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Wednesday 8 February 2023

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Scottish Parliament

Wednesday 8 February 2023

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

Portfolio Question Time

Covid-19 Recovery and Parliamentary Business

The Deputy Presiding Officer (Liam McArthur): Good afternoon. The first item of business is portfolio question time, and the first portfolio is Covid-19 and parliamentary business.

I remind members that questions 5 and 7 have been grouped together, so I will take supplementaries on those questions after both have been answered. Members who wish to ask a supplementary should press their request-to-speak button during the relevant question. I advise the chamber that there is an awful lot of interest in asking supplementaries, so, if we can have questions that are devoid of lengthy preambles and answers that are as brief as possible, we will get through them all the more quickly.

Covid-19 Recovery (Assessment of Policies)

1. **Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP):** I will try to set a good example for once, Presiding Officer.

To ask the Scottish Government what assessment it has made, as part of its cross-Government co-ordination of Covid recovery policies, of the wider on-going impact of Covid-19, including on the economy. (S6O-01868)

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): The Covid recovery strategy brings together more than 70 actions that are supporting those who have been most impacted during the pandemic and the on-going cost crisis by increasing financial security for low-income households, enhancing the wellbeing of children and young people, and creating good, green jobs and fair work.

That activity is supported by the themes of the Scottish Government's national strategy for economic transformation and by work that involves support for digital recovery and support for the energy sector through the energy transition fund. We are also providing significant investment to support businesses, including by providing almost £0.5 billion pounds more than the funding that we received from the United Kingdom Government.

Christine Grahame: I ask, with specific reference to my constituency, whether we have any data on the impact on the economies of Midlothian and the Borders. If the Deputy First Minister does not have that to hand, will he please write and provide me with it?

John Swinney: I am very happy to draw out as much detailed information as I can in a follow-up response to Christine Grahame. However, in relation to some key indicators, we have historically low unemployment and historically high employment levels across Scotland. Those factors will be felt acutely in areas such as the Borders and, in particular, in Midlothian, where there is such strong accessibility to labour markets. I will look to see what more detailed information I can provide to the member.

The Deputy Presiding Officer: We have a few brief supplementaries.

Murdo Fraser (Mid Scotland and Fife) (Con): One of the economic impacts of Covid has been the acceleration in the decline of traditional retail centres. Just this week, we have seen the closure of M&Co stores across Scotland, which will contribute to that. Has the Scottish Government done any assessment of the impact on traditional town and city centres of the expansion of working from home across the public sector?

John Swinney: Obviously, town centres and the retail community will be affected by a range of different factors. Covid and the impact of lockdown will be one, the move towards the greater use of online retail opportunities will be another, and a third will undoubtedly be the impact of proportionally more people working at home since the pandemic than before the pandemic.

The Government is actively undertaking work to look at the impact on town centres, and parliamentary committees have reported on the subject. All those different factors are researched and are reflected in the thinking that the Government brings together in its retail strategy.

Paul Sweeney (Glasgow) (Lab): One of the major legacies of the Covid pandemic in Scotland has been its impact on mental health. What is the Deputy First Minister's response to reports that there were no mental health beds available in Scotland last weekend? What steps is the Government taking to honour its pledge to increase spending on mental health to 10 per cent of the total national health service budget, given that funding for the coming financial year has been frozen?

John Swinney: The mental health budget has increased, and we have greater capacity to support individuals in order to assist in their recovery. The Government is taking a variety of other steps to enhance community mental health

resources in our society; assistance to school communities is an example that comes to mind. The Government will endeavour, where the resources allow, to expand the investment in mental health and wellbeing services, as it recognises the importance of supporting people in their recovery.

Covid-19 Inquiry (Update)

2. Jamie Halcro Johnston (Highlands and Islands) (Con): To ask the Scottish Government whether it will provide an update on the Scottish Covid-19 inquiry. (S6O-01869)

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): As an independent public inquiry, it is for the Scottish Covid-19 inquiry to comment on its work as it progresses, including through its website: covid19inquiry.scot. In its role as sponsor, the Scottish Government remains committed to providing operational support, as the chair considers appropriate and necessary, in order to enable the inquiry to carry out its independent work and to ensure that the progress that has been made so far is continued. We want the inquiry to be delivered at speed, addressing the range of questions that people have, so that we can learn and benefit from any lessons as early as possible.

Jamie Halcro Johnston: It has been reported recently that the former chair of the Scottish Covid-19 inquiry, Lady Poole, raised several issues with the inquiry before her resignation and that the Deputy First Minister personally offered to make a phone call to try to get her to change her mind, although she declined to do so. It appears that numerous issues with the inquiry were piling up and that Lady Poole felt that she had no option but to step down. Why did the Deputy First Minister let those problems build up to the point of resignation, rather than addressing them at an earlier stage? Given that millions of pounds of taxpayers' money have already been spent on the inquiry, what lessons have been learned to ensure that the same issues, delays and costs do not arise in the future?

John Swinney: Mr Halcro Johnston's question raises a perspective on an independent public inquiry that must be countered. Conservative members would be outraged if I were to interfere in the operation of an independent public inquiry. Indeed, Mr Fraser, who is sitting on the front bench, accused me of so doing. We have one member of the Conservative Party, Mr Halcro Johnston, asking me to interfere in an inquiry and another Conservative member, Mr Fraser, alleging that I am already doing just that.

The law is very clear on independent public inquiries, and I have rehearsed the point in

previous parliamentary statements. The law is clear that, once a chair is appointed, it is up to them to run the public inquiry and it is not for ministers to interfere. I do not interfere.

Covid-19 Recovery (Assessment of Policies)

3. Willie Coffey (Kilmarnock and Irvine Valley) (SNP): To ask the Scottish Government what cross-Government assessment it has made of the impact of its Covid recovery policies, including whether any might continue into the future. (S6O-01870)

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): The Covid-19 recovery strategy contains a range of actions, many of which will continue beyond the lifetime of the strategy. The principles of the Covid-19 recovery strategy helped to inform the 2023-24 Scottish budget, which prioritises eradicating child poverty, transforming the economy to deliver a just transition to net zero and achieving fiscally sustainable public services. The Scottish Government will continue to prioritise policies that support those who are in the most need.

I co-chair the Covid-19 recovery strategy programme board, alongside the president of the Convention of Scottish Local Authorities. Together with partners, we oversee recovery activity that supports people in Scotland, particularly those who are most affected by the pandemic and the on-going cost crisis.

Willie Coffey: I thank the Deputy First Minister for that answer, which provided a useful contrast to the earlier question.

The Deputy First Minister will be aware of some of the more positive outcomes from Covid, such as the digital transformation of the workplace—and the Parliament—and local project initiatives that initially emerged as emergency support, but which have become an important part of local community work not only in my constituency but in the impressive work of Engage Renfrewshire, which the Local Government, Housing and Planning Committee saw on Monday.

Does the Deputy First Minister share my view that those positive developments, born out of Covid, are making a real difference to people and communities? Will he consider retaining funding models for important community work in the future, rather than allowing that work to be lost simply because the Covid funding has come to an end?

John Swinney: There is a lot of merit in the points raised by Mr Coffey. We saw tremendous development in innovative community practice during Covid, whereby solutions were found by communities for individuals. The Government is intent on encouraging and nurturing that approach.

It is important that we are on our guard against a return to old ways of working. Some of the new ways of working that were developed during Covid have been of great benefit and advantage to our society and our communities. We want to ensure that we preserve those. I assure Mr Coffey that the Government is trying to design its funding interventions, particularly for measures such as the Dundee pathfinder work, to do exactly that.

Jackie Baillie (Dumbarton) (Lab): Last week, I met Unite the union and concerned employees from the Glasgow Lighthouse lab to discuss the future of the facility, in the light of concerns about further redundancies in the coming weeks. The cabinet secretary will be aware that the lab, which is Scotland's flagship Covid-19 testing facility, processed more than 26 million tests but has already lost experienced and highly skilled employees, including sample handlers and lab technicians, in a previous round of redundancies.

Will the cabinet secretary outline what meetings the Scottish Government has had with the University of Glasgow regarding the future of the Glasgow Lighthouse lab? Given that Covid has not gone away, will he intervene to ensure that that important capacity is retained?

John Swinney: From the budget discussions that we had at the COVID-19 Recovery Committee, Jackie Baillie will be aware that the Government is retaining enhanced testing facilities beyond those that we had prior to the Covid pandemic, to ensure that we have the capability and capacity to undertake testing activity.

I will inquire about specific dialogue between health ministers and the University of Glasgow in relation to the Lighthouse lab, but Jackie Baillie should be assured of the Government's commitment to ensuring that we have the appropriate measures in place to deal with the Covid pandemic. The pandemic is, of course, still with us, but its prevalence is, thankfully, much lower than has been the case in the past, and we have much greater population protection through the vaccination programme.

Covid-19 Recovery (2023-24 Budget Allocation)

4. Liz Smith (Mid Scotland and Fife) (Con): To ask the Scottish Government how it plans to spend the proposed Covid recovery portfolio 2023-24 budget allocation. (S6O-01871)

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): The Covid recovery portfolio supports the Scottish Government's commitment to renewing public services through public service reform, the delivery of the Covid recovery strategy—which is supporting those who have been most impacted during the pandemic and on-going cost crisis—

and its contributions to the co-ordination of recovery activity across the Scottish Government.

As detailed in the 2023-24 budget statement, the budget line includes a range of commitments, including work to support the operation of the Scottish public inquiry into the handling of Covid-19 and work on preparedness, assessment and co-ordination of concurrent risks across the Scottish Government.

Liz Smith: On a related issue, at the end of last year, the letter that Richard McCallum, the Scottish Government's director of health finance and governance, sent to integration joint boards caused considerable concern that a total of £331 million of Covid money across IJBs would be clawed back by the Scottish Government. The Scottish Government said that that money

“is being used to fund Covid pressures across the”

health

“sector and for no other purpose.”

Can we get some clarity on exactly what that money is being spent on?

John Swinney: It is pretty obvious that the budget is under enormous financial pressure. Liz Smith is a member of the Finance and Public Administration Committee, and I have been completely candid about the challenges that I face in balancing this year's budget because of the impact of inflation and the increased costs with which we are wrestling. I have come to Parliament to reallocate £1.2 billion of resources to meet the funding pressures. It is no secret that we face those issues and pressures, but the Government is acting to address them.

In relation to IJB funding, it is elementary common sense that, if IJBs hold reserves that can be utilised to support front-line activity, that is the Government's clear preference.

Paul O'Kane (West Scotland) (Lab): Given the pressures that are faced by unpaid carers—one of the groups who have been most adversely affected by the pandemic—not least due to rising energy bills, as has been articulated in the chamber during First Minister's question time, as well as their needs in the recovery phase, what does the Deputy First Minister intend to do to support them through the Covid recovery budget, not least in relation to testing, antivirals and personal protective equipment?

John Swinney: As Mr O'Kane might be aware, there is provision in the health budget for the maintenance of pandemic preparedness in relation to many of the issues that he raises, such as PPE and testing arrangements, as I rehearsed in my answer to Jackie Baillie. That provision has been made on a prudential basis. We all hope that we

will not need to increase the scale of investment that is required in that regard, but there is provision in the budget to enable that to happen. Support would be available to those who required it, and I imagine that, in many cases, carers would be eligible for that support.

Covid-19 Recovery (Long Covid Data Collection)

5. Richard Leonard (Central Scotland) (Lab): To ask the Scottish Government how its cross-Government co-ordination of Covid recovery policies is supporting data collection to assess the impact of long Covid. (S6O-01872)

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): The Scottish Government is committed to delivering a fair recovery for everyone in Scotland, particularly the people who have been most affected by the pandemic, which includes those affected by long Covid.

We are supporting activity to improve the collection of clinical data on the prevalence and healthcare needs of people with long Covid to inform the planning and delivery of services. Officials are working with NHS National Services Scotland's long Covid strategic network to improve data collection as a priority. The network is taking forward a dedicated workstream to agree outcomes, indicators, monitoring and evaluation to accelerate progress.

Richard Leonard: In August, the Cabinet Secretary for Health and Social Care said in a parliamentary answer to me that the number of people diagnosed with long Covid in Scotland was

“a matter for the NHS Boards. The information requested is not held centrally.”

In the same answer, he said that the Government recognised

“that accurate data on the number of people diagnosed with long COVID is needed to forecast and plan for ... healthcare services arising from long COVID.”

Does the Cabinet Secretary for Covid Recovery—who is the Deputy First Minister, the minister in charge of statistics and the minister in charge of Government strategy—agree with the Cabinet Secretary for Health and Social Care that that is

“a matter for the NHS Boards”—[*Written Answers*, 24 August 2022; S6W-10046.]

or does he recognise the benefit of the Scottish Government collecting the data, publishing the data and keeping an accurate record of that data to plan and properly resource nationally the vital services that long Covid sufferers so desperately need?

John Swinney: I would make two points in relation to Mr Leonard's question. First, I reiterate what I said in my original answer. Work is under way with NHS National Services Scotland's long Covid strategic network to improve data collection. That substantively addresses the point that Mr Leonard puts to me.

Secondly, in relation to support for people with long Covid, the Government is very clear that we must ensure that anybody who is experiencing ill health, whether that is from long Covid or anything else, is able to access the appropriate level of clinical care to support their needs and requirements. That is primarily undertaken through access to the general practitioner network in Scotland. I would encourage anybody who is experiencing ill health to pursue those options and to ensure that they secure the necessary care to which they are entitled.

Covid-19 Recovery (Impact of Long Covid)

7. Stuart McMillan: To ask the Scottish Government what discussions it has had as part of its cross-Government co-ordination of Covid recovery policies regarding the wider impact of long Covid, including on the economy and workforce. (S6O-01874)

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): The Scottish Government recognises the impact that long Covid can have on the health and wellbeing of the people who are affected, including on their ability to stay in employment. Although there have been increases in the numbers of people who are economically inactive due to sickness since before the pandemic, the extent to which that is attributable solely to long Covid is not yet clear.

