SNP has been in charge. In 2020, 1,339 drug-related deaths were registered—the largest number since records began in 1996. The SNP's recruitment drive for mental health workers has fallen short of what was expected. In 2019, the Royal College of Psychiatrists warned that psychiatric services in Scotland were facing "a workforce crisis".

It is encouraging that person-centred care is being talked about again, but we should remember that the SNP's mental health strategy mentioned person-centred care in 2017, and that its 2018 alcohol and drug treatment strategy stated:

"Services need to be person-centred, trauma-informed and better integrated".

That ambition is extremely welcome, but it is not new to Parliament.

Under the SNP Government, people still cannot easily access the vital mental health or addiction treatment that they need, when they need it. That is why we have launched our consultation for a right to recovery bill, which would enshrine in law the right to necessary addiction treatment. As the minister indicated in her speech, some sort of movement towards that appears to be coalescing.

Scotland has the highest figures for drug deaths in Europe, and I thought that every member of the Parliament agreed that tackling that was a priority. Last week, however, Lorna Slater, a Government minister, said that taking drugs “is not inherently dangerous”. I found it extremely disappointing to hear that from a minister in a Government that claims that tackling the drug deaths crisis is a priority. Nicola Sturgeon has vowed to address her shameful record on drugs deaths, so she must condemn her minister’s irresponsible remarks.

A person-centred approach to mental health and substance misuse is essential, and we commend that approach. We cannot treat substance misuse in isolation; we must also treat the mental health issues that are so often its root cause. Despite previous announcements and big promises being made in the chamber, the reality on the ground is very different. We need to consider the things that are working and accept the things that are not. The reality of what people must endure when pleading for access to services should shame us all.

Last week, I visited the Lothians and Edinburgh abstinence programme, which follows a truly person-centred approach to recovery. The service was set up and is working within NHS Lothian and, because of its success, other health boards, including Forth Valley, Fife and the Borders, have been in touch to learn more. One of the different things about the service is that patients live off site and travel to the LEAP facility.

During my visit, I was told that nobody has ever been late to one of the sessions. That demonstrates people’s motivation to get better, and it establishes an environment of mutual trust. Many of the people who have been through the programme come back to support the next intake of patients. That peer support is critical to giving those who are new to the programme the belief that they too can recover from their addiction. Every member of staff, from the clinical lead to the chef, works with the patients and, importantly, with their families, to establish and create a unique person-centred approach to recovery.

Ultimately, our treatment of addiction and substance misuse needs to evolve and move quickly towards a preventative agenda. Although

we welcome the inclusion in the motion that “a trauma-informed approach” is needed, I think that we all accept that more still needs to be done. My conversations with the WAVE Trust make it clear that the approach must be embedded across organisations, not taken by just a select few managers or senior leaders.

In January, the SNP announced £250 million of funding to tackle drug deaths. The Scottish Conservatives welcome that, but it distils down to only £50 million a year. After suffering years of successive cuts, it is simply not enough money to tackle the issues that people face. The Scottish Conservatives have launched a consultation for a right to recovery bill. The principle that underlies the proposed bill is ensuring that people who are addicted to drugs or alcohol can access the necessary addiction treatment that they require when they want it. To do that, the proposed bill would enshrine the right to necessary addiction treatment in Scots law. Experts whom I have met welcome that and are contributing to the consultation. The FAVOR Scotland chief executive officer, Annemarie Ward, said:

“Nicola Sturgeon keeps playing political football and kicking this Bill into the long grass ... If the First Minister wanted to bring this Bill in, she could start the process tomorrow ... This is a human rights issue which goes beyond politics.”

Drug deaths are our national shame. We lose far too many people each year. The system is broken and leaving people on the streets to die. It must be overhauled by enshrining in law rights such as our right to recovery as soon as possible.

I move amendment S6M-01761.2, to insert at end:

“; notes that people cannot easily get access to the vital mental health or addiction treatment that they need; recognises that Scotland went into this pandemic with a pre-existing mental health crisis, with people seeking mental health treatment being forced to wait far too long for help; believes that progress in the rehabilitation and treatment of addiction in Scotland has been too slow, and calls for a legal right to recovery to tackle Scotland’s ongoing drug deaths crisis.”

17:01

**Claire Baker (Mid Scotland and Fife) (Lab):** I welcome the debate and the understanding and acknowledgment of the strong connection between mental health and substance abuse, and the focus on how that is recognised and embedded in treatment programmes and pathways, as well as on how society’s understanding of people who are in the grip of addiction is improved by understanding the mental health challenges that they face and how addictive behaviour can provide an escape from distress and—too often—the experience of trauma.



In September this year, a memorial service was held outside the Parliament on national overdose awareness day, to remember the 1,339 people—the highest number that this country has recorded—who died this year from a drugs overdose. That is unacceptable, and it is a failure of Government. Our immediate challenge is to reverse that record, stop people dying from a preventable cause and press ahead with the harm reduction measures that can respond to chaotic lives and introduce some stability.

The MAT standards that the minister talked about are vital and ambitious, and I want them to be delivered. I accept the minister's assurances that Parliament will soon receive the progress report that Labour asked for in the debate in June. MAT standards 9 and 10 are critical for the delivery of mental health support, as they recognise the right of people to ask for support for co-occurring drug use and mental health difficulties and recognise the trauma that continues to impact people's lives and often fuels their substance misuse. The commitments to addressing stigma are also important, and the context in which treatment is accessed and delivered is critical. I do not have time just now to talk about the "National Trauma Training Programme: workforce survey 2021", which was published today, but it provides important insights that require a response.

Scottish Labour's amendment recognises that, although the public debate focuses on drug fatality figures, the broader crisis is driven by the interconnectedness of drug abuse and mental health. In 2019-20, almost 15,000 people had drug-related hospital stays, and 92 per cent of them had drug-related mental and behavioural diagnoses, which means the figure has tripled in just over 10 years. Mental health services have been under significant pressure for years. They have been undervalued and underfunded for too long and, following the pandemic, further demands on those services are predicted.

The correlation between drug and/or alcohol misuse and poor mental health is strong. The residential rehabilitation working group report in December stated:

"Studies have consistently shown a high prevalence of comorbidity of mental disorders in people who have problems with alcohol and drugs ... Recent research ... on residential treatment suggested that better outcomes are experienced when mental health treatment is integrated into residential treatment."

Integration of services is crucial, and our amendment uses the example of accident and emergency staff and ambulance staff co-ordinating with drug support services, which I know is happening in Fife. The amendment also highlights the work of Drugs, Alcohol and Psychotherapies Ltd in Fife as an exemplar of a holistic approach to

recovery. It offers counselling services for people who are in treatment and recovery, as well as targeting services at families and young people in schools and centres. When DAPL was established, there was local resistance to the centre, which sits in the heart of the Leven community, but it gained community support, because people recognised that it was our folk who needed help—it was their neighbours, families and colleagues.

That the debate addresses substance misuse more broadly is to be welcomed, and I thank Alcohol Focus Scotland, Scottish Health Action on Alcohol Problems and others for the briefings that they have provided. We are right to focus on addressing drug deaths, but investment is also needed in support and recovery services for wider substance abuse, including alcohol abuse. Last year, alcohol-specific deaths increased by 17 per cent. There was a spike after a number of years of reductions. The proportion of those with alcohol dependency who access specialist treatment is low, and more needs to be done to offer them person-centred and responsive services and treatments.

The Dundee drugs commission's 2019 report is one of many that have highlighted barriers to accessing services for people with co-occurring conditions. Michael Marra talked about his concern about the lack of progress in addressing that. Every contact must count, and we must ensure that providers of drug, alcohol, mental health and other services support individuals in an integrated and accessible way.

The Labour amendment proposes a change to the Government motion. I am not clear whether the Government's intention is to claim that outreach services are available to support people in recovery at this point in time, but I believe that such support is not yet universally available. Our amendment represents a more accurate description of current service provision.

The Conservative amendment is right to underline the delays in accessing mental health support and the need to improve such access, but its call for a legal right to recovery is a matter for further scrutiny. We need to question whether legislating for a right to treatment is the best way to improve services, to ensure consistency of care provision, and to achieve better delivery of services. We will consider the related member's bill fully if and when it progresses from consultation to introduction in Parliament.

I move amendment S6M-01761.3, to leave out from "that, when required" to "this can happen, and" and insert:

"with concern that, in 2019-20, there were 14,976 drug-related hospital stays in Scotland, 13,791 (92%) of which included a drug-related mental and behavioural diagnosis,

and in the same year the rate of drug-related mental and behavioural stays was more than three times higher than the rate in 1997-98; agrees that those admitted to hospital, treated in A&E or at the scene by the Scottish Ambulance Service need to be linked up with appropriate community-based services to ensure they get the help and support they need to address the underlying drivers of their substance use; regrets that mental health services have been under-resourced for too long with unacceptable waiting times delaying treatment; recognises that outreach services are essential in supporting people to stay in treatment, but considers that more provision is required across Scotland, and that universal counselling services, such as Drugs, Alcohol and Psychotherapies Limited (DAPL) in Fife, must be more widely available to support people in recovery, and further”.

17:07

**Alex Cole-Hamilton (Edinburgh Western) (LD):** I welcome the fact that the Government has made time for this important debate, particularly when it has done so in a cross-departmental way. I would like to see more of that, because the issue absolutely walks hand in hand in terms of our response to the drug death emergency and in recognition of its link to mental ill health.

The Dutch psychiatrist Bessel van der Kolk wrote:

“Traumatized people ... feel unsafe inside their bodies: The past is alive in the form of gnawing interior discomfort. Their bodies are constantly bombarded by visceral warning signs”.

It is well documented that people who seek to mask unresolved trauma do so with drug use. The Scottish Liberal Democrats have a long and proud history of putting people at the heart of discussions about the issue. We have long recognised the link between this social problem and unresolved trauma, so I welcome again the inclusion of the £120 million mental health recovery and renewal fund, which my party helped to secure in last year’s budget negotiations.

The drug death crisis that Scotland faces is not just a national scandal of global proportions but a tragedy. Every statistic represents someone who has lost their life and whose life has more often than not been blighted by a set of circumstances that were outwith their control, which has led to a level of suffering that most of us cannot even begin to comprehend.

I have said before and will say again that drug deaths are a symptom of trauma and not simply a cause of it. In 2017, 74 per cent of drug death casualties in Tayside were known to have a co-existing mental health condition. Statistics show that, of those who are sent to prison for drug use, 11 per cent will die within the first month of having been released. Assistant Chief Constable Steve Johnson told the Scottish Affairs Committee at Westminster of the helplessness and hopelessness that his officers feel.

The drug death catastrophe is one of the worst health inequalities in our society. Last year, 96 per cent of drug deaths in Scotland occurred outside the most affluent areas. My office is conducting research into the connection between drug deaths and care experience, because we know anecdotally that the link is disproportionately large.

In some areas of deprivation, drug use has become an almost generational rite of passage, but nobody ever chooses to become addicted to drugs, in the same way as nobody chooses to develop a mental illness. Those who suffer from addiction deserve the same level of care and compassion as those who do not. People are most at risk of death from drug use when they are at their most vulnerable, such as after being released from prison, after a bereavement, after a relationship breakdown, when in poor mental or physical health, or when without a home.