We are investing in scientific efforts to understand and treat long Covid, and we have made funding available to national health service boards and partners to deliver the best local models of care for assessment, diagnostic tests and support for the on-going management or treatment of symptoms.

Through our fair work agenda, we are also supporting employers and explaining to them how they can support workers who are living with long Covid to remain in employment.

Stuart McMillan: I am concerned that people with long Covid will find themselves locked out of employment if they are not given adequate support to return to work. That is especially true if the person's job cannot be done from home, which is the case for nurses, for example. What is the Government strategy to help to ensure that people working in our NHS who are suffering from long Covid are supported to return to work where

possible and, if they cannot return to work, to ensure that other options are explored to help them to stay in employment?

John Swinney: We have a priority across the whole of Government to maximise the available level of participation in the labour market. We want to maximise the number of people who are available to actively contribute to the labour market.

As I said in my earlier response to Christine Grahame, we have low levels of unemployment and high levels of employment, and the labour market is tight. Therefore, we are encouraging people who have long Covid to return to work, and all the necessary clinical support, mental wellbeing support and any other assistance that is required should be available to them. If there is a case for individuals to find alternative employment, we should be open to providing the training and skills enhancement activity that will support them in making the transition.

Parliamentary Reform (Debating Time)

6. Stephen Kerr (Central Scotland) (Con): To ask the Scottish Government what plans it has to propose time for a debate in the Parliament on parliamentary reform. (S6O-01873)

The Minister for Parliamentary Business (George Adam): I thank Mr Kerr for his question. The Scottish Parliament is responsible for all matters relating to its functions and internal operation. The Government would encourage any member wishing to propose reform of current parliamentary procedures to raise such proposals with the Standards, Procedures and Public Appointments Committee. The Government stands ready, if invited, to discuss any reform proposals with the Parliament.

Stephen Kerr: The minister did not answer my question. I asked whether there was time for a debate. The minister will be aware that there is a clear desire and appetite from members across the chamber to see our Parliament reformed. It is also apparent that there is scope for common ground on reform among colleagues in all parties in this Parliament. We all want the Scottish Parliament to effectively fulfil its appointed role in its function as a legislature and in its day-to-day scrutiny of the Executive.

Therefore, will the minister, on behalf of the Government, confirm to members that he and his ministerial colleagues will be supportive of such reforms that might be initiated by the Standards, Procedures and Public Appointments Committee and engage positively with all interested parties, including my colleague Donald Cameron, to secure such reforms as might be determined to be needed to enable the Parliament to be effective in

carrying out the business of the people of Scotland?

George Adam: As always, Mr Kerr and I seem to have a communication problem. I will say it again: the Scottish Government stands ready, if invited, to discuss any reform proposals with the Parliament. As always, he mentions Donald Cameron. Once again, when Donald Cameron asked about that in the chamber on 18 January, I said that, although I did not agree with Mr Cameron's summation of the situation, I was happy to meet him to discuss it further. That meeting is scheduled for 2 March. As always, the Government is willing to engage with anyone.

The Deputy Presiding Officer: Martin Whitfield has a brief supplementary question.

Martin Whitfield (South Scotland) (Lab): It is right that decisions about parliamentary reform sit in this chamber and with the Parliament instead of with the Scottish Government. However, would the Scottish Government co-operate with committees and the Parliament on any inquiries relating to reform of parliamentary procedure?

George Adam: As always, I am happy to engage with the Standards, Procedures and Public Appointments Committee. I have done that on numerous occasions, including with Mr Whitfield as the convener. We will happily get involved in any future work that the committee should bring to us. As with any other member of this Parliament, we will look at it and take it from there.

The Deputy Presiding Officer: Bill Kidd has a brief supplementary question.

Bill Kidd (Glasgow Anniesland) (SNP): The minister will be aware of the Delegated Powers and Law Reform Committee's report on the Retained EU Law (Revocation and Reform) Bill, in which concerns were raised about the amount of time that is available for the Scottish Parliament to scrutinise elements of the bill. Does the minister have any concerns about the time that is available to give adequate scrutiny to the bill?

The Deputy Presiding Officer: Please be very brief, minister.

George Adam: The member will be aware that we discussed that question at the DPLR committee meeting yesterday. The Scottish Government is taking forward work to identify retained European Union law so that it can be preserved before the end of 2023. At this stage, it is too early to know what the impact will be on the wider legislative programme, but that is being kept under review.

Covid-19 Recovery Strategy (Support for Students)

8. Katy Clark (West Scotland) (Lab): Presiding Officer, I apologise that I did not arrive until portfolio question time was starting.

To ask the Scottish Government what steps it is taking through its Covid recovery strategy to support students. (S6O-01875)

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): The Covid recovery strategy is focused on reducing systemic inequalities, tackling poverty and supporting the people who were most affected during the pandemic. That includes a range of actions to support and enhance the wellbeing of all children and young people, including through investing a further £45 million in our young person's guarantee in 2022-23. Further detail on the support that is being provided to students is set out in our coronavirus education recovery strategy, which describes a range of advice, guidance and funding that is provided with regard to mental health, wellbeing and tackling digital poverty.

Katy Clark: In the Covid-19 recovery strategy, the Scottish Government states that it recognises the significant cost of rent for many households. A recent report commissioned by the National Union of Students has found that rents for student accommodation increased by 34 per cent between 2018 and 2021. Will the cabinet secretary commit to reinstating the rent freeze for student accommodation until a permanent system of rent controls is put in place?

John Swinney: I certainly cannot commit to that this afternoon. That is quite a big undertaking to give. I will take away the issues that Katy Clark has raised. The Government has taken measures, which have been properly considered by the Parliament, to apply a freeze on rents. As Katy Clark will know, legislative provisions are under way. I will certainly take away the point that she has raised and ensure that it is considered by the relevant ministers.

Stephanie Callaghan (Uddingston and Bellshill) (SNP): I welcome the support set out for students during the cost of living crisis, which I know is weighing heavily on their minds. Will the Deputy First Minister provide an update on the mental health and wellbeing support that is available to students?

John Swinney: We have supported the National Union of Students' think positive initiative, which signposts students to places where they can get help. Through student mental health agreements, student associations and institutions can work jointly on mental health practices.

There is work under way on the strategic delivery of that work, which is being taken forward by a working group chaired by the Minister for Higher Education and Further Education, Youth Employment and Training, and which is determined to ensure that we have the necessary steps in place to protect the mental wellbeing of young people and students.

Finance and the Economy

The Deputy Presiding Officer: The next portfolio is finance and the economy. I remind members that questions 6 and 7 are grouped together and that I will take supplementaries on those questions after both have been answered. I make the usual request that, if somebody wants to ask a supplementary question, they should press their request-to-speak button during the relevant question. Again, there is a lot of interest in this portfolio, so I would appreciate the same brevity in questions and responses.

Superfast Broadband (Update)

1. Willie Rennie (North East Fife) (LD): To ask the Scottish Government whether it will provide an update on its commitment to deliver superfast broadband to 100 per cent of premises in Scotland by 2021. (S6O-01876)

The Minister for Business, Trade, Tourism and Enterprise (Ivan McKee): As at 31 December 2021, all homes and business across Scotland had the ability to access a superfast broadband connection through one of the three strands of activity that make up the R100—reaching 100 per cent—programme: the £600 million R100 contracts, the demand-led R100 Scottish broadband voucher scheme and commercial coverage.

By the end of December 2022, the R100 contracts had built connections to more than 16,600 properties across the length and breadth of Scotland, with more than 2,800 connections also delivered through R100 vouchers.

Willie Rennie: The minister must think that I am zipped up the back if he expects me to believe that answer. It was not delivered by the end of 2021. I personally do not have superfast broadband in my house—and I am not alone. Hundreds of thousands of other people across Scotland do not have superfast broadband either, and therefore it is not at 100 per cent. A new freedom of information release found that it will not be delivered until March 2028—almost seven years late. Why is the minister insisting that he has met the election promise when he clearly has not?

Ivan McKee: As I indicated in my previous answer, the voucher scheme was put in place to ensure that anyone who wanted to connect as at

that date was able to do so. We continue to roll out the programme as planned, with a commitment of £600 million to support that. We have to bear in mind, of course, that telecoms provision is a reserved matter, but the Scottish Government recognises its importance to communities, businesses and families across Scotland—hence our commitment to spend that additional £600 million to roll out the programme.

Jenni Minto (Argyll and Bute) (SNP): Can the minister provide any update regarding the Scottish Government's latest engagement with the United Kingdom Government regarding the funding available to deliver its project gigabit commitment?

Ivan McKee: The Scottish Government continues to work closely with the United Kingdom Government to shape what project gigabit will look like in Scotland. To date, we have secured £28.5 million of funding, which is being used to enhance and extend R100 contract coverage across rural Scotland.

The UK Government has not provided a Scotland-wide allocation of project gigabit funding that would allow things to move forward at maximum pace. We should also recognise that that £28.5 million is out of a total of £1.2 billion confirmed by the UK Government, which is out of a total of £5 billion that it originally committed to that programme.

In the weeks ahead, we will engage with broadband infrastructure providers to understand their current and future gigabit delivery plans and to gauge their level of interest in bidding for new broadband contracts in Scotland. It is vital that the UK Government commits a level of funding that will extend gigabit connectivity to Scotland's rural and island communities, as well as urban and semi-urban areas, to ensure that no one is left behind.

Jamie Halcro Johnston (Highlands and Islands) (Con): In the past week or so, a damaged cable led to broadband outages in some communities in Orkney and the north of Caithness, and that follows damage to two cables in October, which left shortages in Shetland. What discussions are taking place with network providers to reduce the potential for disruption and to increase network resilience?

Ivan McKee: We are engaged in discussions to ensure that there is as much resilience as possible in the system and that such outages are protected against. Clearly, there is the possibility that freak incidents will occur, but we have put in place subsea cables to extend coverage and the work that is being done on connectivity and ensuring that there is resilience across the system will continue.

Greater Glasgow and Clyde (Investment)

2. Pauline McNeill (Glasgow) (Lab): To ask the Scottish Government what assessment it has made of the impact of investment levels on the status of the greater Glasgow and Clyde area, including how this compares to similar city regions across the United Kingdom. (S6O-01877)

The Minister for Just Transition, Employment and Fair Work (Richard Lochhead): As part of the consultation process for the national strategy for economic transformation, the Scottish Government received information on every region in Scotland. That information shows a varied landscape with a number of economic strengths, from clean growth to aerospace.

As Pauline McNeill will be aware, the Scottish Government is investing £500 million in the Glasgow city region deal, which aims to lever in an estimated £3.3 billion of private sector investment to support the delivery of projects, to work with 4,000 individuals and to help at least 600 employment and support allowance claimants into sustained work. We are committed to spreading the benefits of economic growth across the Glasgow city region and to ensuring that deprived areas benefit from that growth.

Pauline McNeill: I put on record the fact that I welcome that investment. However, the Scottish Government does not seem to recognise that Glasgow has an economy that is underperforming in relation to the European average for growth and productivity, and that it has a smaller voice in the British and Scottish growth debates than a city of its stature—the largest city in Scotland—should have.

Yesterday, I raised the fact that the decision not to accept the Clyde green freeport bid was an extremely significant blow to Glasgow, which I do not think has been recognised by the Scottish Government. Stuart Patrick, chief executive of the Glasgow Chamber of Commerce, said:

“Overlooking Scotland's entire west coast risks making both the UK Government's Levelling Up strategy and delivery of the Scottish Government's commitment to a Clyde Mission extremely challenging.”

What does the minister have to say in response? What plans does the Scottish Government have to ensure that Glasgow, as one of the big four UK cities outside London and the most locked-down city in the whole of the UK during the pandemic, is not left behind?

Richard Lochhead: I assure the member that the Scottish Government absolutely supports Glasgow city's, and the wider region's, aspirations. In looking at some of the funding awards that have been made in the past few weeks alone, I see that Glasgow—including the Govan graving docks, which have lain empty for 40 years—has benefited

from the vacant and derelict land investment programme. The Government's recycling improvement fund has made awards to some exciting projects in Glasgow. In addition, the regeneration capital grant fund has made awards to projects in Glasgow, including for the transformation of a former pipe factory into a community centre and creative hub for young people.

That is to name just a few of the awards that have gone to Glasgow and the surrounding region in the past few weeks alone. That is in contrast to what we have seen from the UK Government, with the levelling up fund being an absolute damp squib and failing Glasgow, the wider city region and the rest of Scotland.

I assure Pauline McNeill that the Scottish Government will continue to support Glasgow's aspirations.

John Mason (Glasgow Shettleston) (SNP): The minister mentioned the city deal. Can he say more about the city deal? Does it compensate for the levelling up money that we lost?

Richard Lochhead: As John Mason knows, the deal empowers Glasgow and the region to identify, manage and deliver a programme of investment to stimulate economic growth and create jobs in the area. That funding is issued twice per year, using the agreed governance arrangements, whereby funding is distributed to projects according to the wishes of all eight local authorities across the region. One such example is the bridge over the M8, which is due to open soon and which forms an active travel route linking Sighthill and the city centre. It is part of the £0.25 billion regeneration project for Sighthill, which will improve the economic flow between all those areas. That is just one example.

As to whether the city deal compensates for the levelling up money that was lost, as I said yesterday to Parliament, many parts of Scotland, including areas that are most in need, such as many areas of Glasgow, have been completely ignored and have not received a penny of the £3.8 billion that the UK Government has allocated for levelling up across the UK.

The Deputy Presiding Officer: Question 3 was not lodged.

Business Activity

4. **Sandesh Gulhane (Glasgow) (Con):** To ask the Scottish Government what it is doing to encourage business activity in Scotland. (S6O-01879)

The Minister for Business, Trade, Tourism and Enterprise (Ivan McKee): We know that businesses in Scotland are struggling because of

Brexit and the Tory Government's economic mismanagement, and that is why the Scottish Government is providing, through our limited levers, immediate support, including the lowest non-domestic rates poundage in the United Kingdom. *[Interruption.]*

At the same time, we are delivering our national strategy for economic transformation to achieve our long-term ambitions for a stronger, fairer and greener economy. The strategy's programmes focus on stimulating entrepreneurship, opening new markets, increasing productivity, developing the skills that we need, and ensuring fairer and more equal economic opportunities. We are working closely with delivery partners, businesses, the third sector and trade unions to successfully implement the strategy.

Sandesh Gulhane: Businesses across Scotland have raised significant concerns regarding the Scottish National Party-Green Government's roll-out of a deposit return scheme, calling it "completely unworkable", "negative" and "complicated". It will put jobs at risk, add a massive burden to businesses at a time when they need support, and discourage business. Stakeholders are clear that the plans are poorly thought through, and the Scottish Government is not giving enough attention to those concerns.

Will the Scottish Government listen to businesses and commit to launching the scheme only once businesses have had the answers that they desperately need?

Ivan McKee: We are very conscious of the need to engage with businesses, which is why we have such an extensive programme of engaging with, listening to and responding to the needs of business. It is also why I am chairing the regulatory joint task force, which was set up by the Deputy First Minister. In the past few weeks, the task force has had two meetings, and it is working closely with the business community to assess the impact of regulations, make sure that business regulation impact assessments are doing their job and ensure that we address the impact of different regulations on the business community.

We are focused on listening to and working with business to make sure that the regulations that my colleague Lorna Slater is taking forward on the deposit return scheme, and all other regulations that the Government introduces that impact on business, are properly assessed. We listen to businesses to make sure that their views and concerns about those regulations are taken into account.

The Deputy Presiding Officer: I remind colleagues that we listen with respect to not only questions but the answers that are given to those questions.

Fiona Hyslop (Linlithgow) (SNP): On Friday, many of us took part in the successful business in Parliament event, which was hosted jointly by the Economy and Fair Work Committee and the Scottish Government. Will the minister join me in thanking Parliament and Government staff who made it possible for the 250 delegates from business and MSPs to come together to have frank but positive discussions about the issues faced by businesses across Scotland?

Ivan McKee: I took part in the business in Parliament conference myself and was hugely impressed by the contributions that were made by a wide range of businesses in the plenary sessions and the workshop in which I took part. I thank the Parliament staff and others who were involved in putting on the event.

The conference is one of a range of events that the Government takes part in to ensure that we are working with, listening to and reflecting on the concerns of business. We are hearing from a wide range of businesses across all sectors in Scotland to make sure that we work together to build and strengthen Scotland's economy.

United Kingdom Economy (International Monetary Fund Analysis)

5. Jim Fairlie (Perthshire South and Kinross-shire) (SNP): To ask the Scottish Government what assessment it has made of the potential impact in Scotland of the recent analysis by the International Monetary Fund, which found that the United Kingdom economy is set to shrink by 0.6 per cent in 2023. (S6O-01880)

The Minister for Just Transition, Employment and Fair Work (Richard Lochhead): As was set out in the Scottish Government's recent monthly economic brief, the Scottish economy is facing a challenging outlook. As the IMF projection shows, a lot of that challenge is down to the UK Government's economic mismanagement.

The IMF also highlights that labour market shortages are affecting Scotland and the UK more than other countries. They have been made worse by Brexit, which continues to hold back our economy and make it harder for Scotland to deliver fairer and more sustainable economic growth.

Jim Fairlie: It is now more than three years since the UK left the European Union. Despite all the promises that Brexit would bring in a new era of prosperity for all, it is leading to long-term damage to the Scottish economy, and the decision is contributing to the UK's becoming the poor man of Europe.

Now that Labour has become the new champion of making Brexit work, does the cabinet secretary

agree that the only way to recover from the damage of leaving the European Union and protect Scotland's future is for Scotland to become an independent country?

Richard Lochhead: Unsurprisingly, I agree with the member. The evidence is that Brexit has been disastrous for Scotland. For instance, the Scottish Government's analysis shows that Scotland's trade in goods with the EU was 12 per cent lower in 2021 because of Brexit.

There have been many other warnings. Indeed, the combination of the United Kingdom Tory Government's austerity agenda and Brexit must amount to the two gravest economic errors of our lifetime. They are imposing enormous damage on the Scottish economy and our people's life chances. When it comes to helping to repair the damage, it is indeed the case that if Scotland was independent we would be able to rejoin Europe and gain the economic benefits from doing so.

Local Government Financial Settlement (Convention of Scottish Local Authorities Representations)

6. Neil Bibby (West Scotland) (Lab): To ask the Scottish Government what representations it has had from COSLA regarding the local government financial settlement. (S6O-01881)

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): The Scottish Government has received a number of representations from COSLA regarding the local government finance settlement. Ministers and officials regularly meet representatives from COSLA and individual local authorities to discuss a range of issues, as part of our commitment to working in partnership with local government to improve outcomes for the people of Scotland.

Neil Bibby: The Scottish Government has claimed that the budget makes £570 million more in resources available to councils, but I say to the Deputy First Minister that that is not quite true, is it? COSLA says that, when ring fencing and directed spend are accounted for, the budget increases council spending by just £71 million in cash terms for Scotland as a whole.

The Scottish Parliament information centre tells me that the COSLA figure equates to £304 million in real-terms cuts. The Fraser of Allander Institute says that there is a real-terms cut. The Institute for Fiscal Studies says that there is a real-terms cut. Even Scottish National Party councillors are not buying the Government's figures. Will the Deputy First Minister drop the spin, face the truth and admit that this is a budget for more cuts, closures and strikes across Scotland?

John Swinney: The Government has allocated £570 million more to local government for the next

financial year compared to this financial year—budget bill to budget bill. That is the fact, and that is the reality of the budget uplift that has taken place.

In the resource spending review, the position for local government was presented as being flat cash from this financial year to the next. We have changed that. We increased the number by £570 million, to enable local authorities, as best we can within the resources that are available to us, to withstand the challenges that we all face around inflation.

Mr Bibby knows how the budget system works. There is a total funding envelope available. It has been allocated in full to portfolios. If Mr Bibby wishes to change that and allocate more money to local government, he has to do the decent, straightforward and honest thing and tell us where the money will come from. He should not come to the Parliament and posture; he should tell us where the money will come from.

Local Authorities (Budget Settlement)

7. Murdo Fraser (Mid Scotland and Fife) (Con): To ask the Scottish Government how its budget settlement for local authorities will support the future delivery of quality public services. (S6O-01882)

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): In 2023-24, local authorities will receive funding through the local government finance settlement of £13.2 billion. Local authorities also have a range of revenue raising powers that are not available to other public services.

The impact of the settlement on public services will depend on how local authorities allocate the total resources that are available to them and the level of service that they then provide. Although local authorities are responsible for setting their own budgets, the total funding that is provided by the Scottish Government will increase by more than £570 million in 2023-24 compared with the 2022-23 budget.

Murdo Fraser: The cabinet secretary claims, again, that more money is going into local government, but in the real world, councils are having to make savage cuts. That includes Scottish National Party-run councils, whose leaders are in revolt. Just this morning, Perth and Kinross Council—a council with which Mr Swinney is very familiar—agreed that its SNP leader should write to the cabinet secretary to express extreme displeasure and frustration at being threatened with sanctions rather than given adequate funding.

Members on the Conservative benches have been clear that Mr Swinney should scrap the national care service and redirect that money into

local government. If he is not going to do that, where does he think that the cuts should fall? If not on education, should they fall on libraries, leisure services, arts and culture, the environment or support for vulnerable families? Where should the cuts fall?

John Swinney: Murdo Fraser does not support the increases in tax that I have announced in the budget, so before he comes to the chamber and tries to argue for any reallocation of money, there is a big, gaping, stonking black hole in his argument, which is his unwillingness to take the hard decisions that I have taken on tax. I have become accustomed to Mr Fraser's posturing over many years, but, having wanted us to follow the Truss mini-budget that destroyed the public finances, he was then not prepared to take hard decisions on tax. Forgive me, Presiding Officer, but I will pay no attention to the Conservative Party's critique of the budget that I have presented.

The Deputy Presiding Officer: There are a number of supplementary questions. I will try to get through as many as possible, but they will need to be brief, as will the responses.

Bill Kidd (Glasgow Anniesland) (SNP): More than a decade of Westminster austerity has had a substantial impact on the Scottish block grant and the resources available to fund public services in Scotland. Can the cabinet secretary provide further information on what assessment has been made of the impact that that austerity has had on Scottish Government funding and how the levels of revenue funding provided to local authorities in Scotland compare?

John Swinney: Since the Conservative Government came into office in 2010-11, average real-terms cuts have been more than 5 per cent. That equates to a loss of £18 billion to Scottish Government budgets over that period, and there will be consequential effects on local government into the bargain.

Mr Kidd's point is important. When the challenges that we face on hyperinflation, which, among other things, has been fuelled by the actions of the Conservative Government and its mismanagement of the mini-budget in September, are built on to the effects of austerity, they place real and enduring pressure on our public services and finances.

Daniel Johnson (Edinburgh Southern) (Lab): The Convention of Scottish Local Authorities estimates that road spending has fallen by a third, and there is a £1.7 billion repair backlog. Since 2010, spend on children's play parks has fallen by 38 per cent. In libraries, spending on new books has fallen from £1.79 to 92p per person since 2007. What is the cabinet secretary's assessment

of this budget settlement on those services, and has the Scottish Government carried out an assessment of the impact on local services?

John Swinney: I will make two points. First, I think that Mr Johnson would accept that a decade of Conservative Government austerity has put cumulative pressure on Scotland's public finances. I accept that, and I would have thought that he would have accepted it into the bargain.

Secondly, in the context of a very challenging fiscal environment, with all the issues and difficulties that we have faced, the Government has increased the resources available to local government by more than £570 million. That cash increase is there for local authorities to deploy in the appropriate way, as they see fit, to meet the challenges in their local areas.

Deposit Return Scheme (Repayment of Investment)

8. Brian Whittle (South Scotland) (Con): To ask the Scottish Government what discussions the finance secretary has had with the Scottish National Investment Bank and the Bank of Scotland regarding any impact of the repayment terms of the investment in Circularity Scotland in May 2022 on the timetable for the launch of the deposit return scheme. (S6O-01883)

The Minister for Green Skills, Circular Economy and Biodiversity (Lorna Slater): Scottish ministers meet regularly with the chair and senior leadership team of the bank. As was agreed at its creation, the bank has operational independence, so it is not the role of Scottish ministers to intervene in any individual investment process.

As is set out in the regulations, Scotland's ambitious deposit return scheme will launch on 16 August this year. It will be a major part of our efforts to reduce littering, cut emissions and build a more circular economy.

Brian Whittle: When a bank gives a business loan, there will always be an investment memorandum that dictates when the loan will be paid back and the interest that will be paid as part of the return on investment; furthermore, there will be penalty clauses for any late payment. Does the minister really suggest that the bank's loans are unique in that there is no timetable for repayment and that, therefore, there is no impact on the timetable for the launch of the DRS? My real question is this: is the decision regarding the launch financial rather than being based on the business considerations of the businesses that will be impacted by the scheme?

Lorna Slater: As I noted in my first answer, the bank's investment decisions are independent of

Scottish ministers, and ministers do not intervene in any individual investment process.

Our deposit return scheme will launch on 16 August this year, as was agreed by the Parliament when the go-live date was announced in December 2021.

Stuart McMillan (Greenock and Inverclyde) (SNP): I understand that the United Kingdom Government is yet to reach a decision on how VAT will be applied to deposits as part of the DRS. Can the minister provide an update on the Scottish Government's latest engagement with the UK Government regarding that issue?

Lorna Slater: We know how important it is for business to have clarity on the VAT on deposits. We are working closely with the UK Government to resolve that issue, and we are seeking action to minimise the risk to the Scottish scheme. I have met UK ministers on a number of occasions on the issue and have asked that it be resolved by July 2022 at the latest. As the issue was still unresolved as of last week, the Deputy First Minister wrote to the Chancellor of the Exchequer to request that a decision be communicated this week at the latest, and that is what we are now anticipating.

Ultimately, I believe that all tax powers, including those relating to VAT, should sit with the Scottish Parliament so that the decisions that affect Scotland's businesses and people are made here, in Scotland.

The Deputy Presiding Officer: That concludes portfolio question time. There will be a brief pause before we move to the next item of business.

A9 Dualling

The Deputy Presiding Officer (Annabelle Ewing): The next item of business is a statement by Jenny Gilruth on A9 dualling update. The minister will take questions at the end of her statement, so there should be no interruptions or interventions.

14:51

The Minister for Transport (Jenny Gilruth): I welcome the opportunity to provide an update to Parliament on the A9 dualling programme.

The A9 cuts through the heart of Scotland—some call it the spine of Scotland—linking lowland with highland. It is a vital route for the people and businesses of the north of the country and it is a road on which we have witnessed a devastating increase in fatalities in recent times.

Before Christmas, I committed additional investment of £5 million from the Government to improve short-term safety measures on the A9, but I am very clear that the main route to improving road safety will be in the full completion of the dualling programme between Perth and Inverness. That has been a long-standing commitment of this Government, and we remain absolutely committed to fulfilling it.

I recognise the significant public and parliamentary interest in the progress of the route, championed by organisations such as the A9 dual action group, representatives of which I met very recently, and by members of the Parliament, whom I have met on a number of occasions in recent times to discuss the A9.

As MSPs will know, we have recently been actively progressing the procurement of the next section of the programme, between Tomatin and Moy. That process has now concluded, and I take the opportunity today to advise members of the outcome and to provide an update on the remaining sections of the programme.