Earlier this year, I was disgusted when I heard reports from Shelter Scotland that several drug-abusing patients were unable to claim housing benefit while in residential rehab. That is a scandal. We cannot brush over people becoming homeless because they need access to rehab. That is a real and present problem in our system. The Conservatives at Westminster may oversee housing benefits, but access to benefits should not be so limited that people must make a choice between obtaining the treatment that they need for a potentially deadly illness—

**Angela Constance:** Will the member give way?

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

**Angela Constance:** I will be brief. I appreciate the issue that Alex Cole-Hamilton is highlighting, but is he aware of the investment that I made to address that issue, not at source at Westminster, but to ensure that nobody in Scotland had to make the choice between keeping their tenancy and going into rehab?

**Alex Cole-Hamilton:** I was just about to recognise that commitment in my next remarks—the minister has done it for me.

Although I am glad of the focus and resources that the Government is directing towards addressing this crisis, I have serious concerns that they are sometimes directed towards the wrong place. Had my amendment been selected, it would have noted the concern that we have about the Scottish Government’s current attempts to centralise drug and alcohol rehabilitation through the creation of a national care service, my opposition to which is long standing and a matter of public record.

We have seen time and again that the centralisation of public services by the Scottish Government leads to tragedy. I therefore urge the

Government to think again and to listen to its own words. Centralising something as fragile and as complex as drug rehabilitation is the very opposite of a person-centred approach and risks making this tragedy even more awful than it is already.

17:11

**Gillian Martin (Aberdeenshire East) (SNP):** I will use the short time that I have today to relay some of the points that I have had put to me by my colleagues in Aberdeenshire Alcohol & Drugs Action, which is based in Inverurie. Some of the issues that are faced by people in rural areas whom they support can be quite different from those that are faced by people in urban areas, and figures around problematic substance use and its drivers can be difficult to assess.

We are all acutely aware of the figures on national drugs fatalities and their geographical concentration. Certain Scottish cities have acute problems that show up in the devastating concentration of those figures. Often, those concentrations mirror Scottish index of multiple deprivation areas. We know that poverty and multiple deprivation are so often root causes of poor mental health and substance use.

However, those measurements can often miss rural poverty, social isolation that is compounded by geographical isolation and the difficulties that rurality can present in accessing services, which can often be located far away from those who need them.

The chief executive of Alcohol & Drugs Action, Fraser Hoggan, told me that there are opportunities for better joining up of the work of drug and alcohol services with mental health support services, and that many of the most effective support services for people with problematic use are in the third sector.

**The Minister for Mental Wellbeing and Social Care (Kevin Stewart):** Much of what we will discuss in today's debate—particularly in my closing speech—are suggestions that have come from Aberdeenshire. We have spoken to folks on the front line in Aberdeenshire and we recognise that there is a difference in rural places. Some of the top tips that we are acting on come from folks in Ms Martin's neck of the woods—I pay tribute to them for that.

**The Deputy Presiding Officer:** There is a wee bit of time in hand, so I will give you the time back, Ms Martin.

**Gillian Martin:** I thank the minister for saying that. The people at Alcohol & Drugs Action are very supportive of the person-centred approach. It is great to see the increased funding for the third sector and to hear that the minister is very aware

of some of the things that they have told me. They have said that a better alignment of mental health services with the third sector may ensure better outcomes for people and a more streamlined approach to reaching a dual diagnosis.

We are rightly scrutinising the reasons behind, and the response to, increases in problematic drug use. I have no doubt that many of the contributions will centre on those issues. In my area, the drug action group to which I referred told me that one of the things that it is most worried about during the pandemic and the lockdowns is the big increase in referrals due to the problematic consumption of alcohol, which Claire Baker also mentioned. It said that it has seen such problematic consumption in particular among men and women in their 40s, 50s and early 60s.

Every person who works in drugs and alcohol services to whom I have spoken over the years has highlighted the importance of family support. Since details of my meeting last month with Alcohol & Drugs Action were publicised on my various social media platforms, I have been approached by constituents' family members who are desperate for support. Can there be anything more terrifying than finding yourself alone and without advice and support as you discover that your son, daughter, partner or parent has a problem with alcohol or drugs? We need to empower families to aid the recovery of their loved ones. The pathways exist, but perhaps they need to be better communicated.

Alcohol & Drugs Action commended the person-centred approaches that have been outlined by the minister, but it called for fewer bureaucratic barriers to make it easier for third sector organisations to fund what it calls the trying of new things, such as programmes that are based on such organisations' knowledge of and relationships with their service users and communities and, crucially, more support for peer-led programmes. People who have suffered from addiction in the past can often be inspiring to those who are going through such trauma in the present.

I will conclude with a direct quote from Fraser Hoggan. He says:

"There's a lot of great ideas out there, and we need to find a way to put them into action. We need flexible and innovative local-tailored strategies, as they are key to earlier intervention and the success of preventative measures."

From what Kevin Stewart said, it sounds to me as though that message has been heard loud and clear.

17:16

**Miles Briggs (Lothian) (Con):** I take the opportunity to again put on record my thoughts and sympathy for all those who have lost their lives to drug and alcohol addiction in Scotland. It is equally important that Parliament acknowledges the strength and campaigning of the many families and friends who are left behind.

For years, I have been calling on ministers to support those families, so I welcome today's announcement regarding family network funding. It is long overdue and will make a difference in allowing people's families and friends to support them.

As has been outlined already, access to rehab and treatments is absolutely critical, and I welcome some of the positive steps that are being taken as we look towards putting these reforms in place and, I hope, establishing a right to rehab, including through the bill that is to be introduced by my party leader, Douglas Ross.

In the time that I have today, I will touch on a key issue that I believe is missing from today's debate, but which is critical if we are to develop a policy solution that will genuinely reduce drug deaths and harms. That issue is housing. Housing is at the heart of stability for each and every one of us across Scotland. For many people living with an addiction, or for individuals who are homeless, a lack of housing often results in the escalation of substance misuse, or issues developing or returning, not to mention the negative impact that that will have on an individual's mental health.

The housing first model is a good one, but it has not delivered the outcomes that we all want to see from councils. There needs to be more funding for housing. Councils report that they simply do not have the resources to deliver the accommodation that is needed, particularly in the capital.

I strongly believe that housing must be at the heart of the drug deaths strategy—it can, and does, provide the stability that is needed by vulnerable individuals, from people who are homeless or rough sleeping, to individuals leaving prison—

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

**Miles Briggs:** I will if I can get some time back.

**Kevin Stewart:** Everyone knows about my interest in housing over the past few years, and that interest will continue. Housing first has been a real success, with tenancy retention rates of more than 90 per cent and the involvement of some of the most vulnerable people. Councils have been pump-primed to bring those services into play. That is the right thing to do—it will save them money and, beyond that, it lessens the human cost by getting it right for people. It is the right

approach, and I encourage every council to continue that investment, which will save them money in the long run.

**Miles Briggs:** I agree with those points, but they do not address what I said about getting people into different models of housing—I am thinking of homeless people who want to get into a supported model that includes rehab, for example. I know that the drugs minister has been reaching out to a number of rehab and housing providers across Scotland, including the hugely impressive safe as houses project, which is run by Alternatives in West Dunbartonshire community drug services. That is a great model that could be extended across Scotland. We have not heard anything about it in the debate but I want it to be part of any future strategy. It is important.

I would be grateful to hear from the minister in his closing speech how housing will be an integral part of the response. The safe as houses project is one example of an approach that works in a different part of the country from Edinburgh, where we do not have such a model. I would like to see it here.

The amendment that was lodged by Alex Cole-Hamilton but not selected for the debate makes an important point. I have already raised concerns about the potential for drug and alcohol partnerships to be destabilised by the impact of being brought into a national care service at a point when they are fragile. I note that they are not included in the response that I received from the Minister for Mental Wellbeing and Social Care to a question in which I asked the Scottish Government

“which powers and responsibilities it plans to remove from local authorities under its proposed National Care Service.”

I am interested to find out whether ministers have already had a rethink on that. I hope that they will listen to the concerns and not introduce a top-down reform of drug and alcohol services, which would destabilise them.

I hope that we will develop a genuinely person-centred approach to mental health and substance abuse. If we are to do that, housing must be at the heart of delivering stability and a safe space for people who desperately need it in their lives.

For too long, individuals and their families have complained that trying to access support and drug and alcohol services has been complicated. In some cases, support networks have been cut out and individuals' decision making for themselves or their family member has been disrespected. People often do not feel that they are in control of decisions about their care, recovery programmes or access to services. That needs to be reformed and I hope that that reform will be delivered.

We are only at the start of the journey to deliver the reforms but I hope that what the minister outlined will make a difference.

**The Deputy Presiding Officer:** I call James Dornan, who joins us remotely.

17:21

**James Dornan (Glasgow Cathcart) (SNP):** The topic is difficult to talk about, especially given that, in the past 18 months or so, we have all been affected by loneliness, depression and anxiety as a result of the pandemic.

There has been great progress in Scotland towards creating an environment or society where people can talk about mental health openly and honestly. We have come a long way from chastising people who suffer with depression or borderline personality disorder, telling them to keep a stiff upper lip or blaming them for their own misery. However, there is more for us to do.

We hear a lot about Scotland's drug deaths problem being a result of poverty, crime or a lack of education. Those social inequities can lead to drug use but I am willing to bet that, more often than not, those issues stem from the same thing that they are blamed for causing: that is, a mental health issue pushes people into crime, poverty or failing in education.

Poverty, crime and illiteracy are descriptors for people—Scots—who are deprived of health, safety and knowledge. The language of blaming the surrounding conditions can have a dehumanising effect on the people whom it is meant to help. Addiction is a mental illness in itself. It does not care whether someone is rich or poor, black or white, young or old. Everyone knows someone who has struggled with addiction, if they have not struggled with it themselves.

I read the National Records of Scotland "Drug-related deaths in Scotland in 2020" report, which was published in July. What stood out to me was that the largest increase in drugs-related deaths per age group in the past 20 years was among people aged between 35 and 44, closely followed by people aged between 45 and 54. Should that not tell us that substance abuse is more than just the result of juvenile delinquency and destitution? Perhaps it should tell us that the people who are most vulnerable—Scots with invisible illnesses—are turning to substances such as heroin, alcohol and cocaine as a way to self-medicate.

For that reason, I welcome the Scottish Government's policy shift in allowing police officers to hand out warnings to people who are in possession of class A drugs, such as opiates and stimulants. Although it is perhaps convenient for the Opposition to claim that the Scottish

Government is, in effect, decriminalising illicit drugs, I suggest that we are attempting to decriminalise mental illness.

Addiction often co-occurs with mental illnesses such as schizophrenia, bipolar disorder, depression, anxiety, borderline personality disorder and obsessive-compulsive disorder, to name only a few. However, we can no longer ask the people who are suffering from poor mental health to face prosecution for a disease for which they did not ask and over which they have little control if it is left untreated.

The war on drugs was never really that; it was always a war on the poor and the sick. Whatever people thought it was, that war was lost a long time ago. It is time for a new direction. I sincerely hope and expect that, under the leadership of the relevant ministers—Angela Constance, Kevin Stewart and the First Minister—this is a new beginning for Scottish society. I hope that we start to look at those who are suffering from mental illness, including addiction, with compassion and understanding. I hope that we begin to offer medical treatments for what is without a doubt a medical issue rather than throwing people who are suffering into the criminal justice system, further isolating them and adding to their despair.