Before I turn to those matters, it might be helpful to reflect on both the scale of the programme and the progress that has been made thus far. The programme comprises 11 projects, which together will provide approximately 80 miles of new dual carriageway between Perth and Inverness. With an estimated cost of £3 billion at 2008 prices, it is one of the largest infrastructure programmes ever undertaken in Scotland.

Two of the 11 projects, providing more than 10 miles of new dual carriageway, are complete and open to use. Those are the Kincaig to Dalraddy and Luncarty to Pass of Birnam sections, which opened in September 2017 and August 2021 respectively.

Ministerial decisions to complete the statutory process have been confirmed for eight of the nine remaining projects. That covers more than 92 per cent of the length to be dualled. For the one remaining section, we are continuing to progress the Pass of Birnam to Tay crossing project and to identify a preferred route option following an innovative co-creative process with the local community. An announcement on the preferred route there will be made this spring.

Our investment of more than £430 million to date has meant that much has already been achieved. All of that has been done alongside the successful delivery of a number of other significant investments by the Government, including the Queensferry crossing, the Aberdeen western peripheral route and the M8 motorway improvements, delivering tangible benefits to lives across the country on a daily basis. Although much is still to be done, this Government is absolutely committed to completing the A9 dualling programme.

Separately, as was previously mentioned, in recognition of the immediate road safety concerns following fatal accidents that occurred on the route in the second half of 2022, I announced an investment of approximately £5 million in additional road safety measures for the A9 back in December. I am pleased to confirm that those safety measures have now commenced and are progressing well, as was confirmed to me by Bear Scotland at the A9 safety group meeting that was held last week in Inverness.

That work includes enhancements to signing and road markings, initially between Birnam and Dalguise, and the installation of electronic signs to display safety messages between Perth and Inverness. Furthermore, a road safety campaign targeting driver fatigue will begin next week, on 13 February, and preparations for a “drive on the left” campaign are well under way ahead of a launch this Easter. Next month, I will convene a stakeholder summit with the car hire companies that serve our main airports, to discuss further work that we can undertake with the sector to improve foreign drivers’ understanding of the A9.

My sympathies continue to be with everyone who has lost a loved one on Scotland’s roads. One life lost on any of Scotland’s roads is, of course, one too many. As a Government, it was imperative that we responded to the devastating increase in fatalities on the A9, and I am hopeful that those more immediate measures will help to support a reduction in road traffic accidents.

On the outcome of the procurement of the Tomatin to Moy project, three bidders were invited to participate in a procurement exercise back in December 2021, with final tenders required to be submitted by October of last year. That coincided

with external factors including the pandemic, disruption caused by Brexit, and the war in Ukraine. The inflationary impacts of all of those factors impacted significantly on the construction market.

Unfortunately, the final return yielded only one tender submission. The anticipated cost of the construction contract was £115 million. Following careful consideration of the tender, the price of which was significantly higher than expected, even allowing for the real-world impacts of the volatile economy, ministers have concluded that an award of the contract at this time would not represent best value for the taxpayer. At any time, but particularly in the current climate, protecting public finances is an essential part of responsible government.

Members will appreciate that, due to commercial confidentiality, it would be inappropriate for me to provide any further details of that bid, but I make clear our firm intention to retender for Tomatin to Moy at pace and with some urgency. I can confirm that the tenderer concerned has been informed of the decision in respect of the procurement.

I fully appreciate that this will be disappointing news for many people. However, I want to make it absolutely clear to members in the chamber, and to the communities and businesses served by the A9 between Perth and Inverness, that the Scottish Government's commitment to dualling the section between Tomatin and Moy remains absolute.

It has been a difficult decision to make, but we believe that it is the only responsible one to take, given the circumstances. I reassure members that Transport Scotland is already taking the necessary preparatory steps for the retendering of the Tomatin to Moy project. Work has begun to update the contract terms, and work will continue on preparations for the new procurement for Tomatin to Moy with the firm aim of achieving a contract award before the end of this year.

At the end of last year, I invited members of the Scottish Parliament to meet Transport Scotland and wider stakeholders to discuss the range of short-term proposals for investment in the A9, specifically in relation to the increase in fatalities that we have seen on the route in recent times. To that end, and in a similar spirit, I propose that, soon after the retendering process commences, I will convene a meeting with interested MSPs, Transport Scotland and relevant stakeholders to discuss the next steps. MSPs should have a letter from me this afternoon about that.

It is imperative that MSPs are engaged in that work, and I recognise the rightful strength of constituency interest in that regard. As part of the retendering process, Transport Scotland will engage with representatives of the construction

industry, including the Civil Engineering Contractors Association, on how elements of its standard terms and conditions for such projects might be modified to encourage more bidders to participate in future. We also need to recognise, however, that the construction market has changed substantially in recent years. We very much want to work with the supply chain while securing a good deal for the Scottish taxpayer.

Undoubtedly, the delivery of the overall A9 dualling programme has been impacted by a number of external factors. Although good progress has been made in securing the statutory consents, as for many other construction projects across the world, progress has been significantly disrupted by the pandemic. In addition, I do not need to remind members that the United Kingdom economic climate has been extremely volatile in recent times, particularly in the immediate aftermath of the UK Government's mini-budget in September 2022.

Members will also be aware that Transport Scotland has been assessing the most suitable procurement options for the remaining sections of the A9 dualling programme. Following the principles of the Scottish public finance manual, that work has included consideration of whether procurement should be on the basis of a series of capital-funded design and build contracts similar to those used for the recently completed Luncarty to Pass of Birnam project or whether a smaller number of larger-scale, resource-funded public-private partnership contracts similar to those used on the Aberdeen western peripheral route should be used instead.

Due to the recent economic volatility, including the impact on borrowing costs of the UK Government's mini-budget, it has been necessary to look at the impact of market changes on the available procurement options. In the light of the outcome of the Tomatin to Moy procurement process, that assessment must now consider the potential cost implications of any changes to the terms and conditions in our roads contracts.

Members will know that the original completion date for the dualling of the A9 was scheduled to be 2025. As MSPs will now understand, that timescale is simply no longer achievable. However, I will set out a revised timescale as soon as possible, seeking to minimise delay as far as possible. It is true that the target date that was originally set was always an ambitious challenge. It was also reliant on the timely and positive outcome of a range of factors such as the completion of public and stakeholder consultation, statutory approval processes, market capacity, supply chain availability and the availability of funding—all of which have been significantly

impacted by the events that I outlined earlier. That has made the 2025 deadline simply unachievable.

I appreciate that members will want to know what the new target date for the completion of the A9 dualling programme might be, as do I. As I previously stated, Transport Scotland is urgently considering a range of different options, to provide ministers with advice on the most efficient way to dual the remaining sections. I expect to have that advice by the autumn of this year, at which time I will update Parliament and put forward a renewed timescale for completion.

I reiterate the Government's unwavering commitment to delivering the benefits of the completed A9 dualling programme to the people of Scotland. We will support that commitment by continuing the work to obtain the outstanding statutory consent for the Pass of Birnam to Tay crossing project and by completing the required land acquisition as soon as possible. We will also urgently engage with industry partners, working together to progress the Tomatin to Moy project in a way that offers a good deal for Scottish taxpayers.

The Government committed to dualling the A9 for a good reason. Dualling of the route will improve connectivity between the central belt and the Highlands of Scotland, deliver better opportunities for tourism and business and fundamentally improve road safety on the A9, as well as the lives of people who live in communities alongside the route. The Scottish Government's resolute commitment to full dualling of the A9 remains absolute. I look forward to continued engagement with members as we refocus our efforts to deliver the outstanding sections of the road in as timely and efficient a manner as possible.

The Deputy Presiding Officer: The minister will now take questions on the issues that she has raised in her statement. I intend to allow around 20 minutes for questions, after which we will move on to the next item of business. I ask members who wish to ask a question to press their request-to-speak buttons.

Murdo Fraser (Mid Scotland and Fife) (Con): I welcome the temporary road safety measures that are currently being implemented. However, communities along the A9 in Perthshire and the Highlands have been waiting for more than a decade for the Government to fulfil its commitment to dualling the A9 in its entirety from Perth to Inverness. In that time, barely 10 miles have been completed out of a total of 80 miles—just one eighth of the total project. Today, we might have hoped for some positive news from the minister or some detail on the timetable for the long-delayed completion. Instead, all we have is more bad news, with a further delay to the Tomatin to Moy

section. The minister could tell us nothing about what the progress will be on the remaining sections of the road. No details, no timescales and no hope—just empty words, repeated over and over again, about the Government's unwavering commitment.

Actions speak louder than words. Last year, 12 people lost their lives on single-carriageway sections of the A9. More people will die this year, next year and the year after as the Scottish National Party promise is not delivered. Can the minister give us any indication of when the long-standing commitment will be met and when the long-delayed and vital road safety project will be completed?

Jenny Gilruth: I recognise the strength of interest from members, and particularly Mr Fraser, who raises the issue of the A9 with the cabinet secretary and me on a fairly regular basis, noting his own interest in his region. I recognise that other members from the area do likewise.

Fundamentally, the Government has faced a number of challenges in recent times. Murdo Fraser might have heard the Deputy First Minister giving a response to a question from a member on the Conservative benches earlier this afternoon in which he set out some of the recent financial challenges that the Government has faced. First, there is the impact of the pandemic, which cannot be understated, particularly in relation to the construction industry across the piece—not just in relation to road building. Secondly, there have been inflationary impacts in relation to Ukraine and, layered on top of that, impacts from Mr Fraser's colleagues down south in relation to the mini budget. All of that needs to be considered in its totality. That is why the work that Transport Scotland is undertaking to assess the market implications and determine where we can make the best progress in the quickest and most efficient way is hugely important.

I recognise some of the challenges here, and that is why, this afternoon, I have written to members to reassure them about the approach that I intend to take, working with members such as Mr Fraser.

It is worth reflecting on the fact that we have made progress in recent times. As I mentioned, we have invested £431 million in delivering the dualling programme. Of course, we need to adhere to statutory processes in relation to roads building, and that takes time. As the responsible minister, I would like to be able to move more quickly on this, but I recognise that there are processes that we need to adhere to in relation to road building.

More generally, I am keen to come back to the Parliament later this year with an update. The

Tomatin to Moy section of the A9 has been challenging in ways that I do not think that ministers expected. It has been quite an unusual situation, as we have had only one tender in this instance. Therefore, we are moving forward at pace on the retendering of that specific section, and I will come back to the Parliament later in the year to set out the timeline that the member has asked for.

Rhoda Grant (Highlands and Islands) (Lab): This is a total betrayal of the Highlands. It is a broken promise—I wonder whether the Government ever intended to keep it.

The scale of the project is exactly the same as it was 16 years ago—sadly so, given the lack of progress and the lives that are being lost on that dangerous road.

This is an issue of the minister's Government's making. Had it even attempted to adhere to its own timescales, contracts would have been awarded by now. It is also shameful that, on the day that Volodymyr Zelensky is addressing the UK Parliament, SNP ministers are trying to blame the war in Ukraine for their failures to deliver a manifesto pledge from 2007.

Will the minister now come clean on the estimated timescale for dualling the A9 to Inverness? If she cannot answer that, can she at least give an indication of when the routes between Inverness and Dalwhinnie and between Perth and Ballinluig will be fully dualled? Further, will she now apologise to the people of the Highlands for this gross betrayal?

Jenny Gilruth: I ask Ms Grant to reflect on some of the other investments that the Government is delivering in the region that she represents. Only last week, I opened Inverness airport station—a significant investment in the local area that will help to improve connectivity.

Ms Grant mentioned the recent increase in the number of fatalities on the road. She attended the meeting that I convened with MSPs to look specifically at that issue and ask questions of BEAR Scotland and Police Scotland. It is hugely important to recognise—as, I am sure, she does—the additional investment in the short-term measures that I announced at the end of last year, which will help to improve safety on the route.

Ms Grant has asked about a timetable. I think that I gave Mr Fraser an answer to his substantive point on that and said that work is being taken forward to consider the outstanding sections in their totality to determine the most efficient route for delivery. I will come back to the Parliament to update members on that later this year.

Emma Roddick (Highlands and Islands) (SNP): I am certain that correspondence is

already coming in from constituents who are extremely disappointed and concerned about the news regarding the route from Tomatin to Moy. I share their disappointment. I cannot overstate how difficult it will be for locals to believe that this project will be carried out in the face of another delay, and I hope that the minister is able to provide an assurance that the Scottish Government remains committed not only to the project but to the people of the Highlands, amid continued accidents and fatalities on the road that it has committed to dualling. Can she give some more detail on how severely the restart of the procurement process could delay the dualling of that stretch of road, and can she say whether there is an issue with the Transport Scotland procurement process that makes it unattractive to bidders?

Jenny Gilruth: I thank Emma Roddick for her question, and I want to give her the reassurance that she seeks in relation to the people of the Highlands. She was at the opening of Inverness airport station last week, so she knows how committed the Government is to continued investment in that part of the country. I very much recognise her interest in the route as a local MSP.

Transport Scotland's design and build works contract has been successfully implemented for the past 20 years. Emma Roddick asked a question on the challenges with the process, which is all being considered in the round in relation to how we move forward at pace. If we need to change the way in which Transport Scotland approaches those projects, that will of course be looked at, because we need to make sure that we attract as much opportunity for investment as possible and that bidders are not put off by the process.

It is fair to say that, in recent years, there has been a decline in the numbers of tenderers, and we understand from industry contacts that that is largely due to the terms and conditions that are in our contract, including risk transfer. As I mentioned, Transport Scotland is reassessing that approach in the light of current market conditions. That work sits alongside changes that we might have to take in the future. We will look carefully at how we can get the best balance between achieving cost certainty and making our contract attractive to the market by looking at appropriate risk allocation—which is fundamentally important—as well as looking at the role of contracting parties and improving collaboration between Transport Scotland and the contractor.