I am very encouraged by what I have heard from the Government over the past few months and I look forward to it taking the issue forward in the person-centred manner that it is talking about. It is not a crime to be unwell and it is not a crime to ask for help. It is time that we offered that help rather than passing judgment and rushing to penalise people who need our support most.

17:25

**Michael Marra (North East Scotland) (Lab):** I place on record my sympathies for the families of fellow Dundonians and people across the north-east and the whole of Scotland who have lost loved ones to drug death and suicide. Much of my speech will focus on the hard and sometimes technical side of service redesign and how that works, but, at the heart of it all, the victims of those processes are human souls who have our sympathies.

The debate is about the intersection of two of the most acute issues impacting our communities. By every reasonable metric that is collected, the state of our mental health services in Scotland is perilous. That was the case before the pandemic, and the scale of the challenge is all the greater now, as many members have pointed out. I would say that it is down to 14 years of failure in service design, workforce planning, strategic oversight, resourcing and acute service delivery.

Any success in tackling Scotland's drug deaths epidemic will depend critically on tackling the wider seminal issue of drug addiction, because progress relies on the successful interaction of two services: mental health and addiction services. However, as with far too much in our social and health policy, that is dangerously far from the reality. As colleagues have pointed out, the rhetoric of person-centred care is well worn, but it will remain rhetoric alone while the waiting lists for services and workers' case loads render current services, in effect, non-existent.

The great work of the Dundee drugs commission, which has been referenced by various members, was a thorough examination of the state of drug and associated health services in Dundee. Published in 2019, it states:

"The most common and consistent message we heard across all our evidence gathering was of 'a lack of mental health support for those who experience problems with drugs.'"

The commission concluded that the message was expressed as either statutory drug services being reluctant to work with mental health issues or mental health services refusing to work with individuals who had not yet dealt with their drug use. The report notes that there were

"no wholly integrated statutory services"

in Scotland

"that respond to the needs of people with mental health and substance"

misuse issues.

Those conclusions were of no real surprise. Mental health services in NHS Tayside have been subject to multiple internal and independent reviews due to on-going failures. Back in November 2018, the Dundee poverty commission concluded that the firewall erected between mental health and addiction services was costing lives. The Dundee drugs commission recommended a framework from which to move forward: integrated services, a dual route into treatment and evidence-based commissioning. In 2019, Audit Scotland also discussed the benefits of increasing preventative spending in the area.

However, it is now more than two years since the publication of the Dundee drugs commission's report. It was a landmark report for my city and, I think, for much of Scotland. It set out the challenges to which the Government had to rise, but I can tell you from the people of Dundee that it is very hard to see what has changed. We have Balkanised services, exclusion from primary care, a punitive culture that still persists in services and leadership by people who have told me that they do not recognise the characterisation of the problem as stated in the Dundee drugs commission's report.

The scale of the challenge that remains for my city of Dundee is absolutely huge. A progress report is being produced, but it is difficult at the moment to see where the progress has been made. There has to be a change of culture in management, but that must happen now. I hear the minister's comments on tests of change and small projects that are looking at some of the issues. However, real change will be a culture change in management, and that has to be led by the minister. I know that she is committed to tackling the issues, but delay, denial and endless discussion are still costing lives in Dundee.

17:29

**Audrey Nicoll (Aberdeen South and North Kincardine) (SNP):** I am pleased to support the motion. I am a member of the Aberdeen city alcohol and drugs partnership, and I wish to acknowledge the work that is being done to reduce alcohol harm in Scotland.

Too often in my former professional role, I removed children from a mother who had a history of depression and who had overdosed on release from prison. She was not a bad mother; she was a failed mother. Too often, I searched a suicidal young woman who was suspected of concealing drugs in custody. She was not a criminal; she was criminalised. That must change.

The correlation between problem drug use and poor mental health is well documented. The Scottish Drugs Forum highlights that it is complex but not the result of poor decision making or lifestyle choices. The European Monitoring Centre for Drugs and Drug Addiction highlights the complexities in treating drug use and mental ill health, noting barriers relating to access to and co-ordination within services as well as treatment networks being separated, which risks service users falling through the gaps.

In the First Minister's announcement on the national drugs mission funds, she acknowledged that more should have been done earlier. The motion reflects the commitment to implementing approaches that reduce harm and save lives.

Alcohol & Drugs Action, in Aberdeen, is developing outreach services for people in custody, and it is engaged in non-fatal overdose follow-up work. Improvement funding has been sought to scale up its sharp response service to mainstream provision, and funding for pre-rehabilitation provision and post-care pathways will assist people who engage in residential provision.

Despite the challenges that the Scottish Ambulance Service faces, its harm reduction team is doing fantastic work to develop non-fatal overdose pathways, and its take-home naloxone

programme has seen nearly 600 take-home kits given to individuals who are at risk of overdose.

There is much going on and much to do. In that regard, I have two brief but important points to make. First, workforce development is key to delivering a truly integrated person-centred approach. The mental health nursing programme at the Robert Gordon University, in my constituency, puts compassionate and person-centred care at the heart of students' learning. The masters-level module on addictions and substance use is open to practitioners working in the field, and it is co-ordinated by mental health nurse lecturers and delivered by alcohol and drug services practitioners. It is a truly collaborative offering.

Secondly, later this week, the Criminal Justice Committee will hold a round-table session on drugs and the criminal justice system. A range of evidence has already been submitted. In the context of the debate, I note the submission from Dr Liz Aston of the Scottish Institute for Policing Research, who highlights that the Misuse of Drugs Act 1971

“shapes the environment within which people use drugs, the way environments are policed, and may impede the introduction or delivery of public health interventions”

such as

“the establishment of Safer Consumption Rooms, despite a wealth of evidence on their effectiveness as a drug death prevention intervention”.

I urge the Scottish Government to do all that it can to mitigate the impact of that damaging and antiquated UK legislation.

The public health emergency that we face in Scotland demands an ambitious and wide-ranging response in which the Government, stakeholders, educators and people with living and lived experience work to ensure that people get the right support at the right time, which, ultimately, will save lives.

17:34

**Gillian Mackay (Central Scotland) (Green):** Mental ill health is intertwined with drug use. Trauma and adverse childhood experiences can lead people to use drugs, and the stigma and shame of drug use can prevent them from seeking treatment and help, so we have to tackle the situation from both ends.

I am pleased that the debate crosses portfolios and that the motion recognises that we must do more to support people who use drugs. That includes housing and income and how they join up with the support that comes from the NHS. Ensuring that people who require residential treatment can keep their tenancies and homes will

help to reduce anxiety about what will happen after their treatment.

It is essential that we ensure that we provide person-centred wraparound care. I am sure that we all agree that services cannot work in silos if we are to tackle the drugs death crisis. We need joined-up whole-system thinking that addresses the many ways in which people who use drugs are marginalised. We must promote good mental health by providing support to families to reduce adverse childhood experiences.

We also need better mental health support for care-experienced children and young people. I thank all those at the Who Cares? Scotland event yesterday who spoke to the Minister for Children and Young People, and to Anas Sarwar and me, about their experiences. I extend my particular thanks to Nicole, who spoke to me about her experience of drugs and mental health. When I asked her what she would like to say to the Parliament, she told me that she wanted politicians to listen to what people need and to act on that. All participants were also very keen to see trauma-informed care, and for clinicians to be aware of care experience.

Stigma kills. For people who currently use drugs, stigma is one of the biggest factors preventing them from seeking not only help for their drug misuse but any health support, including support for mental health. If people feel that they will be judged for accessing healthcare for their drug use, or that their health conditions will be blamed on their substance use, they are less likely to seek help.

According to the Mental Health Foundation, some people with a dual diagnosis of a mental health problem and drug use find it hard to get the help that they need. Some are turned away from mental health services because they use drugs. That clearly shows the cultural and institutional change that must happen before people who use drugs can access mental health services without fear of stigma.

We need a system of harm reduction, including safe consumption rooms and testing of drugs. It is awful that we cannot test drugs to ensure that they are not cut with poisons, cement dust or many other substances, or to ensure that people are informed about the strength of the drugs that they are taking. That would undoubtedly save lives, but we cannot do it under our current powers. We need those powers in order to prevent deaths. That is a public health measure; the powers should be devolved as soon as possible. That first contact would also allow us to build trust and to help people into mental health support or drug treatment.

One of the most powerful things that we can do, whether we agree with each other or not, is change how substance abuse is spoken about, both in the chamber and more widely, when we make comments to the media. Taking drugs is very risky because of the lack of safe consumption facilities. It is risky because we cannot test drugs, because of the entrenched stigma in our media, because of the dangers of illicit supply and because people feel that they cannot come forward for treatment because they will be judged.

Drug use is not a moral failing, but much of the language that we use expresses judgment. By examining the language that we use to talk about drug use in the chamber and in the media, we can help to set the tone. I hope that we all feel the weight of that responsibility.

17:38

**Stephanie Callaghan (Uddingston and Bellshill) (SNP):** I fully support the motion and welcome the minister's announcement of a rapid review of services. Although some areas of disagreement remain, the debate demonstrates a collective determination to save lives by addressing the tragic and unacceptable level of preventable and avoidable drugs deaths in Scotland.

Rightly, given the urgency of the situation, much of the response to Scotland's drug deaths crisis must focus on medically assisted treatments, but that is only part of a wider story; we must also focus on the importance of taking a person-centred approach. One size does not fit all—a personal approach makes successful recovery far more likely.

One-to-one support is imperative from the outset. Current work that focuses on building better links between mental health and substance use services is vital. As others have said, the Scottish Government's £120 million investment in the mental health recovery fund to strengthen those links is very welcome, as is the £250 million investment in the national drugs mission.

I am aware of the impact that substance misuse has on our communities and the awful stigma that is still embedded in our society around addiction and mental health. Along with the media and others, we in the Parliament have a responsibility to help to reduce the stigma and to be a positive influence on public opinion. In reality, providing the right help at the right time in a way that is free from discrimination and stigma will improve and save lives and make our communities safer places to live, work and play.

Listening is key, so the motion rightly commits to listening to people who have lived experience, those who are living with addiction, and family

members. Listening to and respecting each individual paves the way for delivering the faster and more flexible treatment that people need and deserve.

The motion also mentions the need for treatment and assistance to be

“offered from the first point of contact and consistently throughout each person's journey”.

By delivering services from a clinical setting and on into the community, we can provide vital wraparound care for those who need it most. Public compassion and understanding will give people the confidence to speak openly and discuss the root causes of their addiction.

We must begin by tackling the underlying issues and inequalities that lead to substance misuse. Having worked in some of the most deprived areas across Lanarkshire and Glasgow, I have seen at first hand the impact of drugs on communities and how the cycle continues again and again. It is time to stop that cycle; a human rights-based approach to tackling inequality and poverty will be key. Transforming how people access care, delivering immediate support and following up with sticky support for as long as each individual needs it already works in other countries; it will work in Scotland, too.

As James Dornan said, it really is time to put the war on drugs behind us, because wars put people on the opposite side to their neighbours. Wars create anger, fear and hatred and wars have no winners—only losers. Let us move on, start to build new expectations and heal the trauma of substance abuse person by person. I ask members to support the motion.

17:41

**Jeremy Balfour (Lothian) (Con):** There were 1,339 drug-related deaths in Scotland in 2020, which represented a 5 per cent rise from the previous year and was the highest number since records began in 1996. There is no doubt that we are in a crisis in this country, and if nothing constructive and effective is done, there is no telling how much worse things could get.

During a crisis, it is necessary for those of us in positions of leadership to be very careful in what we say and do, so as to not make the situation worse or the problem more extreme. Lorna Slater's comments last week were astonishingly irresponsible and completely counterproductive to our current efforts to mitigate the horrendous effects of this public crisis. At a time when we should be trying to dissuade the public from abusing dangerous substances, it is frankly unbelievable that she would think that her comments were in any way appropriate. I invite her to get out of her ministerial car and visit some



of the areas in my Lothian region to see the devastating effects that drugs have had on both individuals and communities.

A robust debate is continuing about the level of criminalisation of some drugs and the effect on the number of deaths that occur, but that does not give a Government minister licence to make flippant statements of this nature. They are the same as saying that there is nothing “inherently dangerous” about fireworks in the run-up to Guy Fawkes night. They are counterproductive, and I ask the minister, when he sums up, to distance himself from those remarks.

The motion goes only part of the way towards addressing the deep-seated problems relating to drugs in Scotland. As my colleague Sue Webber’s amendment outlines, the SNP cannot hide behind Covid on this issue, as it does on so many other things. We must confront the fact that the problem has been building for years and nothing constructive has been done about it. The 2019 drug deaths task force failed, with the CEO of Faces & Voices of Recovery UK saying that it pursued

“the same failed options that got us into this mess”.

That is just it. After 14 years in power, the SNP has run out of ideas. It has resorted to rehearsing old ideas that have not worked in the past and rebranding them to look fresh and new.

The Scottish Conservatives are taking the issues that surround drug deaths seriously, and that is why we have launched our consultation on a right to recovery bill. Such a bill would enshrine in Scots law a legal right to the necessary treatment for drug or alcohol addiction. It would place an obligation on NHS boards, the Scottish ministers and others, as appropriate, to provide treatment and to set up reporting arrangements, so that access to treatment could be monitored and the situation reported to this Parliament.

The crisis requires bold new initiatives that tackle drug deaths and an acknowledgment that initiatives have failed in the past. The amendment in my Conservative colleague’s name proposes such an approach and I fully support it.

17:44

**Paul McLennan (East Lothian) (SNP):** Just over two weeks ago, I was honoured to lead a members’ business debate on world mental health day 2021 and its theme: mental health in an unequal world. World mental health day provides elected representatives with the opportunity to highlight the importance of and need for mental health education and to raise awareness of the inequalities in our society and their implications for our mental health and wellbeing.

The significant inequalities that are the lot of people with mental ill health are mirrored in the mental health outcomes of disadvantaged groups. It is no surprise that adults who live in the most deprived areas in Scotland are approximately twice as likely as people in the least deprived areas to have common mental health problems.

We also know that people in the most deprived areas are 18 times more likely to suffer from substance misuse. That is why a person-centred approach to supporting people who have substance use and mental health needs is key to how we tackle the issue. It is key that we support the development of better working links between mental health and substance use services.

Getting more people into treatment at an early stage is key in our national mission to tackle drug deaths. The additional £250 million that has been allocated over the next five years to improve and increase access to services for people who are affected will be of benefit. The investment will support community-based interventions, including prevention work, and an expansion of residential rehabilitation.

Improving mental health is a priority for the Scottish Government. Additional investment of £120 million will ensure the delivery of the mental health transition and recovery plan, and the additional 800 mental health workers who will be recruited this year will be welcome.

Everyone’s journey to substance misuse is different. Everyone’s support mechanism is different and people’s circumstances are often complex. We all need to listen to people who have real-life experience of living with drug addiction and to their loved ones.

Additional funding will support outreach services in every local authority and, crucially, support implementation of the new medication assisted treatment—MAT—standards in the first year of this parliamentary session, ensuring same-day treatment or same-day prescribing for those who need it. The approach will enable us to deal with issues immediately and place them with community or clinical services. We must ensure that people can start receiving support on the day when they ask for it, and we must allow people to make informed choices about their treatment.

The uplift in funding for alcohol and drug partnerships is another key component in tackling the issue at as local a point as possible, as is the additional funding for third sector organisations—that is an important point.

The drug deaths task force has developed a stigma strategy, which identifies actions that will help to reduce stigma. A few members talked about that. Stigma can act as a significant barrier

to people engaging with treatment. The considerable stigma that continues to be associated with people who use drugs must be challenged in services, in the media and among the public. We play a key part in that mission

How we tackle substance misuse and mental health provision go hand in hand. I welcomed the opportunity to speak in this debate. Let us work together to support families who are impacted by substance misuse. I urge members to support the motion.

**The Deputy Presiding Officer:** We move to the closing speeches. I call Carol Mochan to wind up for Labour.

17:49

**Carol Mochan (South Scotland) (Lab):** In closing the debate for Scottish Labour, I thank my colleagues in the Parliament, all of whom made significant and interesting contributions to the debate. It is always useful to hear about successful projects across Scotland, so I thank members for sharing those stories.

We must also face up to the reality of what is happening. I think that members would agree that Michael Marra described very well the reality for people in Dundee.

When we talk about problems with substance misuse and related mental health problems, we are really talking about people who have, for one reason or another, slipped through the net. Where there should be adequate support to get them back on their feet, there has been little more than a promised appointment that never comes. Only recently, we heard that 31 per cent of calls to the NHS 24 mental health hub go unanswered. We can only imagine how many of those people will immediately give up and seek other ways of coping. This is the story that I hear time and again all over my region, and I know that many other colleagues have heard the same: "I want help but I can't get it. I've been waiting for months just to see someone or even speak to someone." We can do better than that, and I think that there is broad agreement here in the Parliament, among ministers and others, that we must now do whatever is necessary to pull Scotland out of this nosedive.

However, let us not talk about this in the abstract. We need to be honest with the public and say that addressing the issue will require greater investment and a much longer term approach—two things that the world of politics is often poorly prepared to deal with. Although I welcome the investment mentioned by the cabinet secretary, let us be honest and accept that it is not enough.

We know that the problem of people simply not being able to get the help that they require is widespread in Scotland. As I and others have noted in the chamber today and in previous debates, the number of children and young people waiting a year or more for mental health appointments is at a record high. We should not then be surprised that, for those living with substance misuse, that problem is just as prevalent. We need to find more sustainable ways to get people the care that they require in the community and directly connect the problems of poverty and substance misuse through meaningful policy.

Poverty and homelessness are included in the motion as a consideration but, for me, they should be the core of the debate. If we do not seriously tackle the low-pay, high-debt, exorbitant-housing-costs society that we have built, reliance on substances to deal with that pressure will only get worse. The minute that someone is made homeless or put on the cusp of homelessness through unaffordable rents, their health—mental and physical—will rapidly deteriorate. If that person has already been exposed to a damaging relationship with dangerous substances, it is obvious that they will be at risk of going further down that road, yet little is done to give immediate support to such people and offer them the counselling and respite that they require to follow a different path. Any expense that we incur by increasing counselling and outreach services will be saved many times over by ensuring that people's health is protected and their homes are secure long before the problems arise.

Scottish Labour believes that we must begin to look at this now. As described by Michael Marra, drug misuse and associated mental health difficulties have spiralled out of control. The conclusion has to be that the issue should be a top priority for every Government, not just here in Edinburgh but in London, too. It needs to remain a priority for a long time to come. There will be no overnight fix, and if we can shift the narrative towards treating this as a health crisis and focus on solutions that are centred around support and prevention, it will change the lives of thousands in Scotland for many decades to come.

I refer to the Scottish Labour amendment in Claire Baker's name, which I hope will be supported at decision time this evening. The amendment rightly highlights that the number of people staying in hospital due to drug-related mental health problems is on the rise, and further points out that we are not doing enough to make sure that those who need support are being referred to community-based services so that we can address the root causes of their problems. In order to do that, we must more cohesively link together each service and considerably expand

the number of outlets that there are for people to seek support from.

The root of all of this is the continued poor funding of mental health services in Scotland. They remain underresourced and blighted by unacceptable waiting times. If we are to change approaches towards community support, and change the disparity in funding for those services, we can shift the trajectory of the debate. Without doing both of those things, headlines may change but lives will not.

17:54

**Craig Hoy (South Scotland) (Con):** This has been a very short but a very good, full debate. As Michael Marra rightly pointed out, the debate has shone a light on two of the most complex and interconnected public policy problems confronting modern Scotland.

It comes as no surprise that this debate has touched on three key points: that Scotland has a problem with drugs misuse; that Scotland has a problem with alcohol misuse; and that Scotland has an escalating mental health problem—one which, as Claire Baker said, is made worse by the combined forces of drink and drugs, stigma, poverty and, as Miles Briggs said, poor housing.

Three key themes have also emerged during this debate. First, Scotland needs to embrace person-centred care. I agree with Angela Constance on that, and we will vote with the Government tonight. That means that we need to build a system in which integrated health and social care professionals across the public and third sectors work collaboratively with people who use and need those services. However, the second key theme in this debate is that, despite their need, under the SNP people across Scotland cannot get access to vital mental health treatment, or easily access treatment for dependency on drugs or alcohol. The third key theme is that people must be able to access the support that they require in a timely and accessible way. That is why my party is pressing for a right to recovery bill, which will enshrine in Scots law the right to the necessary addiction treatment. Putting MAT standards into law will ensure that national guidance is clear and enforceable.

Others have spoken of the urgent need for a wide range of measures. My colleague Sue Webber shared insight from the front line and highlighted the stark and shocking levels of drug deaths. Looking beyond the numbers—depressing as they are—she pointed out, quite correctly, that the concept of person-centred care is nothing new. Indeed, in 2017 and again in 2018, the Scottish Government talked of using a person-centred approach. Although the Government is repeating

the same language, I sincerely hope that it does not repeat the same mistakes.

Sue Webber also talked of her real sense of disappointment at Lorna Slater's recent remarks in relation to the dangers that are posed by drug misuse. For Lorna Slater to say that drugs are not inherently dangerous is, in my view, an inherently dangerous position to adopt. I implore her to go and speak to those who knew and loved the 1,339 Scots who died of a drugs-related death last year. Lorna Slater needs to learn that being a minister carries a duty of care and a sense of responsibility and she should choose her words with more consideration and care in future.

**Gillian Mackay:** Will the member take an intervention?

**The Presiding Officer (Alison Johnstone):** I note that we have time in hand, and I will give Mr Hoy the time back.

**Gillian Mackay:** Does the member recognise that it was his party's position that was criticised by the prominent drug campaigner Peter Krykant, for the language that was used over the weekend, not Lorna Slater's position?

**Craig Hoy:** To be completely frank, that is his view, but my view is based on the words of a minister of the Crown that are on the record. They are irresponsible and she should apologise for them.

We also heard today of the need for services to be not just person-centred, but community focused, which means that they should be delivered as close as possible to those who need them, often by skilled professionals in the third sector. That is why I share the concern of Miles Briggs and Alex Cole-Hamilton about the potential impact of the creation of a national care service.

Although we have, quite rightly, focused on drugs in this debate, we cannot overlook the mounting harm that is caused across Scottish society by alcohol. As Scottish Health Action on Alcohol Problems has identified, the real figure for drink-related deaths is deeply concerning, as it is possibly as much as three or four times higher than the reported figure. SHAAP agrees that alcohol services need to be person-centred and holistic, but it says that those services should

“ensure equity of access by taking into account the specific needs and experiences of the range of groups and communities throughout the country”.