Jamie Halcro Johnston (Highlands and Islands) (Con): The minister admitted today what we have all known for some time: the 2025 date will not be met. Communities along the A9 and

road users have been kept in the dark on when and if the project will be completed.

Currently, how many years behind the original timescale is the project? When was the minister first told that the 2025 date would not be met?

Jenny Gilruth: I thank Jamie Halcro Johnston for his questions.

Work on that is on-going, as I have said, and will report later in the year. I would like to come back to the Parliament later this year to give an update and reassurance in relation to the deadline.

Of course, we have to fulfil statutory processes when carrying out any major roads project in Scotland. It is clear that market conditions at the current time would not have allowed us to deliver the full dualling programme within the original timescale as previously set out, regardless of the delivery model that we choose. Therefore, we are looking at the optimal delivery programme to give certainty to the public. I recognise Jamie Halcro Johnston's point in that regard. That is why, of course, I have been working closely with MSPs, including him, on how we can better work with communities to ensure that they understand the next steps for the programme. To that end, I have written to members this afternoon to invite them to engage with me and Transport Scotland on the next steps in the delivery of the project.

Fergus Ewing (Inverness and Nairn) (SNP): Today's news will be met in the Highlands with shock, incredulity and anger. Why does Transport Scotland, unlike its counterpart south of the border, put all the risks of unforeseen costs on contractors? Surely, that makes—and has made—bidding less attractive. Nearly two years into this parliamentary session, why do we still not have a revised timetable to replace a deadline that every person in the Highlands knows was never going to be achieved?

Jenny Gilruth: I thank Mr Ewing for his question and I recognise his strength of feeling about the A9, in particular, but also about the A96, which is in his constituency. We have met, in his constituency and in Parliament, to discuss the A9 and the A96 on a number of occasions. I am keen to work with the member on supporting his interests and those of other interested MSPs, because it is important that we get the next steps right.

I have outlined to members some of the challenges that we have faced in recent times. We had keen interest at the industry event days when the tender for Tomatin to Moy was first launched, and that was positive. At the beginning of the procurement process, three contractors pre-qualified for the bid. One of those withdrew early in the process, and another withdrew on the day before tenders were due for submission, which

meant that only one tender was submitted. As I mentioned in response to Ms Roddick, Transport Scotland's design and build works contract has been used for more than 20 years.

Some of Mr Ewing's points are fair and they will all be considered in the wider work on how we move forward at pace on the totality of the sections of the route on which dualling remains outstanding.

As I mentioned in response to one of the Conservative members, there has been a decline in the number of tenders that are coming forward, so we need to look at the approach that we use in Transport Scotland. That will be addressed fundamentally as part of the wider advice that will come to ministers in the autumn, to ensure that, going forward, we have the best approach in Transport Scotland to attract the highest possible numbers of bids in order to deliver the programme as efficiently and timeously as possible.

Neil Bibby (West Scotland) (Lab): The minister has said several times today that the Government is absolutely committed to fully dualling the A9. Are the Greens fully committed to dualling the A9? Yes or no.

Jenny Gilruth: I am not a Green Party minister.

Jim Fairlie (Perthshire South and Kinross-shire) (SNP): The A9 in my constituency is fully dualled, but the proposed Shinafoot junction has been an on-going concern for local folk for many years. Following the minister's visit to Shinafoot junction last year—for which I put my thanks on record—I was delighted to learn that the local authority had listened to local concerns and rejected a housing developer's plan to put only an off-slip in place. A requirement for continuation of the housing development was that there would be both an on-slip and an off-slip.

Can the minister say anything about what she will do to ensure that she will, as the A9 developments continue, press to ensure that the incredibly dangerous junctions are given proper consideration to ensure that they are safe for people who are trying to navigate them?

Jenny Gilruth: Jim Fairlie has raised a fair point. I met him and community representatives to discuss their concerns about the Shinafoot junction. As I noted at the time, the junction proposals were subject to on-going planning considerations by the local authority. My officials are still in dialogue with Perth and Kinross Council and local developers on the matter, to ensure that safety on the A9 is maintained at that location, and that access to and from the local community is improved, where possible.

It was really helpful to make a site visit with Mr Fairlie to see the challenge. Of course,

responsibility sits with developers to develop proposals for what is necessary to access their development. I am more than happy to continue that dialogue with Mr Fairlie, who will convey his constituents' interests on the section of the route that he identified.

Liam McArthur (Orkney Islands) (LD): I thank the minister for advance sight of the statement. I think that Fergus Ewing and Emma Roddick have eloquently expressed the reaction that there will be among people in the Highlands to the announcement that the promise on dualling the A9 has, in effect, gone the same way as the promise on rolling out superfast broadband.

However, the A9 does not stop at Inverness. What reassurances can the minister offer to communities north of Inverness that the Government is committed to investments in improvements to safety on that part of the road?

Jenny Gilruth: The Government is absolutely committed to continuing those investments. I reassure Liam McArthur, and observe more generally, that investment by the Government in road safety has been and will be increasing.

I have outlined some of the measures that have been taken. The short-term measures target the route between Perth and Inverness, but I recognise the other on-going challenges on the route north of Inverness. During the October recess, I met BEAR Scotland and Transport Scotland representatives to look at junction closures that will be happening north of Inverness. I am more than happy to write to the member with more detail on the financial investments that we have made in that part of the road.

Mark Ruskell (Mid Scotland and Fife) (Green): It is clear from speaking to Perthshire constituents who live alongside the A9 that acceleration of road safety is everyone's top priority. The minister has helpfully outlined some of the urgent safety measures that are being delivered. Can she update me on what consideration is being given to proposals to reduce speed limits on dangerous sections of the road, particularly the section between Birnam and Dunkeld?

Jenny Gilruth: We have no plans to reduce speed limits on the A9. Proposals to amend speed limits will generally emerge as outcomes of the national speed management review, when it concludes. I am more than happy to give Mark Ruskell an update on that work, which is on-going but is set to report in the coming months. The national speed management review will provide us with the evidence base to consider changes to be made in the future.

John Mason (Glasgow Shettleston) (SNP): Inflation is clearly an issue in all this. The Finance

and Public Administration Committee was told that the costs of some projects have gone up by 30 per cent, perhaps because of the war in Ukraine and Brexit. Is the minister concerned that we run the risk of tendering again and reaching the same outcomes of there being very little interest in tendering and a very high price?

Jenny Gilruth: I recognise the challenge that John Mason has outlined. As I think I mentioned in response to another member, we originally had three bidders that pre-qualified for the bid, which is important to observe. One of those bidders withdrew early in the process and another contractor withdrew on the day before tenders were due for submission. That resulted in only one tender being submitted. The outcome of that procurement competition was fairly unexpected and quite unusual. We have looked at some of the external factors that contributed to that.

Brexit and the situation in Ukraine—which John Mason mentioned—Covid-19 and, of course, the inflation that has been caused by the UK Government's mini budget have all had broader impacts on the construction industry. The end of 2022 was an extremely challenging time for the construction sector more generally because, of course, we had peak inflation and additional market volatility.

Forecasts from the Building Cost Information Service show that the market is likely to settle in the coming months and years, and we anticipate that that will help us to get best value in the procurement exercise. Transport Scotland will, of course, engage with industry partners, including the Civil Engineering Contractors Association, to consider improvements that can be made to our design and build contracts—which have been the theme of some members' questions today—to our contract delivery strategy and to the procurement mechanisms that we use.

Graham Simpson (Central Scotland) (Con): Jenny Gilruth has put the A9 on hold today. The so-called "unwavering commitment" to deliver is empty. There is no delivery programme. Why does she think firms are showing a lack of interest in working with the Scottish Government? The issue has been known about for years, and does not exist elsewhere in the UK. What is the problem?

Jenny Gilruth: I am not sure that I agree with the premise of Mr Simpson's question. It is worth my while to observe that Transport Scotland, through its market consultation, has been looking at feedback from the construction industry following the pandemic. It is important that we learn lessons from the pandemic and its implications for the construction industry more generally. That has given us an opportunity to look at, for example, closely sequencing construction

work in a way that does not result in excessive disruption.

There have been several significant changes during the market consultation, including international impacts, which I have mentioned, and the challenging economic circumstances, which of course include the UK Government's mini budget. It is important that Transport Scotland reassess its construction contracts more generally, in the light of that change. To answer Graham Simpson's question, I note that we will look at how we can strike the best balance between achieving cost certainty and ensuring that our contracts are attractive to the market. That will be fundamentally important as we move forward with the retendering programme.

Gordon MacDonald (Edinburgh Pentlands) (SNP): The announcement will clearly come as a disappointment to communities and people who have campaigned on the issue over the years, but it is important to focus on exactly how this has happened. Can the minister confirm that the decision has been taken at a time of extreme financial pressures globally, that it is based on an assessment of value for money and that it is in line with HM Treasury's "The Green Book" requirements, which ministers are required to follow.

Jenny Gilruth: As I said, the outcome of the procurement competition was unexpected. We have touched on the external factors that contributed to that. The end of 2022 was a really challenging time at which to procure a major infrastructure project. We had peak inflation as well as market volatility more generally, which coincided with the end of the tender process.

Following a difficult and complex procurement procedure, Transport Scotland has decided not to award the contract for the Tomatin to Moy section under the current procurement competition. Having carefully reviewed the tender, we have concluded that it does not provide best value for the taxpayer at the current time. However, we will seek to secure continuous improvement in performance while looking to strike the appropriate balance between quality and cost. It is hugely important that our approach has regard to broader factors in relation to the economy, efficiency and effectiveness, and that it contributes to the achievement of sustainable development.

Gordon MacDonald's question was well put; I am hopeful that the retendering process will deliver a range of options to allow us to move forward at pace.

Douglas Lumsden (North East Scotland) (Con): The delay to the A9 project will have a knock-on effect on other road projects. The A96

was meant to be fully dualled by 2030. Will that commitment be met?

Jenny Gilruth: Douglas Lumsden will have received an invitation to meet the contractors who have carried out the substantive work in relation to the A96. I look forward to meeting the member and the contractors to talk about the review that has been carried out over the past year.

The Deputy Presiding Officer: That concludes the statement. There will be a short pause before we move on to the next item of business, to allow the front bench teams to change position, should they wish to do so.

National Health Service Dentistry

The Deputy Presiding Officer (Annabelle Ewing): The next item of business is a debate on motion S6M-07812, in the name of Alex Cole-Hamilton, on addressing the crisis in NHS dentistry.

15:25

Alex Cole-Hamilton (Edinburgh Western) (LD): I am very pleased to rise for my party to speak in this debate. There is a dentistry crisis in Scotland. It can be felt everywhere—it is visited in each of our mailbags and is inflicting pain on people up and down the country every day—yet the Government's amendment seeks to delete that reality from the parliamentary proceedings. That is astonishing. Again, it shows the cognitive dissonance that we have come to know well from the Government, which has its head in the sand and displays the dead hand of ministerial disinterest in things that matter to real people.

Indeed, it was a show of astonishing timing that the Government published a letter last night that evidenced its paltry effort in kicking issues down the road, with promises of jam tomorrow to our hard-working dentists.

Far too many Scots face huge obstacles in accessing NHS dental check-ups. The number of NHS treatments that are being conducted is dramatically below pre-pandemic levels. Liberal Democrat research has revealed soaring waits for dental treatment, with some patients waiting more than three years for help. Imagine having to deal with dental pain for three years—it is astonishing.

The situation is dire right across the country. Eleven health boards recorded patients having to wait more than a year for treatment. A freedom of information request to health boards showed that dentists submitted about 3.2 million claims for NHS work between January and November last year. That sounds like quite a lot, but if we compare that with the 5.6 million claims for NHS dental work in 2019, we start to understand the quantum of the problem and the fall-away in dental work.

Put simply, many people either are forced to wait months for NHS dental treatment or are unable to access NHS care at all. In rural communities, the situation is even more acute. In Orkney and Shetland, the number of NHS dental claims has fallen by more than 50 per cent, while many practices in Dumfries and Galloway have closed their doors to NHS work entirely. The warning lights are well and truly on, and they are blinking, but the Government's response has been achingly slow.

Let us think about how we got here. The business model for dentistry is straightforward. There has always been a balance between NHS work and private work, but, over time, stagnation in payment for NHS work has led to that balance shifting inexorably towards private work. That is not the fault of dentists—they have people to employ, lights to keep on and bills to pay at home. It is a result of, as I said, ministerial disinterest in the funding model. We know from senior dentists that the Government has, in their words, had its head in the sand.

I note that the Government has, once again, referenced the impact of the pandemic. The pandemic has, of course, had an impact. We know that that is, in large part, why there has been a backlog of procedures. However, as Paul Gray, the former chief executive of NHS Scotland, said, the crisis in our NHS, including in dentistry, was always coming—Covid just hastened the date.

The Government talks in lofty tones about protecting our NHS from privatisation. It rightly speaks of prescription charges being a tax on the sick. However, under the Scottish National Party-Green Government, thousands of people are denied the dental treatment that they desperately need. Why are they denied it? It is because they simply cannot afford to pay for private treatment, which is the only other option available to them.

Of those who responded to a United Kingdom-wide poll that was conducted by my party last year, a quarter of people said that they were forced to pay for private dental treatment. Many people said that they delayed seeing a dentist despite suffering pain. When the pain got too bad, many of those who could not afford to go private turned to DIY dentistry. That means that they carried out dental work on themselves or asked somebody equally unqualified to do it for them.

Last year, a staggering one in five people who failed to get an NHS dental appointment resorted to that. Imagine that. We are not living in the dark ages; this is 21st century Scotland. The fact that so many people are being forced to take such a measure is a national scandal and an absolute indictment—

Sandesh Gulhane (Glasgow) (Con): Does Alex Cole-Hamilton agree that, since the Scottish Conservatives previously brought a debate on dentistry to the chamber, things have got worse?

Alex Cole-Hamilton: Dr Gulhane is absolutely right: things are getting worse.