Surely, ministers must realise that rolling drug and alcohol services into a cumbersome, centralised national care service is likely to work against that grain. It will combine centralisation and ministerial control and, as such, is likely to be anything but person-centred.

Finally, the debate has also highlighted the breadth of opinion that exists on the emotive issue of drugs. We have heard today about the decriminalisation of class A drugs and about safe consumption rooms. However, whatever our views on such interventions—I am sceptical on both—there is surely a more pressing need: the need to make people safe and to free them and their families from the misery and the danger of drugs.

Surely, the safest way in which to approach the issues that confront vulnerable Scots is not for them to be given places—safe or otherwise—in which to consume heroin, but for them to be given a right to treatment so that they no longer take heroin at all.

Presiding Officer, as Stephanie Callaghan said, and as Paul McLennan echoed, we should strive for cross-party support to ensure that the Parliament delivers policies that deliver the care and treatment that people so clearly need. Whether they are struggling with alcohol or drug addiction or are suffering a mental health crisis, they have a right to faster, better and more targeted care than many presently receive: better, faster mental health services; child and adolescent mental health services that work for our children; a tougher and more effective suicide prevention strategy; person-focused and locally run alcohol services; and a simple, basic, immediate, countrywide and legally enforceable right to recovery. That is what my party is pressing for.

**The Presiding Officer:** I call Kevin Stewart to wind up.

18:00

**The Minister for Mental Wellbeing and Social Care (Kevin Stewart):** I welcome the opportunity to close the debate and commend all that is being done to support those who are most vulnerable, as well as their families and carers. I also recognise the hard work and commitment of those who work in services, particularly during these difficult times.

Much has been said about person-centred approaches. The person-centred approach is happening in many places and is working for people. We need to ensure that it happens everywhere and to export best practice to every part of our country.

I thank all members for their input and reflections during the debate on what can often be a challenging and emotive issue. In the main, there is a lot that we can all agree on. We should build on that agreement.

Mental health and substance use often go hand in hand, so it is crucial that we ensure that our services reflect that. I assure all members that we are striving towards achieving a cross-

Government approach—an approach that Alex Cole-Hamilton commended us on, with reference to Angela Constance and I having the debate jointly. However, more than just Angela Constance and I are involved. We will continue to ensure better links between services and a culture of inclusivity, and we will put the needs of individuals at the heart of everything that we do.

**Michael Marra:** I commend to the minister the work of the Brechin Healthcare Group in the North East region. It hosts just the kind of services that he has been talking about—mental health services alongside addiction services—and is volunteer run. Is it possible for the minister to accept my invitation to visit that group or to have discussions with it about its plans for the months ahead?

**Kevin Stewart:** I am sure that either Ms Constance or I, or both of us, can meet the group—although it might be virtually, at the moment. I am more than happy to do so. There is nothing that Ms Constance and I like more than listening to the voices of lived experience.

I thought that Michael Marra was going to ask the question that he has lodged for Thursday; I am glad that I did not have to spoil the answer that he will get.

As members know, I was previously the Minister for Local Government, Housing and Planning. Miles Briggs mentioned housing. In my former role, I regularly encountered many of the issues that we have spoken about. In particular, I am very conscious that unmet mental health needs can perpetuate homelessness and that some of the folk involved may use substances to cope with their distress and trauma.

For that reason, I am delighted to announce that we are investing almost £0.5 million over the next three years in a new intensive assertive outreach service for people who are experiencing homelessness and complex mental health needs in Edinburgh. Some of those people are entrenched rough sleepers; others are locked in a cycle of repeated episodes of rough sleeping, institutional provision and temporary accommodation. For those folks, many of whom have a long history of trauma and a lack of trust in statutory services, a much more intensive and assertive approach to meeting their mental health needs is required.

**Miles Briggs:** Will the minister give way?

**Kevin Stewart:** I will take an intervention if Miles Briggs just lets me finish this part of my speech.

The new programme will be delivered by the Simon Community alongside the City of Edinburgh Council and Castle Rock Edinvar Housing Association.

**Miles Briggs:** I very much welcome that announcement. Over the past five years, Alex Cole-Hamilton and I have visited services for adults in the capital that are, quite frankly, in crisis. Sometimes there is a two-year wait to see a mental health specialist. In relation to mental health services, people in crisis who are homeless or sleeping rough have been at the bottom of that list, so I welcome the announcement. However, a two-year wait for other residents across the capital is still completely unacceptable. What professionals will be recruited to deliver that service? Currently, we do not have those professionals working, and they need to be put in place if we are to meet any service expectations.

**Kevin Stewart:** That was a very long intervention.

Workforce planning is absolutely essential. Ms Webber spoke about the lack of mental health professionals. Since 2006, the psychology workforce in Scotland has increased by 110 per cent. In Scotland, we have more folks working in mental health services than anywhere else in the United Kingdom. Fifty-six whole-time equivalents per 100,000 are working in Scotland; by comparison, the UK average is 40 whole-time equivalents per 100,000. That does not mean that we do not need to do more, and we will do more on that front.

I regularly hear stories from individuals and their families who have struggled to navigate their way through what is for them a complex and complicated system. That can lead to further disenchantment and can, in some cases, exacerbate pre-existing trauma.

Healthcare Improvement Scotland is currently taking forward work to develop a more integrated approach between mental health and drug services. We have committed an additional £2.2 million to support the expansion of that work over the next three years. That work, which is now under way, seeks to develop a new model and pathway of care, with a view to creating a national network to spread good practice, innovation and learning about best practice Scotland-wide. Our ambition is that the network will drive improvement and change, ensure that people receive the best care, and develop and deliver integrated and inclusive mental health and alcohol and drug services based on what service users have told us that they need and expect. The approach will improve opportunities for people with lived and living experience as well as others involved in the system to have an active role in the planning, design and delivery of their services.

We have committed to a set of national standards for secondary mental health services with a key aim of supporting transitions between services while reducing inequalities in the system,

which will complement the work on the new network. The support that is available should be consistent, regardless of where a person lives in Scotland, and should take account of both urban and rural areas. Gillian Martin pointed that out earlier.

Early intervention is key to dealing with many instances of substance use and mental health, whether that is through our primary care services or school mental health counselling services. Mental health assessment services and the distress brief interventions that have been put in place can often be a lifeline for those who are seeking help. I want to ensure that those services are working effectively to deliver support from day 1.

We committed to undertake a review of primary care services. The new approach focuses on multidisciplinary team working. That will reduce pressures on services and ensure improved outcomes for patients, with access to the right professional at the right time as near to home as possible.

Later this year, and on the basis of local plans submitted by integration authorities, we will start to provide funding to begin the national implementation of a new model for mental health in primary care.

I turn now to culture change, as there is still much to be done on that front. I have already mentioned empathy, which must be at the heart of the services that we deliver, whether for patients, their families or those working in services.

Recently, I was shocked and disturbed when somebody working in substance use services in a mental health ward told me that they themselves feel stigmatised by colleagues. Both staff and patients should feel empowered and not afraid to seek help—and not concerned that their voices will not be heard. Gillian Mackay said “Stigma kills”, and she is absolutely right. We must rid ourselves of that stigma, not only for service users but for front-line staff, who also feel stigmatised because of the job that they do.

In order to raise awareness of the potential impact of psychological trauma on a wide range of outcomes, including in relation to substance use and mental health—

**The Presiding Officer:** Minister, I would be glad if you could now bring your remarks to a conclusion.

**Kevin Stewart:** Since 2018, we have invested more than £4 million in our national trauma training programme, which is led by NHS Scotland. We must continue to invest on that front.

My officials are supporting a short-life working group on substance use on in-patient wards. The

group was created following David Strang's recommendation in his report on Tayside and aims to create an approach to substance use on in-patient wards that ensures both staff and patient safety on wards.

The Government will be working with all partners to deliver a service that treats individuals as individuals, not as a diagnosis. By ensuring early intervention, supporting those using services better and caring for those who drop out of services, we can make a significant difference to the outcomes for some of Scotland's most disadvantaged and vulnerable people.

I urge Parliament to support the motion this evening.

## Committee Announcement (Climate Justice)

**The Presiding Officer (Alison Johnstone):** I call Clare Adamson, convener of the Constitution, Europe, External Affairs and Culture Committee, to make an announcement on climate justice.

18:12

**Clare Adamson (Motherwell and Wishaw) (SNP):** As part of its external affairs remit, the Constitution, Europe, External Affairs and Culture Committee took a decision to look at climate impact on the Scottish Government's partner countries for international development, specifically the climate justice fund impact, in the run-up to the 26th United Nations climate change conference of the parties—COP26—in Glasgow.

The committee held a one-off round-table discussion, taking evidence from a number of stakeholders, including Oxfam Scotland and the Corra Foundation. We were delighted to be joined by Baseflow, a Malawian organisation that is working to improve the sustainability of groundwater sources in rural communities.

I am speaking today on behalf of the committee to inform the Parliament of a number of important themes that emerged from the evidence sessions. We examined the matter in five ways: the part that Scotland can play in promoting global climate governance; where climate justice fits in the context of our international development commitments; how we measure up against the principles of climate justice; the impact of the pandemic and the post-Covid recovery on our approach; and what climate justice looks like locally and globally.

The witnesses who spoke to us were insightful and incisive in their contributions. Oxfam sees COP26 as an opportunity to inspire global climate action, and the charity called for the Scottish Government to use its role in the under2 coalition and on the wellbeing economy Governments forums to demonstrate credible climate justice examples. Professor Tahseen Jafry of Glasgow Caledonian University's centre for climate justice told us that dialogue is taking place far and wide, from the islands of the South Pacific to Inuit communities in Canada, and she suggested that we must now move from discussing the idea of climate justice to "tangible, meaningful and measurable" work.

Christian Aid Scotland believes climate justice to be the best way to implement international development and a way to meet the objectives set out in Scotland. Muthi Nhlema from Baseflow, as our only witness from the global south, gave some

very practical examples of outcomes. What we can do to tackle those issues might seem just a drop in the ocean, but he said that a drop in the ocean can start a tidal wave and detailed how a small additional investment from the Scottish and US Governments leveraged an existing project that the Scottish Government had developed in partnership with Malawi. Following the catastrophic floods in Malawi in 2019, they were able to use a database to identify the water points most at risk for the population. Around 150,000 people were at risk of contracting waterborne disease, but that was prevented by using the database. He said that Scotland had played its part in supporting the generation of assets and that it was now up to Malawi to increase the impact.

The Corra Foundation called for a focus on inclusion, sustainability and partnership that is locally led by organisations. All our witnesses urged that we amplify the voices of the global south during COP26.

This was a short but important piece of work by the committee and it is important to highlight it today in the context of COP26. I commend the account of the evidence session to members.

## Committee Announcement (Supply Chains)

**The Presiding Officer (Alison Johnstone):** I call Claire Baker, convener of the Economy and Fair Work Committee, to make an announcement on a call for views.

18:16

**Claire Baker (Mid Scotland and Fife) (Lab):** As convener of the Economy and Fair Work Committee, I wish to highlight the committee's recently launched inquiry into Scotland's supply chains. We are all acutely aware of the current supply chain challenges that are being faced by businesses and industry and impact on communities and consumers, ranging from short-term issues such as access to fuel and raw materials for production, to longer-term considerations such as labour and skills shortages.

Through the inquiry, the committee is looking to explore the short and medium-term structural challenges facing Scotland's supply chains. We will examine shifts in supply chains that impact on the economy, look at how to build future resilience and explore the opportunities for Scottish firms to develop domestic supply chains.

I encourage members to share details of the inquiry with interested stakeholders, including businesses and networks in their constituencies and regions, whose input will be important; and I encourage them to respond to the call for evidence. The inquiry seeks to address how we develop a more resilient supply chain while supporting efforts towards net zero and embedding fair work principles. I trust that the inquiry is of interest to members of other relevant parliamentary committees.

## Business Motion

18:17

**The Presiding Officer (Alison Johnstone):** The next item of business is consideration of business motion S6M-01785, in the name of George Adam, on behalf of the Parliamentary Bureau, setting out changes to this week's business.

*Motion moved,*

That the Parliament agrees to the following revisions to the programme of business for—

(a) Wednesday 27 October 2021—

after

2.00 pm            Portfolio Questions: Covid-19 Recovery and Parliamentary Business; Net Zero, Energy and Transport

insert

*followed by*     Ministerial Statement: OECD Education - Next Steps

(b) Thursday 28 October 2021—

after

2.30 pm            Portfolio Questions: Rural Affairs and Islands

insert

*followed by*     Ministerial Statement: NHS Endowment Funds—[George Adam].

*Motion agreed to.*

## Decision Time

18:17

**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-01761.2, in the name of Sue Webber, which seeks to amend motion S6M-01761, in the name of Angela Constance, on a person-centred approach to mental health and substance use, 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.

18:18

*Meeting suspended.*

18:25

*On resuming—*

**The Presiding Officer:** We come to the division on Sue Webber's amendment S6M-01761.2. Members should cast their votes now.

The vote is now closed.

**The Minister for Transport (Graeme Dey):** On a point of order, Presiding Officer. I apologise, but I was kicked off the app. I would have voted no.

**The Presiding Officer:** Thank you, Mr Dey. We will ensure that that is recorded.

**Fergus Ewing (Inverness and Nairn) (SNP):** On a point of order, Presiding Officer. I had technical problems. I would have voted no.

**The Presiding Officer:** Thank you, Mr Ewing. We will ensure that that is recorded.

**The Minister for Community Safety (Ash Regan):** On a point of order, Presiding Officer. I would have voted no.

**The Presiding Officer:** Thank you, Ms Regan. We will ensure that that is recorded.

**For**

Balfour, Jeremy (Lothian) (Con)  
 Briggs, Miles (Lothian) (Con)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Cameron, Donald (Highlands and Islands) (Con)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Dowey, Sharon (South Scotland) (Con)  
 Findlay, Russell (West Scotland) (Con)  
 Gallacher, Meghan (Central Scotland) (Con)  
 Golden, Maurice (North East Scotland) (Con)  
 Gosal, Pam (West Scotland) (Con)



Greene, Jamie (West Scotland) (Con)  
 Gulhane, Sandesh (Glasgow) (Con)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Hoy, Craig (South Scotland) (Con)  
 Kerr, Stephen (Central Scotland) (C0n)  
 Kerr, Liam (North East Scotland) (Con)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Lumsden, Douglas (North East Scotland) (Con)  
 McArthur, Liam (Orkney Islands) (LD)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 Ross, Douglas (Highlands and Islands) (Con)  
 Simpson, Graham (Central Scotland) (Con)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Webber, Sue (Lothian) (Con)  
 White, Tess (North East Scotland) (Con)  
 Whittle, Brian (South Scotland) (Con)  
 Wishart, Beatrice (Shetland Islands) (LD)

### Against

Adam, George (Paisley) (SNP)  
 Adam, Karen (Banffshire and Buchan Coast) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Brown, Siobhian (Ayr) (SNP)  
 Burgess, Ariane (Highlands and Islands) (Green)  
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)  
 Chapman, Maggie (North East Scotland) (Green)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Constance, Angela (Almond Valley) (SNP)  
 Dey, Graeme (Angus South) (SNP)  
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)  
 Dornan, James (Glasgow Cathcart) (SNP)  
 Dunbar, Jackie (Aberdeen Donside) (SNP)  
 Ewing, Annabelle (Cowdenbeath) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gougeon, Mairi (Angus North and Mearns) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Gray, Neil (Airdrie and Shotts) (SNP)  
 Greer, Ross (West Scotland) (Green)  
 Harper, Emma (South Scotland) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lochhead, Richard (Moray) (SNP)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)  
 Mackay, Gillian (Central Scotland) (Green)  
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)  
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAllan, Màiri (Clydesdale) (SNP)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McLennan, Paul (East Lothian) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 McNair, Marie (Clydebank and Milngavie) (SNP)  
 Minto, Jenni (Argyll and Bute) (SNP)  
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)  
 Regan, Ash (Edinburgh Eastern) (SNP)  
 Robertson, Angus (Edinburgh Central) (SNP)

Robison, Shona (Dundee City East) (SNP)  
 Roddick, Emma (Highlands and Islands) (SNP)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Slater, Lorna (Lothian) (Green)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Collette (East Kilbride) (SNP)  
 Stewart, Kaukab (Glasgow Kelvin) (SNP)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Swinney, John (Perthshire North) (SNP)  
 Thomson, Michelle (Falkirk East) (SNP)  
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)  
 Torrance, David (Kirkcaldy) (SNP)  
 Tweed, Evelyn (Stirling) (SNP)  
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

### Abstentions

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

**The Presiding Officer:** The result of the division on Sue Webber's amendment S6M-01761.2 is: For: 29, Against 65, Abstentions 20.

*Amendment disagreed to.*

**The Presiding Officer:** The next question is, that amendment S6M-01761.3, in the name of Claire Baker, which seeks to amend motion S6M-01761, in the name of Angela Constance, on a person-centred approach to mental health and substance use, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division. Members should cast their votes now.

Kenneth Gibson has a point of order. I am sorry—we cannot hear you, Mr Gibson. Could members please put their cards in when speaking?

**Kenneth Gibson (Cunninghame North) (SNP):** I apologise, Presiding Officer. On a point of order, I was unable to get into the app on time. I would have voted no.

**The Presiding Officer:** Thank you, Mr Gibson. We will ensure that your vote is recorded.

**Miles Briggs (Lothian) (Con):** On a point of order, Presiding Officer. My app disconnected, but I would have voted yes.

**The Presiding Officer:** Thank you, Mr Briggs. We will ensure that your vote is recorded.

#### For

Baillie, Jackie (Dumarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Balfour, Jeremy (Lothian) (Con)  
 Bibby, Neil (West Scotland) (Lab)  
 Boyack, Sarah (Lothian) (Lab)  
 Briggs, Miles (Lothian) (Con)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Cameron, Donald (Highlands and Islands) (Con)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Choudhury, 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)  
 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)  
 Kerr, Stephen (Central Scotland) (Con)  
 Kerr, Liam (North East Scotland) (Con)  
 Leonard, Richard (Central Scotland) (Lab)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Lumsden, Douglas (North East Scotland) (Con)  
 Marra, Michael (North East Scotland) (Lab)  
 McArthur, Liam (Orkney Islands) (LD)  
 Mochan, Carol (South Scotland) (Lab)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 O'Kane, Paul (West Scotland) (Lab)  
 Ross, Douglas (Highlands and Islands) (Con)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Sarwar, Anas (Glasgow) (Lab)  
 Simpson, Graham (Central Scotland) (Con)  
 Smyth, Colin (South Scotland) (Lab)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Sweeney, Paul (Glasgow) (Lab)  
 Villalba, Mercedes (North East Scotland) (Lab)  
 Webber, Sue (Lothian) (Con)  
 White, Tess (North East Scotland) (Con)  
 Whitfield, Martin (South Scotland) (Lab)  
 Whittle, Brian (South Scotland) (Con)  
 Wishart, Beatrice (Shetland Islands) (LD)

#### Against

Adam, Karen (Banffshire and Buchan Coast) (SNP)  
 Adam, George (Paisley) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Brown, Siobhan (Ayr) (SNP)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Burgess, Ariane (Highlands and Islands) (Green)  
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)  
 Chapman, Maggie (North East Scotland) (Green)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)

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

**The Presiding Officer:** The result of the division on Claire Baker's amendment S6M-01761.3 is: For 49, Against 65, Abstentions 0.

*Amendment disagreed to.*

**The Presiding Officer:** The final question is, that motion S6M-01761, in the name of Angela Constance, on a person-centred approach to mental health and substance use, be agreed to.

*Motion agreed to.*

That the Parliament recognises the importance of ensuring a person-centred approach to supporting those

with substance use and mental health needs; welcomes the investment of £250 million into the national drug mission and the £120 million Mental Health Recovery and Renewal Fund; supports the development of better working links between mental health and substance use services; recognises the need to embed cultural change to address stigma and include a trauma-informed approach; considers that treatment and assistance should be offered from the first point of contact and consistently throughout each person's journey; notes that, when required, outreach services are available to support people to stay in treatment and that services are designed to ensure that this can happen, and recognises that people may also experience multiple and severe disadvantages, such as homelessness and poverty, which require substance use and mental health services to engage other services.

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

## UK Malnutrition Awareness Week 2021 (Older People)

**The Deputy Presiding Officer (Liam McArthur):** The final item of business is a members' business debate on motion S6M-00917, in the name of Clare Adamson, on United Kingdom malnutrition awareness week 2021: malnutrition in older people. The debate will be concluded without any question being put.

### *Motion debated,*

That the Parliament acknowledges UK Malnutrition Awareness Week 2021; notes that the annual initiative, which was launched by BAPEN and Malnutrition Taskforce, will take place between 11 and 17 October; believes that malnutrition, which is also known as undernutrition, is a substantial public health issue, with one in 10 older people in Scotland being at risk of, or living with, the condition; recognises that research from projects such as Eat Well Age Well (Food Train) indicates that this figure might be an underestimate, with an estimated 30% of older people at risk; believes that measures such as screening and early intervention, training for health and social care professionals, investment in community initiatives that address social isolation and policies that take account of the differences between food poverty and food insecurity, are integral to addressing malnutrition in older people; understands the continuing challenges faced by older people across Scotland who are at risk of malnutrition with isolation, which has been exacerbated by the COVID-19 pandemic, being a contributory factor; further understands the unprecedented and sustained demand on health and social care services and third sector organisations since the onset of the pandemic; notes the view that addressing malnutrition in older people is a matter of national importance both as a moral imperative and an issue that puts avoidable strain on the country's health and social care services; further notes calls for the Scottish Government do everything in its power to ensure that everyone has reliable access to nutritious, culturally-appropriate and affordable food, as recommended by the Social Renewal Advisory Board in its January 2021 report, *If not now, when?*; commends the work of food policy organisations, such as the charity, Food Train, and dedicated volunteers, in advancing this issue, and wishes everyone involved with UK Malnutrition Awareness Week every success.

18:35

**Clare Adamson (Motherwell and Wishaw) (SNP):** It is a privilege to bring the debate to the chamber, and I thank all those colleagues who supported the motion and those who will speak this evening.

I thank Food Train for its Eat Well Age Well initiative, and for its tireless advocacy of rights-based policy making and better outcomes for older people in Scotland. Food Train was set up to help older people with access to food, and for 25 years the organisation has been developing its services to help people to eat well and age well.