I am sad to say that I sometimes fear that we are becoming inured to the level of crisis in our dentistry profession. [*Interruption.*]

The Deputy Presiding Officer: Excuse me. Could we not have sedentary chitchat, please? Thank you.

Alex Cole-Hamilton: If the cabinet secretary wants to come in, I would be quite happy to take an intervention.

The Cabinet Secretary for Health and Social Care (Humza Yousaf): Does Alex Cole-Hamilton recognise that Brexit, along with the pandemic, has had an impact on the dental workforce? If so, does he therefore disagree with his party's leadership, which wants to keep us out of Europe?

Alex Cole-Hamilton: Wow. I think that I have turned up to the wrong debate. *[Interruption.]* Nevertheless, I invite the cabinet secretary to explain that to senior dentists, who have told us that his Government has its head in the sand.

Obviously, Brexit has played its part. My party opposed Brexit and it is still opposed to it. Nevertheless, the cabinet secretary cannot once again shirk any responsibility by either blaming the pandemic or Brexit for his Government's inadequacies and his own ministerial disinterest.

I wish it were just hyperbole, but when healthcare in this country is in such dire straits that people are literally being forced to pull out their own teeth, the use of the word "crisis" in the motion feels far too modest, and I cannot believe that the Government sought in its amendment to remove that word.

It should go without saying that tooth care, like any other form of healthcare, should be universally accessible and free at the point of delivery. Scottish Liberal Democrats were instrumental in introducing free dental checks in Scotland when the party was in coalition with Labour and in pressing for a new dental school to address shortages in the dentistry workforce. However, over the past 15 years, Scottish dentistry has been left to rot in the incapable hands of the Scottish National Party.

We find ourselves in this situation because our national health service has been starved of funding. The money that dentists are being given every time they carry out an NHS procedure is not going far enough to make the work sustainable, with some even running at a loss. Unsurprisingly, more and more dentists are becoming fully private, with only 18 per cent of practices taking on new NHS patients.

The Liberal Democrats have solutions. We want the Government to reform the existing funding structures for dentistry, so that dentists are incentivised to take on NHS patients. We want the Government to rewrite the NHS recovery plan so that it includes dentists in more comprehensive ways and properly recognises the importance of

dentists in the course of that recovery. People are suffering. It is time that the Government woke up to that.

I move,

That the Parliament believes that there is a crisis in NHS dentistry; notes that the number of NHS dental check-ups and treatments being conducted are dramatically below pre-COVID-19 pandemic levels; further notes with concern that the number of dentists who are carrying out NHS work has fallen in 11 NHS boards, with the chair of the British Dental Association's Scottish Dental Practice Committee warning of a "wholesale exodus" from the sector; understands that most dentists are not accepting new NHS patients and that polling has shown that many of those registered have been unable to get appointments; believes that the lack of government action to resolve this is leaving people in pain and will cause wider mouth health issues to be missed, and calls on the Scottish Government to rewrite the NHS Recovery Plan so that it includes dentistry fully and properly recognises the importance of dentists in the course of the recovery, and to urgently reform the funding structures so that dentists can return to taking on NHS activity and enable more patients to be seen.

The Deputy Presiding Officer: I call Maree Todd to speak to and move amendment S5M-07812.3. You have up to six minutes, please, minister.

15:32

The Minister for Public Health, Women's Health and Sport (Maree Todd): I am grateful for the opportunity to debate the important matter of access to NHS dental care, given the unprecedented impact of the pandemic and the uncertainty that that has caused. I am pleased with the progress that we are making, and I am glad that we were able to confirm that we are maintaining the current bridging payment until 31 October, incentivising NHS work.

I am sure that everyone in the chamber will recognise that NHS dental services have undergone a significant and prolonged period of recovery. Members will recall that patient access to NHS dental services was severely reduced during the pandemic, as sensible public health precautions were required to mitigate the possible transmission of Covid-19 in dental surgeries. We are seeing encouraging signs of improving patient access to care.

The Scottish Government supported dental practices through the pandemic, including through the provision of an additional £150 million to maintain the sector. That includes vital financial support payments being made to contractors to secure continued NHS dental service provision.

NHS dental services are on the road to recovery. I am sure that members will wish to share my admiration for NHS dental services as sector recovery continues. That is highlighted by the completion of more than 1.6 million NHS

examination appointments between April and October 2022.

In 2022-23, an average of 300,000 courses of treatment a month have taken place, highlighting an improvement on the 2021 figures.

Far from the picture that Alex Cole-Hamilton has painted, that means that we are on course for an increase of 40 per cent in NHS dental activity compared with 2021-22. It also means that we have made considerable progress towards pre-pandemic levels.

Additional support payments have been provided in each quarter of the current financial year, on top of item of service claims, to support contractor incomes and, crucially, to enable patient care to be delivered.

Alex Cole-Hamilton: Will the minister give way?

Maree Todd: Certainly—if the member is brief.

Alex Cole-Hamilton: The minister talks about the uplift in dental work compared with 2021-22. I remind her that non-aerosol generating procedures were not allowed in 2021-22, so an uplift of 40 per cent is hardly something to be congratulated on.

Humza Yousaf: It is progress!

Maree Todd: There you go. It is undeniable that we are making progress—really good progress—towards pre-pandemic levels.

We are still in the midst of a global pandemic.

Jackie Baillie (Dumbarton) (Lab): Will the member give way?

Maree Todd: Give me one moment to make some progress.

There is now a clear necessity to provide continued support to the sector as we move to the payment system reform. The improving picture on patient access to care underpins the need for longer-term, sustainable payment system reform to provide surety of NHS provision. The development of the NHS dental payment reform has been built in the spirit of clear engagement with the sector; indeed, I am really pleased to report to members that the chief dental officer's advisory group, which contains practising NHS dentists and members of the dental team, has been prominent in developing the clinical requirements of those reforms, building on our oral health improvement plan approach.

In discussion and engagement with the British Dental Association Scotland, there has been further development of the payment system reform programme, which is informing us on the correct

course to take to seek agreement on the overall package of reform.

Members will welcome the open approach to the development of reform with a focus on preventative care. The payment system reform supports enhanced clinical discretion and will support clinicians to deliver effective, high-quality care to patients.

Jackie Baillie: I welcome the minister's contribution, which is outlining reform, but can she please give us a timetable?

Maree Todd: The timetable is clearly seen in the commitment to maintaining the bridging payments to the end of October this year; we expect the new system of reform payments to be in place by then.

The Scottish Government has ensured that NHS dental services are well placed to recover from the impacts of the pandemic to deliver care for the oral health of the whole population. We are committed to tackling the pandemic-related backlog in routine dental care and have supported the sector continuously.

The improved position reflects well on the commitment of NHS dental contractors and their wider clinical teams.

Finlay Carson (Galloway and West Dumfries) (Con): The minister has mentioned improvements. Could she point to the improvements in Dumfries and Galloway? Dentists are not leaving the region but leaving the NHS—we are seeing a huge increase in private dental care.

Maree Todd: The member is well aware of the particular conditions in Dumfries and Galloway, which have contributed to the situation in which we are now. That area is particularly impacted by Brexit. More than 60 per cent—[*Interruption.*]

The member should go ahead if he wants to make another intervention.

The Deputy Presiding Officer: Briefly, Mr Carson, because the minister should now be bringing her remarks to a close.

Finlay Carson: I appreciate the minister taking the intervention.

The Brexit remark was going to come; we were just waiting for it—it is like bingo. Dentists are not leaving dentistry; they are leaving the NHS to go private.

Maree Todd: I know that the member does not like us to talk about Brexit. However, more than 60 per cent of the dental workforce is European, so it is undeniable that Brexit is a factor in the situation that has arisen in the member's region. What we are seeing here is the member's head in the sand

about a situation that his party has brought about in his local area.

The early intervention to support enhanced examinations in February 2022, which includes the provision of a fee for child examinations, is reflected in the official statistics, which show considerable progress in the delivery of patient care and treatment as we come out of the pandemic. I am clear that our support of the sector has ensured its recovery.

As well as the impact of Brexit on the workforce, a whole year of dental students have not qualified. However, despite those challenges, we have seen a 23 per cent increase in dentists providing NHS dental services from 2007 to 2022—the period that the SNP has been in power.

The Deputy Presiding Officer: You are over your time; you need to conclude, minister.

Maree Todd: More than 95 per cent of the Scottish population continues to be registered with an NHS dentist—a situation that we are determined to progress and improve.

I move amendment S6M-07812.3, to leave out from the first “believes” to end and insert:

“recognises the impact that the COVID-19 pandemic had on the provision of dental services; thanks all NHS dentists, dental nurses and wider staff for their efforts to provide dental care for the people of Scotland; supports the reform of the NHS dentistry payment system to ensure that the recovery that has been seen in the last year can be built upon; understands that the bridging and multiplier arrangements supported significant increases in activity; notes that, since the start of the pandemic, dentistry has been provided with over £150 million of additional support to sustain the sector; further notes that 95.4% of people in Scotland are registered with a dentist, an increase of 44.3% since 2007; commends the work of the Childsmile programme, which is delivering preventative efforts to improve dental health now and in the future; welcomes the abolition of NHS dental charges for everyone under the age of 26, and supports the removal of all such charges by the end of the current parliamentary session.”

The Deputy Presiding Officer: Thank you, minister.

I call Sandesh Gulhane to speak to and move amendment S6M-07812.2.

15:39

Sandesh Gulhane (Glasgow) (Con): NHS dentistry is in crisis. That is happening on the SNP’s watch, yet when we listen to the minister, the message seems to be, “Aren’t we doing well?” That does not wash. This is really not the time for tiresome, self-congratulatory spin.

Maree Todd: I am very clear in acknowledging the challenges that the sector faces at the moment. Would Sandesh Gulhane join me in recognising the very welcome statistic that there

has been a 23 per cent increase in the workforce in NHS dentistry during the SNP Government’s time in office?

Sandesh Gulhane: The minister will hear in the rest of my speech how badly the Government has been doing when it comes to NHS dentistry, so I ask her to listen. *[Interruption.]*

The Deputy Presiding Officer: Excuse me. Please resume your seat for a second, Dr Gulhane.

Obviously, this is a very important issue, but we really need to listen to everybody and extend to others the courtesy and respect that we would all hope to have extended to us as individuals.

Sandesh Gulhane: No matter how many Scots are registered with a dentist or what age groups are entitled to free NHS dental care, members miss the point if patients cannot access NHS dental services or if dental practices are going to the wall. The SNP-Green Government must get a grip and bring forward a credible plan to both restore routine dental care and tackle the enormous backlog—and that plan should not include moving the goalposts.

What do I mean by that? We understand that the latest draft of a revised statement of dental remuneration proposes to create capacity by changing the frequency of NHS oral check-ups from once every six months to once every 12, 18 or even 24 months. In other words, that means a cut to patient care and further privatisation by the back door, as patients who want to be checked out sooner will need to pay. So much for preventative healthcare—and the proposal should be considered against a backdrop of particularly worrying reports from dentists of children’s poor oral hygiene and health, especially in areas with higher levels of deprivation, and a growing requirement for early tooth extractions.

The Scottish Government must act on the dire warnings from the British Dental Association that the system is broken. This is about not simply hearing but heeding the words of professionals. If a new sustainable NHS dentistry model is not in place by October 2023, the decision to extend the 1.1 multiplier—which, we must remember, has fallen sharply—as a bridging payment will lead to inevitable collapse.

The traditional high-volume, low-margin model is unsustainable. Without reform, practices will be pushed into bankruptcy or forced to drop NHS services altogether. Practices point out that they already face the risk of providing NHS care at a loss in relation to laboratory work.

I will give an example. Practices receive £153.34 for a full set of upper or lower dentures. That includes the 1.1 multiplier. The average lab

bill is £90, so the margin is £63.34, which is split 50:50 between the practising dentist and the practice owner—who, in turn, must pay at least two members of staff over five or six appointments. As another example, a single extraction is £20.30 gross. Many dentists book a 30-minute appointment for such treatments, and rushing them helps neither the staff nor the patient.

The system is now geared towards saving the Scottish Government money, and not towards patients' dental health. Can the Scottish Government reasonably argue that practice owners can afford to support any of those treatments, or that experienced associate dentists will continue to accept NHS dentistry work? Motivation is genuinely at an all-time low.

Material and lab fees have risen by 20 to 40 per cent across all practices.

Humza Yousaf: Will the member give way?

The Deputy Presiding Officer: The member is in his final minute.

Sandesh Gulhane: That can be supported only through a greater emphasis on private treatments and by putting many deserving, but non-urgent, NHS patients on an indefinite waiting list until something gives.

There is also a lack of dental nurses and dentists, which means that many practices are unsustainable and will fold. Recent data indicates that claims submitted by NHS dentists for dental work are 43 per cent down on 2019 levels and suggests a growing exodus from the NHS workforce.

Across his health and social care brief, the cabinet secretary is responsible for multiple failures. It is time for the Government to work with dentists to prevent a collapse of NHS dentistry and to provide the sector with adequate financial support so that it can continue to offer NHS dentistry. I make this plea: heed the words of the professionals and deliver the care.

I declare my interest as a practising NHS general practitioner.

I move amendment S6M-07812.2, to insert at end:

“; believes that a root and branch reform of dental tariffs is required to ensure that dentists can holistically manage oral health; recognises what it sees as increasingly worrying reports from dentists of poor child oral hygiene, especially in areas with higher deprivation, and a growing requirement for early tooth extractions, and believes that the Scottish Government's lack of a dentistry recovery plan will only exacerbate this growing health inequality.”

15:45

Paul Sweeney (Glasgow) (Lab): Labour agrees with the Liberal Democrat motion and will support it if it is unamended. Our amendment seeks to add a request that the Government provides an update on the progress that has been made with its oral health improvement plan, which I hope is something that every member can agree with.