Food, company and feeling safe and cared for have been the top priorities of the people who

have used Food Train services. Through Food Train, service users have been given timely and invaluable insight into the issues that we are discussing this evening. Further insight into the issue of malnutrition has never been more necessary. The impact of the issue on older people in our society is frequently underrecognised, and there are real concerns that the pandemic is compounding the problem, in particular with regard to isolation, which I will cover later.

One in 10 older people in Scotland are at risk of, or are living with, food security issues. Approximately 103,000 people in Scotland who are over the age of 65 are at risk of suffering from malnutrition. Research from projects such as Eat Well Age Well indicates that even those sobering figures may be underestimates; as many as 30 per cent of older people could be at risk. That should give us pause for thought and determination for action. However, tackling the problem requires an understanding of it and its many facets.

Food Train has been championing the “Let’s Build the Picture” message, urging everyone who works in a community setting to uncover the true prevalence of malnutrition and the challenges that older people face in eating well. Malnutrition is largely preventable and treatable through screening and early intervention. Eat Well Age Well has produced a toolkit that includes clear tips and simple tools to help to identify individuals who could be at risk from malnutrition.

Most malnutrition occurs among people who are living at home, and yet the rates of malnutrition in the community for those living at home, and for older people in particular, are less well known in comparison with reported rates during, for instance, hospital admissions or in care homes and residential care settings. Building the picture, understanding the extent of the problem and recognising that its causes are multifaceted are essential in ensuring that steps to overcome malnutrition are taken.

Last year, I was fortunate to attend the launch of a joint report from Eat Well Age Well and the University of Glasgow: “Exploring Household Food Security and Malnutrition Risk with Psychosocial Indicators of Healthy Ageing in Place”. The report highlights the financial barriers that are typically the focal point of research and policy on food insecurity, but notes that, for vulnerable older people in Scotland, food poverty and food insecurity are not the same thing. In Scotland and across the United Kingdom, there are stark inequalities regarding the ways in which people age and their experience of ageing. Those inequalities manifest in deprivation and poverty, but policy makers must recognise that that is only part of the picture of malnutrition in older people.

Older adults who are at risk of malnutrition have an increased risk of lower wellbeing and social isolation, and they may have a perception of lack of control over their lives. The report’s findings reveal correlations between food insecurity and early indicators of malnutrition risk, with poorer wellbeing and social connectedness, and the researchers were clear that supported access to food is crucial in breaking that link. Those who are in receipt of Food Train services were more likely to say that services help them to feel in control of their lives. It is clear that malnutrition is about much more than poverty.

Eating, preparing and sharing food is inextricably linked to the physical and mental wellbeing of us all. Food is intrinsic to a person being in control of their lives, and it plays a key role in the feeling of social connectedness that is crucial for older people across Scotland. Building a sense of empowerment across our national policy and integrating that into community settings is, therefore, key to addressing those complex, multifaceted issues.

As Dr Kate Reid outlined in the report, the inequalities that older people experience can be attributed not simply to financial barriers but, further, to a diminished sense of social and cultural capital. That point is key, because the issue is more nuanced than a lack of finance, and it can make problems harder to detect. That is why we must embed such concepts in our policy making on malnutrition, and why raising awareness and investing in training, screening and support around malnutrition is essential if we are to address the problem.

I emphasise that the problems are not to do with Covid-19. The challenges have been underlined and exacerbated by the pandemic, but we cannot view malnutrition in older people through a narrow lens. As our society recovers from Covid, we must galvanise systemic and sustainable change. We know that Scotland is ageing: the over-75s are the fastest-growing age group, and the proportion of those aged 75 plus is expected to rise by 79 per cent over the 25 years from 2016 to 2041. That is an impending demographic challenge, but also delivers a unifying objective for policymakers and legislators.

We must build a fairer Scotland for older people, and we must ensure that the challenges that older people face, such as food insecurity, loneliness and access to health and social care, are met with compassionate and rights-based governance. The Scottish Government has consistently shown its commitment to advancing the human rights agenda. It set up a national task force on human rights, and it remains committed to incorporating the United Nations Convention on the Rights of the Child in domestic law.

In order to meet the challenges of an ageing population, the Scottish Government's strategy "A Fairer Scotland for Older People: A Framework for Action" outlines priority actions to tackle the barriers to a positive older age that were identified by the older people's strategic action forum. Malnutrition was specifically identified as a key issue that is affecting older people, and the strategy makes a national commitment to tackle malnutrition.

However, too many older people in Scotland are at risk, and there remains a dearth of public awareness around the problem. Malnutrition regularly goes undetected, untreated and unrecorded, and it can be overshadowed by public health messages that focus on other diet-related issues. We must better understand the problem and continue to gather essential primary data through research.

We have to recognise at policy level the nuanced difference between food insecurity and food poverty. We must invest in training on malnutrition for health and social care professionals in order to improve confidence and knowledge in screening and providing support. Finally, we must support community initiatives that address social isolation, given that that is a key factor in malnutrition. By investing in long-term systemic change, we can empower older people to feel in control of their lives and support them to eat well and live well, and we can build a fairer Scotland for older people that is founded on the principles of dignity, respect and compassion.

18:45

**Jackie Dunbar (Aberdeen Donside) (SNP):** I welcome the opportunity to speak in this members' business debate and to highlight the excellent work of food policy organisations such as Food Train and all the volunteers in organising a very successful UK malnutrition awareness week. I thank Clare Adamson for lodging the motion.

Malnutrition impacts most on the poorest and most vulnerable citizens. Good-quality meals do not have to be expensive, but people need to have access to such food and the ability to put things together to make a nutritious meal. Access, ability and education are absolutely key.

No one in Scotland should have to worry about access to affordable food but, sadly, that is not the case. Often, those in our most deprived communities have less access to fresh produce and, in turn, to healthy meals. Their options are restricted by the shops that are available in their local areas.

Driving to a large supermarket a few miles away is simply not an option for many elderly people who have had to give up driving for various

reasons. Getting to a large supermarket in which the offering is greater and, in many instances, significantly cheaper is sometimes a non-starter for a person who no longer has the ability to drive, as supermarkets are not always on a convenient bus route. For example, getting to my nearest large supermarket by bus would entail my having to take two long bus journeys, which would take well over an hour all in. By car, the journey takes me less than five minutes.

The situation was made worse when travel was discouraged and lift sharing was not permitted during the Covid-19 pandemic. Constituents have told me that they were reliant on their small local shops as opposed to having access to the bigger supermarkets, in which access to fruit and vegetables is significantly cheaper and easier.

In my Aberdeen Donside constituency, food bank use has increased significantly over the past five years, and many elderly people, families and individuals have become dependent on emergency food parcels. I pay tribute to the brilliant efforts of a local charity in my constituency. In order to help the most vulnerable to access food in a more dignified way, Community Food Initiatives North East, in partnership with Fersands and Fountain Community Project and FareShare UK, and funded by the Scottish Government, has established the Woodside pantry in the Woodside community centre in Aberdeen. The pantry scheme provides food for its members at a token price and allows those who are on a low income to pick the produce themselves in a shop-like environment. The items in the pantry are weighted by value, and it is ensured that all members equally receive meat or fish, fruit and vegetables, and ambient food every week.

Malnutrition harms the most vulnerable in our communities, whether they be the elderly who simply cannot travel to access affordable food or young families who cannot afford nutritious food to feed the whole family. Obesity and starvation are two sides of the same malnourished coin. We must strike for better education, better access to food and better lives for those vulnerable individuals and families in the areas that we represent.

18:48

**Alexander Stewart (Mid Scotland and Fife) (Con):** I am delighted to be able to participate in the debate on Clare Adamson's motion, and I pay tribute to her for the work that she has done.

It is right that we acknowledge UK malnutrition awareness week. The condition, which is also known as undernutrition, has been noted as a substantial public health issue, with one in 10

older people in Scotland being at risk of it or living with it. National Records of Scotland's latest mid-year population figures suggest that almost half a million people in Scotland are over the age of 75 and can be affected by the issue.

As my party's shadow spokesperson on equalities and older people, and having experience of working in the sector, I have a good understanding of the disadvantages, effects and causes of the condition. It is important that we understand some of the reasons behind the condition because it affects the person, their family and the carers. There is also no doubt that the Covid-19 pandemic has had a terrible, adverse effect on the older population, among whom loneliness and isolation have grown massively during the pandemic. With that in mind, we must focus on not only malnutrition but food insecurity, which is a subject that has been highlighted in the Parliament many times.

We cannot lay the blame for the situation completely at the pandemic's door because many organisations and individuals in the care sector and the third sector have been highlighting the issue. I spoke on the topic back in January 2019 in the Parliament when we tackled some of the issues of social isolation and loneliness for the older generation. I was supportive of the strategy that the Government published at that stage, and I was also at pains to emphasise that the public health concern needed to be addressed with financial support and that we needed to acknowledge that it was a problem in many sectors and for many people in our communities.

It is a matter of urgency that we tackle the issue as we go forward. I pay tribute to the British Association for Parenteral and Enteral Nutrition—BAPEN—for highlighting the point that everyone should look out to try to find people who are at risk. Its ask, look, listen campaign is vital. We have already heard about Food Train, which is phenomenal at trying to support individuals. It works in areas of Clackmannanshire and Stirling in my region, and it has been a lifesaver for many individuals.

Back in 2017, the then Minister for Public Health and Sport, Aileen Campbell, talked about the new diet and obesity strategy. We must consider diet and obesity in the wider context of access to food. That strategy also encompasses malnutrition, especially within our older population. BAPEN has identified the issue. We have talked about Food Train and its Eat Well Age Well project. That organisation delivers meals to hundreds of people in communities throughout Scotland.

Access to nutrition is a major concern, especially in our older and vulnerable population, even when such people are hospitalised or living in a care home. It also causes major concerns

when they are discharged back home. Access to affordable food also requires further attention. The social renewal advisory board has talked about that.

We all have a duty of care to look after our constituents and to provide support to them. By doing that, we will inform them and provide opportunities for good food and nutritional choices. All that will help us to assist and to stop putting undue strain on the community health and social care services in our constituencies and regions.

18:53

**Fiona Hyslop (Linlithgow) (SNP):** I thank Clare Adamson for bringing this important debate to the chamber. Malnutrition must be addressed, especially among our older people, who must have access to the support and resources that they need to eat well and not be socially isolated. Covid-19 exposed and exacerbated health inequalities and isolation in Scotland and we must work to alleviate those issues.

We have made progress with our young people. I was the minister who took legislation through the Parliament to pilot free, nutritious school meals for primary 1 to 3 pupils, which will be extended to P4 and P5 pupils in January, in addition to the free school holiday meals that are being rolled out. However, more work must be done for the older and more vulnerable members of our society.

I recently met Food Train West Lothian, which does excellent work not only to ensure that our older people are fed and fed well but to tackle loneliness and isolation. Throughout the pandemic, it has responded to unprecedented demand and supported 300 people across West Lothian by providing up to 125 deliveries per week.

The work that Food Train West Lothian does tackles both malnutrition and isolation. The eat well buddy service is one of its innovative and highly successful services. Food Train West Lothian identified that many members needed additional support to complete their shopping order, and it created a buddy system to provide older people with a volunteer who talks through nutrition, suggests different snacks and meals and provides company and connection to the community. The outcomes of that service include a decrease in social isolation, increased consumption of fresh produce, increased fluid intake and an increased number of meals eaten each day by people who use the service.