I thank the member for Edinburgh Western for bringing his motion to the chamber for debate. NHS dentistry and dental services are often overlooked and tend not to generate the headlines that we see in relation to acute NHS services or, indeed, mental health services, but that does not mean that they are any less important. After all, in the same way that we will all need some form of medical treatment during our lives, we will all need dental treatment, too. Therefore, it is vitally important that people can rely on dental services and are confident that they will be able to receive treatment in a speedy manner when the time comes.

That takes us to the very heart of the issue. At present, there is a postcode lottery when it comes to the availability of dental services in Scotland. In August last year, the British Dental Association and the BBC identified more than 8,500 dental practices across the UK that they believed held NHS contracts. As part of their research, they contacted almost 7,000 practices to find out whether they were able to offer appointments to new adult or child NHS patients. In Scotland, a staggering 82 per cent were not accepting new patients. Even more shockingly, the researchers were unable to find a single practice in Dundee, Midlothian, Dumfries and Galloway, Moray, Orkney, South Ayrshire or the Western Isles that was taking on new adult or child NHS patients.

We face a crisis that is creating a two-tier dental system in Scotland. Patients who are unable to afford private dental care are forgoing services entirely in a crisis that risks collapsing NHS dentistry in Scotland in the long term to a basic extraction service—getting a tooth yanked out, if you needed to, because you were in pain.

We are already seeing the beginning of that demise. In 2022, more than 2 million fewer patients were seen by NHS dentists, compared with 2019. When it comes to participation rates, the situation is even worse and tells a tale of widening oral health inequalities among children and adults. In September 2008, the gap in child participation rates between the most and least deprived quintiles in Scottish society was 3 percentage points. In September last year, it was 20 percentage points, which is the highest difference that has ever been reported. That is shocking. Over the same period—from September

2008 to September last year—the gap in adult participation rates between the most and least deprived quintiles grew from 3 percentage points to 11 percentage points, which, again, is the highest difference that has ever been reported.

Why does that all matter? It matters because those cold, hard facts are illustrative of a bigger problem—an inertia in the Scottish Government when it comes to our healthcare system and, in particular, inequality in our healthcare system. We know what problems our NHS faces. One of those problems is that of staff retention, which exists in dental services, too.

Just last week, the BDA issued a stark warning:

“In just two months the ‘bridging payments’ to NHS practices in Scotland will cease. There is no clarity on what support will take its place.”

That is a terrifying prospect.

Humza Yousaf: As Paul Sweeney may well know—Alex Cole-Hamilton might have mentioned this—we have agreed to extend the provision of bridging payments till October. I am sure that he will welcome that.

Paul Sweeney: I accept that that is the case, but, as my dentist told me yesterday, that will not offset the multiplier effects that were previously in place, and it does not address the financial detriment that is faced by dentists. There is no reason for them to engage. The extension of bridging payments is not sufficient to address the problem.

The situation is compounded by the fact that many dentists—young dentists, in particular—are simply leaving the profession. The BDA went on to warn that

“An exodus from the workforce appears to be in motion”,

and that

“Dentists are reconsidering their futures working in a broken system”,

as is happening with junior doctors.

That should be of huge concern. Without a highly skilled and trained workforce that is able to provide NHS dental services to adult and child patients, a fundamental cornerstone of our public dental system will collapse and, when it does, it will be those from the most deprived backgrounds who will suffer. My plea to the minister and the cabinet secretary is simple: listen to the sincere warnings from professionals in the field, harness their expertise and bring to the Parliament a plan that can command support from across the chamber before it is too late.

I move amendment S6M-07812.1, to insert after “Scottish Government to”:

“provide an update to the Parliament on the progress made in delivering on its Oral Health Improvement Plan, which was published over five years ago.”.

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

15:49

Willie Rennie (North East Fife) (LD): The Liberal Democrats seem to have spooked the health secretary. On the eve of this debate, he rushed out a letter to NHS dentists across the country. In it, he promised an extension to the interim bridging payments to October, when they were supposed to have been sorted in April, as he referred to. He also said in the letter that he was “pleased” and “grateful”, but I do not think that many dentists will be pleased with and grateful for the Government’s performance.

Under the current funding system, dentists are losing money with every procedure that they undertake. Sandesh Gulhane gave some excellent examples. Lab costs for dentures are estimated to have gone up by 50 per cent. One dentist told me:

“I have made dentures recently and lost £6.00 on”

every single

“job.”

As in so many other sectors, the SNP Government is expecting private work to subsidise public work. That is happening with nurseries and in higher education, too.

Gillian Martin (Aberdeenshire East) (SNP): My dentist told me that one of the biggest increases in costs is for dental equipment and supplies that come from the European Union. That has made a big difference to their margins.

Willie Rennie: The member is absolutely right, and that reinforces the case for the Government to reflect on the real costs that dentists are facing, or else we will drive more of them into the private sector, which will have a direct impact on those who are seeking NHS treatment.

It is pretty clear that it is increasingly difficult to see an NHS dentist. The numbers are transparent. Although there has been an increase since the record lows of the pandemic period, it has been modest. We have heard that, since 2019, there has been a 20 per cent fall in the number of dentists performing NHS procedures, and around a quarter of people seeking a dentist appointment have not been able to get one. That is really stark.

The situation forces more people into private treatment. Those people are expected to pay not only for their own treatment, but for the SNP’s underfunding of NHS treatment. I do not think that it is particularly fair that people who are desperate to get NHS treatment have to go private and are

also having to subsidise NHS treatment. The SNP is killing NHS dentistry by stealth.

Patients in my constituency are hunting from practice to practice to access treatment. I have to say that it is, therefore, an utter farce that the SNP continues to promise that it is going to abolish all NHS dental charges. That goal is worthy and not unreasonable, but it misses the point of the crisis in NHS dentistry. Someone might be able to get free treatment if they are being treated under the NHS, but only if they can get an NHS dentist. Treatment will not be free for everyone; it will be free only for those who can get through the door of an NHS dentist. Yet the SNP gets its headline.

Bob Doris (Glasgow Maryhill and Springburn) (SNP): Will the member take an intervention?

The Deputy Presiding Officer: The member is just concluding.

Willie Rennie: This comes at a time when, following the pandemic, the people who need dentistry most are the slowest to come forward. As Paul Sweeney rightly identified, that is exacerbating inequalities, particularly among children. We are posing a significant risk to the population, who may be at risk of diabetes, HIV and cancer.

It is no surprise that there has been an increase in the number of people resorting to treating themselves. The cabinet secretary needs to accept that there is a crisis in NHS dentistry. If he does not do something about it soon, it will get a whole lot worse.

15:54

Siobhian Brown (Ayr) (SNP): I am glad that the Liberal Democrats are using this parliamentary debate to address NHS dentistry in Scotland. After reading the 2021 Scottish Liberal Democrat manifesto to learn a bit more about their party's plans and ambitions for dentistry in Scotland, I am afraid to say that the Lib Dems did not mention dentistry once in that. On the other hand, back in 2021, when Covid was still very real, the SNP dedicated a whole section in our manifesto to how we can improve dentistry services, and action has already been taken.

It goes without saying that significant challenges face dentistry and our health service in Scotland, but we need to recognise the impact of the global pandemic, which has been the biggest shock to our NHS in its 74-year history. The NHS is not going to recover in a few weeks, as all the Opposition parties demand; recovery will take years.

Jackie Baillie: Will the member take an intervention?

Siobhian Brown: Will I get the time back, Presiding Officer?

The Deputy Presiding Officer: There is no time in hand.

Siobhian Brown: Apologies to the member. I will not take the intervention.

Let us dive into some facts. Right now, more than 95 per cent of people in Scotland are registered with an NHS dentist. I was shocked to learn that, back in 2007, only 44.3 per cent of people were registered with a dentist. The progress is down to the work of this SNP Government and represents a massive uptake, following years of decline under Labour and Lib Dem Governments.

Examinations and appointments are again up, following the massive backlog that was the result of the global pandemic. To date, the SNP Government has provided more than £150 million of financial support to maintain the capacity and capability of NHS dentistry. I am not sure whether Alex Cole-Hamilton is aware that, in a proactive move after the pandemic, the payment system of fee per item that incentivises NHS dental teams to see patients was reintroduced last April. Public Health Scotland statistics show how the measure has increased patient examination appointments, so that they are back to pre-pandemic levels, allowing more patients to be seen and dental practices to register more patients as they work through the pandemic backlog.

Since the SNP came into office, considerable progress has been made in dental services and oral health improvement. The Scottish Government has removed dental charges for all patients under 26—that is around 600,000 young Scots—as a first step towards scrapping charges for all in Scotland.

Partly because of that policy, our children's oral health, particularly in deprived communities, is improving dramatically, with the primary 7 group showing better results than ever. The childsmile programme was introduced in nurseries and schools. I witnessed the programme in practice last week on a visit in Troon. Great work is being done.

We have more dentists per head of population. In Scotland, we have 59 dentists per 100,000 in comparison to 43 per 100,000 down south. Do we want more dentists? Yes. However, due to the pandemic, we had a whole year when no dental students qualified.

Immigration could play a key role in tackling the backlog. I await the groans from the Tory benches when I say that the hard, cold fact—and this is not Brexit bingo; this is not a game—is that Brexit has

had a significant, detrimental impact on recruitment of health and social care staff.

Finlay Carson: Will the member give way?

The Deputy Presiding Officer: The member is in her final minute.

Siobhian Brown: One hard, cold fact is that the rate of dentists joining the register has halved since the EU referendum. The Nuffield Trust report, "Health and Brexit: six years on", which was published in December, describes the UK's dentist workforce as a particular concern. It says:

"Before the EU referendum, consistently well over 500 dentists trained in the EU and EFTA registered in the UK each year. They made up around a quarter of additions to the workforce. This dropped sharply around the time of the referendum, to around half its previous level, and has never recovered."

I am sorry. I have run out of time, Presiding Officer. I will conclude there.

15:58

Brian Whittle (South Scotland) (Con): I thank the Liberal Democrats for using their debating time to bring this hugely important issue to the Parliament.

Members will be aware of my long-standing interest in the preventative health agenda. Dentistry sits firmly in the category of preventative healthcare. Furthermore, when we discuss health inequalities, we cannot avoid the fact that the most deprived areas are suffering far more than the least deprived areas.

I had hoped that, given her experience, the minister would be prepared to accept that there is a long-standing issue to do with access to dental care and that there is a disparity between the most and least deprived areas when it comes to oral hygiene. I had hoped to discuss the issue without politics getting in the way, because it is far too important an issue for members to play politics.

However, reality bears no resemblance to the Government's amendment.

Maree Todd: Will the member take an intervention?

Brian Whittle: I want to make some progress first.

Covid makes its usual appearance in the Government's list of excuses when we discuss anything that is health related. For the record, I looked at trends in the percentage of registered patients who participated in NHS general dentistry services in Scotland from 2006 until now. The minister should be aware that it has consistently fallen, from a high of 96.7 per cent in 2006 to 65.7 per cent now. All that Covid did was accelerate an already chronic problem.

Furthermore, the number of dentists working in the NHS has been steadily declining over the past six years, with the biggest decline in the past two years. We can extrapolate those results to conclude that an already declining state of oral health and hygiene in Scotland has been accelerated, and it is reasonable to conclude that the most deprived will suffer the worst consequences.

I have convened the cross-party group on health inequalities for nearly seven years, and our frustration is that the issues that we discussed way back then are the same issues that we discuss now, only they are much worse. Our amendment, which I hope will get the support of members from across the chamber, is born out of

"increasingly worrying reports from dentists of poor child oral hygiene, especially in areas with higher deprivation, and a growing requirement for early tooth extractions, and believes that the Scottish Government's lack of a dentistry recovery plan will only exacerbate this growing health inequality."

Those words may be in our amendment, but they are also a direct quote from a senior dentist.

Good oral hygiene is the epitome of the preventative health agenda. By investing in early intervention—

Maree Todd: I am absolutely sure that the member will welcome the enhanced child examination fee that has been in place since 2022. Does he also welcome the fact that, in 2003, 45 per cent—less than half—of primary 1 children had no obvious decay but that, by 2021-22, that number had increased to 73 per cent? That does not fit with the narrative that the member is presenting about the SNP's management of preventative health in children.

Brian Whittle: What the minister just said does not fit with the narrative that we hear from dentists day in and day out. It is about time that the SNP Government started listening to the people who work on the front line, because the words in our amendment that I mentioned are a direct quote from a senior dentist.

By investing in early intervention, the Scottish Government would avoid much more costly and invasive treatments further down the line. The issue is not just cost; it is also about investment and being able to continually reinvest in the dentistry profession to the betterment of the profession and its patients, and tackling that growing health inequality.

It is no good for the Scottish Government to create ambitious targets with no route to related outcomes of their policies. I had hoped that we would have an honest and open debate on this very serious and escalating health crisis, but, unfortunately, we are not getting that from the

Scottish Government. An “everything will be fine” and “nothing to see here” policy will not wash, and it is time that the Scottish Government accepted the severity of the situation, that its policies to date have not worked and that we need a complete root-and-branch review of dentistry.

16:02

Paul O’Kane (West Scotland) (Lab): Our NHS dentistry services are experiencing unprecedented levels of pressure and, not for the first time in the health sector, the Scottish Government has taken its eye off the ball. Its mismanagement of NHS dentistry has left the sector fighting for its survival.

Since the onset of the pandemic, more than 6 million NHS dental appointments in Scotland have been lost. That includes essential annual check-ups, which are a cornerstone for maintaining good oral health, as any potential issues can be identified early and properly assessed, which boosts the likelihood of a positive outcome.

Since coming to power, not only has the SNP-Green Government presided over the privatisation of dentistry services in Scotland, it has accelerated the process of privatisation. In response to any criticism or scrutiny, as we have again seen today during the debate, the Scottish Government gives its excuses, one of which is to state that 95 per cent of Scots are registered with a dentist. However, being registered with a dentist is meaningless if you cannot access an appointment for several weeks or if you cannot afford the expense of going private, particularly in our most deprived communities where access to such appointments is crucial.