Food Train West Lothian is in the early stages of an innovative partnership with the Larder, which is a food enterprise organisation that is based in Livingston. That partnership will have an impact on malnutrition and social isolation by providing two

key services. A supper club will take members to the Larder's catalyst kitchen once a week for a home-cooked meal and social interaction, with the additional aim of increasing intergenerational relations. The partnership will also provide ready meals and work with a focus group of older people to discuss the menu, meal size and cost. It is envisaged that the meals will be cooked by the Larder and offered to customers instead of ready meals from supermarkets. They will have a higher nutritional value and will be cooked locally.

The two services that I highlighted are just a snapshot of what Food Train West Lothian does to work with our older people. The third sector is leading the way in ensuring that our older people are fed well and are not alone. Like Food Train, other third sector organisations are coming up with innovative ways to tackle malnutrition and social isolation.

We must ensure that our third sector is properly funded and resourced in a sustainable and long-term way, and we must work to ensure that everyone in society has access to the support and resources that are needed to allow them to have a nutritious diet and remain connected to the people and community around them. The call for action in the "If not now, when?" report to ensure that everyone can access nutritious, culturally appropriate and affordable food must be viewed as a priority, and we must work together to achieve that.

18:57

**Carol Mochan (South Scotland) (Lab):** I thank Clare Adamson for marking the significance of malnutrition awareness week by bringing the debate to the chamber. Our elderly, who are the most vulnerable in our society, are at the greatest risk of malnutrition that is caused by undernourishment. It should concern all of us that one in 10 people who live in the UK is malnourished or at risk of being malnourished. Others have mentioned that figure, which Eat Well Age Well Scotland has suggested could be an underestimate.

That devastating and potentially underestimated figure will be a shock to many who think that a rich country such as Scotland could not experience such problems. I worked in the national health service for years—I have mentioned in the chamber before that I was a dietician—and I cannot stress enough that the problem is real. However, of all the social and economic challenges that we face in Scotland, we hear little about the challenge of malnutrition. It is described as a hidden problem, and Eat Well Age Well has argued that, although malnourishment is preventable and treatable, it often goes undetected, untreated and unrecorded.

As others have said, we must do more not only to highlight the existence of malnutrition in Scotland but to look at the causes and what we can do to reduce the number of people who live in such circumstances. A lack of public awareness and a lack of Government attention will only lead to an increase in the numbers of those who are malnourished. In turn, that will increase pressure on national health services, which are already under significant strain.

Given that we know that those who are malnourished are more likely to use health services and the health service's resources for lengthy periods, I ask the minister to take malnutrition very seriously, and I urge the Scottish Government and colleagues to act with purpose to address an issue that we know exists but which is rarely spoken about. I ask the minister to act to protect those who are malnourished and need support and to protect our NHS, which already faces serious challenges.

Scottish Labour has offered solutions to many of the causes of malnutrition in our country. In response to social isolation, we have set out a comprehensive plan for universal basic services, which would strengthen communities and support those who have experienced loneliness by offering services and resources that are backed up by serious funding for local government.

Moreover, to support those who are forced because of the decisions of Governments here and at Westminster to choose between heating and eating, we pushed for the introduction of a right to food bill—led by my colleague Rhoda Grant—to enshrine in law a right to sufficient and nutritious food. Unfortunately, the SNP and Greens kicked that into the long grass at committee stage a matter of weeks ago. It is absolutely right that we talk in the Parliament about malnutrition awareness week, but we do little to support those who are malnourished and little to support health services and the vulnerable if we do not back up our words with action.

The Scottish Parliament has the power to deliver radical action, to enact the change that we all want and to raise awareness, which we all know is needed. Covid will undoubtedly have exacerbated many of the issues that we have discussed, such as food poverty, food insecurity and social isolation. Malnutrition awareness week is an opportunity for us to propose impactful change to stop a trend that has for too long discriminated against the elderly and vulnerable.

I thank you, Presiding Officer, and other members for allowing us to discuss this important issue. I again congratulate Clare Adamson on lodging the motion and so enabling us to participate in malnutrition awareness week 2021.

19:01

**Stephanie Callaghan (Uddingston and Bellshill) (SNP):** I, too, thank Clare Adamson for bringing the debate to the chamber. It is sobering to take part in a debate on malnutrition. As we head into the second winter of the pandemic, malnutrition awareness week is especially important and poignant. The pandemic has highlighted the fragility of our food systems and has placed previously food secure adults at increased risk of malnutrition. Social isolation and loneliness have peaked, which has increased the risk of more Scots, particularly the elderly, becoming undernourished. That increased risk is not theoretical, given that demand for services from Food Train, for example, has increased by 51 per cent since the onset of the pandemic.

Although most Scots are familiar with the risks of obesity, large numbers of undernourished older Scots remain invisible to most of us. Malnutrition can no longer be a taboo topic; we need a wider discussion on that public health issue to help to tackle the root causes of malnutrition head on.

As food insecurity among older people is a multifaceted issue, we must have a holistic civic response that connects all the elements. Factors such as reduced mobility, social isolation and general frailty have been exacerbated by the pandemic, and many of the levers to respond to poverty still rest with the UK Government. However, the challenges cannot be used as a cover to do nothing. We need to move forward with a programme of preventative actions that start making a positive difference now. A recent report by the University of Glasgow in partnership with Food Train made recommendations that included community screening for early signs of malnutrition, embedding malnutrition issues into basic health and social care training and investing more in community initiatives that address social isolation, such as befriending, which a few members have spoken about.

The key overarching basis on which we need to respond to malnutrition among older people is to ensure that we all recognise the critical way in which food connects people—for example, an older person might struggle to eat alone after losing their partner. Befriending groups and other community responses can offer critical support. Some older people have become less physically mobile during the pandemic. A reluctance to go out as a result of Covid cases remaining high can lead to poor eating habits, and the risks of malnutrition accelerate as mental health and general wellbeing deteriorate.

If we are all educated in the importance of strengthening connections for older people, we reduce the risks of older people becoming undernourished. Food Train's pilot work seeks to

raise awareness of older people who are at risk from malnutrition and to help them back to health, and that could become an exemplar across Scotland. Only by taking a truly collaborative partnership approach that involves the NHS, local government, the third sector and housing organisations can we create the necessary environment to prevent malnutrition.

Beyond the moral imperative of ensuring that everyone has access to wholesome and nutritious food, there is also an economic imperative. People who are suffering from malnutrition are twice as likely to access general practitioner services and three times as likely to be admitted to hospital, which places further strain on our NHS. Identifying malnourishment early and taking positive action reduces unnecessary strain on our NHS and council care services by, for example, reducing falls as well as mental health issues that are caused by isolation.

In closing, I will widen the discussion to food insecurity. I commend the Scottish Government on its plan to make food banks the last port of call. That uplifting plan is yet another example of Scotland taking a different and more dignified approach to supporting people at a time of crisis, compared with the approach that Westminster is pursuing. There is no doubt that the Scottish Government's wider focus on food insecurity will ensure that malnutrition among older people is no longer a heartbreaking, invisible blight on our society. Our older people deserve so much more. The right to food is a human right that must not and will not be denied.

19:05

**The Minister for Public Health, Women's Health and Sport (Maree Todd):** I thank Clare Adamson for raising this important issue as part of malnutrition awareness week, which was earlier this month. The role that food plays in our society is often underestimated. Food connects us all, nourishing mind and body. It brings us together. Malnutrition and dehydration are often hidden issues in our communities, which makes it even more important that we raise awareness of them. Malnutrition awareness week is a valuable opportunity to raise awareness and understanding and to consider further action, and I had the privilege of speaking at an event that the Eat Well Age Well project organised as part of this year's programme.

Let me be clear that malnutrition is wholly unacceptable. Without doubt, more needs to be done to better support older people to be able to access healthy and nutritious food in ways that suit their needs. Really good work is under way through our funding of Food Train's Eat Well Age Well project and Meal Makers. We continue to



support vital work to lead on the prevention, detection and treatment of malnutrition in Scotland and to tackle social isolation among older people through meal sharing. The work of Food Train and others to support older people to shop, eat well and socially connect is invaluable, as many members said. I recognise Food Train's efforts, which benefit so many older people and have provided a vital lifeline during the pandemic.

Older people are at particular risk of malnutrition. In 2019, we published "A Fairer Scotland for Older People: A Framework for Action", which committed to working with health and social care partnerships and others on actions to ensure that malnutrition is identified and managed quickly and effectively.

Of course, over the past 18 months, older people have been significantly impacted by the health, economic and social harms of Covid-19. Although the pandemic has delayed the progress of the work, it is more important than ever that, as we rebuild and remobilise our health and social care services in Scotland, we ensure that older people are placed at the centre of the recovery and we focus on a preventative, joined-up approach to healthy ageing in older people.

We will remobilise our efforts, and I announce today that we will convene a short-life working group to develop a framework for the prevention of malnutrition and dehydration.

Back in March, the Cabinet Secretary for Health and Sport and the Cabinet Secretary for Social Security and Older People published a statement of intent, which set out our commitment to develop a new strategy for older people's health and social care in Scotland. That builds on the great foundation created by "A Fairer Scotland for Older People". We are now engaging with older people and the organisations that represent them to co-produce a draft strategy, which we plan to publish for consultation in early 2022.

Following the recommendations of this year's review of adult social care, we committed to introduce in the next 12 months legislation for a national care service. The consultation is under way and it gives us an opportunity to consider how a new national care service can best support older people to eat and drink well. We also accepted the review's recommendation to remove charging for non-residential social care as soon as possible.

Our proposals on the reform of integration joint boards, which are contained in the national care service consultation, seek to strengthen the integration arrangements that were legislated for in 2014. Reformed integration joint boards will be better placed to provide high standards of care for older people who use services and better support and training for the workforce in this sector.

That brings me to our health and social care workforce. We know that recruitment and retention of staff has been challenging, and even more so during the pandemic. Further work is under way to develop longer-term improvements to the social care workforce, including better terms and conditions and improved training and development opportunities. We hope that that will improve the experience of the workforce and, in turn, improve outcomes for older people who are served through social care.

I want to touch on food insecurity, which many members mentioned. We have made the eradication of poverty a national mission, and that includes tackling food insecurity and ending the need for food banks. However, food insecurity for older people is linked not just to poverty but to broader issues of access, as members said. Loneliness and social isolation are strongly associated with malnutrition. That is why projects such as Food Train's Meal Makers are so important. We continue to support food responses that maximise dignity, while being aware of just how vital food is for our sense of belonging and wellbeing.

Earlier this month, we introduced our Good Food Nation (Scotland) Bill in the Parliament. The bill will place duties on the Scottish ministers and certain public authorities to produce plans of their policies on food and to set out what they will do to make those plans real. As part of that, we are exploring options to expand the Food for Life Scotland programme, which we currently support in the school setting, so that more of the food that local authorities provide for our children and older people not only supports people to eat well but is locally produced and sourced. At the heart of our approach is our commitment to make Scotland a good food nation. We want everyone in Scotland to have reliable access to nutritious, locally sourced, locally produced, good-quality food.

I recognise that there is without doubt still much more work to do. I welcome the opportunity that this debate has given me to set out some of the actions that the Government is taking to ensure that all older people in Scotland have the resources and support that they need to eat and drink well. I again thank Clare Adamson for lodging her motion, which the Government supports.

*Meeting closed at 19:11.*



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