The impact of the widespread privatisation of dentistry services is a marked increase in health inequalities, most prominently among children. New research from the British Dental Association has found that the proportion of people who have visited their dentist in the past two years has fallen from 65 per cent in 2020 to only 50 per cent in 2022. Three in every four children have visited their dentist in the past two years compared with just more than one in two children in the most deprived communities.

When the SNP came to power, as we have already heard from my colleague Paul Sweeney, the difference in dental participation rates between children from the most affluent areas and those from the most deprived communities was only 3 per cent; it is now 20 per cent. That is a shameful statistic, which is indicative of the SNP’s shambolic management of NHS dentistry and its lack of targeted action over 15 years to reduce health inequalities.

We are faced with the reality of dental care being a privilege that can be accessed only by

those who have enough disposable income to seek private treatment.

I would like to say that I was pleased to hear the minister confirm that the Scottish Government has extended the bridging payments, which update the NHS fees to help dental practices to deal with rising costs—that is what the minister said would happen—but I do not think that we have had any acknowledgement of the multiplier effects or the systemic issues with the current funding model, which is completely broken and is accelerating the shift away from NHS dentistry and into private practice.

Sandesh Gulhane: Will the member take an intervention?

Paul O’Kane: I am in my last minute, but I will take a very brief intervention.

Sandesh Gulhane: Does Paul O’Kane think that dentists would agree that holistic oral health is a priority and that we should not continue with the drill-and-fill model that the Scottish Government is pursuing?

Paul O’Kane: In my speech, I think that I have outlined the importance of the relationship with the dentist in ensuring that a person’s appointment is their gateway to the services that they require for good oral health.

“What’s needed now is real reform to a broken system. There can be no more kicking the can down the road—a sustainable model must be in place come October.”

Those are not my words; they are the words of the chair of the British Dental Association’s Scottish dental practice committee, David McColl.

As a matter of urgency, the Scottish Government must fix the systemic issues in the current funding model if it is serious about maintaining a universal NHS dentistry service across Scotland. We need to shift the debate away from the proportion of the public who are registered with a dentist and focus on who is able to access a dental appointment.

If action is not taken, we will see the end of dentistry as we know it in Scotland, with a two-tier system of care: one for the rich and one for the rest.

The Presiding Officer (Alison Johnstone): I have to ask you to conclude now, Mr O’Kane.

Paul O’Kane: That will only exacerbate and further entrench existing health inequalities in oral health.

16:07

Gillian Mackay (Central Scotland) (Green): I, too, am pleased that we have time today to discuss dentistry. Dentistry is a part of the health

service that often gets lost when we are discussing wider health issues. It is a hugely effective preventative health measure that involves not only teeth and gum health, but finds other potential issues and conditions.

As it has done on all parts of our health service, Covid has placed unprecedented pressure on dentistry, so I commend all the dentists, therapists, hygienists, nurses and technicians who put their wellbeing, and sometimes their lives, at risk to continue delivering essential healthcare during the pandemic.

It is only right, though, that we look at the issue in the context of how dentistry is delivered in Scotland, which is fundamentally different to general practice and other healthcare services. As such, our response to Covid recovery for dentistry needs to be different to our response for other parts of healthcare.

The mixed model of private dentistry, general practice and the public dental service creates a complex system that the public are not always confident in negotiating. It also opens real risks of there being uneven and inequitable delivery of dental services across the country.

We should also consider expanding the role of the public dental service, with healthcare boards fully delivering dental services. Historically, that has been reserved for communities that are unable to access dentists—for example, people who live in care homes—but in recent years, the NHS has successfully delivered full dental services in remote and rural areas including the Western Isles, which had been badly served by general practice. The public dental service provides an existing model that could be expanded to cover more communities—especially communities in which private and general practices are closing, or where growing populations are not adequately served by existing practices.

Although the model of delivery might be different, there are clearly lessons that can be learned from the way in which GPs have adapted to delivery of primary healthcare—not least through successful use of allied health professionals as part of wider health teams in surgeries. The wider categories of dental care professionals include dental therapists, hygienists, technicians and extended duty dental nurses, who can provide a wide range of services, from extractions to preventative care. They are already used extensively across Scotland, but currently have to work on a refer-down model, in which patients must see a dentist before being referred for further treatment to a dental care professional. That is the opposite to how GP practices work, where it is now common to see a nurse before being referred for further treatment elsewhere, and

it is not how dental care professionals work in other parts of the UK. Reviewing the model and changing to a refer-up system could significantly ease current pressures on dental services and ensure that we are making full use of our well-trained and highly skilled dental care professionals.

I welcome the removal of dental care charges for under-26s and I hope that we can, before extending it to the rest of the population, look at how to roll that out quickly to groups for whom paying for dental care is a barrier. Some groups are already exempt from charges—for example, people who are pregnant and people who are in receipt of various benefits. However, I do not think that those exemptions are—especially in the current economic climate—capturing all the people for whom dental treatment might be a luxury that they cannot afford. I hope that we will be able to devise a targeted approach that addresses both availability of dentists in some areas and affordability.

We also need to look closely at why some people are not attending dental appointments and at how we can remove some of the barriers. Some people to whom I have spoken simply got out of the habit of going during the pandemic and have not got round to booking a check-up. We need to address that issue.

Dentistry is one of the greatest examples that we have of preventative care, so we need to ensure that everyone who might need dental care has access to it. We need to look at where and how it is delivered and make sure that it is not too long until the abolition of dental care charges.

16:11

Gillian Martin (Aberdeenshire East) (SNP): I have been concerned about the recruitment of dentists for some time. In 2018, local Inverurie NHS dentist Navin Aziz came to see me, claiming that, because of the Brexit vote, the profession was already seeing a 90 per cent drop in applicants for dentist vacancies. That was in the period before the actual withdrawal from the EU. Of course, now EU dentists need a work visa to come here—a visa that is difficult to get—and Mr Aziz was right; applications from the EU have all but ceased.

Mr Aziz also runs a couple of practices in the Highlands and was looking to recruit dentists from outwith the EU under the sponsor licence scheme, but there is a requirement for the dentist to earn £50,000, which was not within the pay scale that he could afford.

Brian Whittle: Will the member take an intervention?

Gillian Martin: I do not have time.

Therefore, dentists could not apply through the other visa routes.

At that point, Amber Rudd was the Home Secretary, so I wrote to Ms Rudd and called on her to put in place contingency visa arrangements to take into account the impact of Brexit on dentists. I referenced another pressure that was highlighted at the time in a survey by the British Dental Association, which found that more than 50 per cent of NHS dentists across the UK were considering leaving the profession within the next five years and that a third of members over the age of 55 were looking to take early retirement. Unfortunately, I did not hear back, but that might have been because there were umpteen Cabinet reshuffles at that point.

Since then, Mr Aziz is in the fortunate position of having an SNP member of Parliament to take up his case with the current Home Secretary, but sadly he is coming up against the same brick wall. Mr Aziz continues to be unable to fill vacancies for which he has willing applicants. Incidentally, he is my parents' dentist and they never have a problem getting an appointment, despite his recruitment challenges.

My colleague Jackie Dunbar will not speak in today's debate, but she was telling me earlier of a similar case that she has. She is happy for me to relay the case because it mirrors Mr Aziz's issue. She has a constituent who runs a dental practice in Aberdeen. He wanted to give a job to a dentist from Afghanistan to fill a vacancy, so he wrote to the Home Secretary to ask whether dentists are on the occupation shortage list in the UK and whether a specific scheme is in place to resettle dental graduates from Afghanistan, given the issues over there—

Jackie Dunbar (Aberdeen Donside) (SNP): Will the member take an intervention?

Gillian Martin: Well, I will have to, won't I?

Jackie Dunbar: I thank Gillian Martin for taking the intervention and I apologise for hijacking her speech. However, since my NHS dentist was mentioned, I want to give them a shout-out and thank them very much, and to thank all the NHS dentistry team. I broke a tooth last Thursday, so I called my dentist. It was not an emergency because it was not sore, so I was given an appointment for next Wednesday. I got a call this afternoon to say that there had been a cancellation and was asked whether I wanted to come in this afternoon. Obviously, I could not. I just wanted to thank that dentist and say that people can get appointments from the dentistry team.

Gillian Martin: I thank Jackie Dunbar for that. I will mention my dentist as well, since we are all mentioning our own dentists. I already mentioned to Willie Rennie the issues that my dentist is having in relation to costs and the time that it takes to get dental supplies. That issue, too, is a result of Brexit.

The Tories are terrified of us calling out Brexit, but it is a massive problem for dentistry—and so many other sectors—because we cannot magic qualified dentists out of thin air. The minister and other SNP members have outlined the actions that have been taken to try to improve things. We have introduced new incentives for recruitment and retention of NHS dentists to certain areas within NHS Grampian and other areas. That includes “golden hello” arrangements, under which NHS dentists can receive up to £25,000 over a two-year period. However, we must also be able to take on overseas dentists who want to come here. Until that happens, we are running to stand still.

16:15

Jackie Baillie (Dumbarton) (Lab): Almost exactly a year ago, I spoke in the chamber about my concern that the very existence of NHS dentistry in Scotland was under threat. In February 2022, the outlook was bleak, and I regret to say that the SNP has presided over the near collapse of NHS dentistry. We know that more than 6 million NHS dental appointments have been lost since the first lockdown. Statistics that were published last month show that 2 million fewer patients were seen from January to November 2022 than were seen in the same period in 2019. Only 50 per cent of Scots who are registered with a dentist have seen one in the past two years.

Dentists tell us that the SNP Government is presiding over the back-door privatisation of NHS dentistry, which is a direct result of lack of funding and lack of incentives for dentists to offer NHS services. At the very time when NHS dentistry needs support, ministers appeared to be intent on withdrawing bridging payments from April, so I am delighted that that arrangement will continue until October.

If we are being honest, the statement of dental remuneration, which is about as old as the NHS itself, is no longer viable. However, the Government needs to recognise that the multiplier has been cut substantially—urgency is still required. I accept the minister's comments and I will take them as a commitment that reform will be in place by October.

Pre-pandemic levels of clinical activity are not possible and there are serious concerns about staff recruitment and retention, which we have heard about from a number of members. However,

the Government has not acted fast enough, so we will probably end up with fewer NHS dentists as a result.

Humza Yousaf: In all seriousness, I have listened to members of the Labour Party and other members across the chamber who are, rightly, calling for reform. Does Jackie Baillie have an idea of what that reform should look like? For example, does she agree with the fee-per-item model, or does she think that it should be scrapped? If so, what should it be replaced with?

Jackie Baillie: More than a year ago, I engaged with the minister about that subject and suggested that the way to do it would be to bring dentists in to discuss such matters, as the Government is doing. However, there is no urgency to those discussions. I talked about the suggestion a year ago, but the SNP Government has since presided over more dentists leaving the NHS.

Dental care in Scotland is becoming the privilege of those who have the deepest pockets, who can afford to go private. What a shameful indictment that is of the SNP's approach to healthcare. Let me illustrate part of the problem. David McColl, who is chair of the BDA's Scottish dental practice committee, has told us that the fee that dentists pay to a lab for denture repair is £26.40. However, the amount that the Scottish Government will provide for the repair is only £24. NHS dentists are being asked to run services at a loss and to subsidise the NHS, with barely enough funding coming in to pay staff—and the cuts are set to get worse.

The number of high street NHS dentists in Scotland has fallen by more than 5 per cent since the pandemic. Patients with excruciating mouth pain are often forced to turn up at accident and emergency departments because they cannot get appointments with an NHS dentist.

The situation is in danger of getting worse. The growing inequality that is becoming synonymous with the SNP's governance of Scotland is increasing in dental provision at an alarming rate. In September 2022, children and adults from the most deprived areas were less likely to have seen their dentist within the past two years than those from the least deprived areas, and the gap is widening. Scottish Labour introduced childsmile when we were in Government, because we were determined to tackle inequalities in oral health and to ensure that every child in Scotland, regardless of their background, had access to dental services. It is heartbreaking to see that the considerable progress that had been made in child dental health is now going backwards.

The SNP Government's failure is creating a two-tier dental system in which people with money to

spend go private and people who do not have money go without. Shame on it.

16:19

Tess White (North East Scotland) (Con): Today, we have heard the scale of the crisis in NHS dentistry in Scotland. It is a profession "on its knees", in a system that is "broken"—words that we are hearing all too often in the chamber under this SNP-Green Government.

Millions of dental appointments have been lost since the start of the pandemic—millions of missed opportunities to treat early tooth decay, prevent dental disease and detect the early stages of oral cancer. There is uncertainty over future funding in a system that is already chronically underfunded and there is an "exodus from the workforce" according to the British Dental Association. All of that is happening against the background of the SNP's 2021 manifesto commitment to scrap NHS dental charges for everyone in Scotland.

The minister, Maree Todd, talked about reform, but she was unable to give any timetable and, once again, the SNP Government blamed Brexit and the pandemic. That is deflection and denial. The Government also took the credit from Labour for the childsmile programme, which was interesting.

I agree with Willie Rennie: this is an utter farce—just like Gillian Martin refusing to take an intervention from my colleague but taking a seemingly staged intervention from her colleague Jackie Dunbar.

Alex Cole-Hamilton shone a light on the fact that the Scottish Government wants to delete reality and that ministers' heads are in the sand. Dr Gulhane raised the serious issue of many dental practices going to the wall because they are running at a loss—he gave example upon example of that. Paul Sweeney talked about the postcode lottery and Brian Whittle said that this Government operates an "everything will be fine" and "nothing to see here" model.

The Scottish Conservatives' amendment highlights widening oral healthcare inequalities—something that was glaringly absent from the Liberal Democrats' motion. According to Dr David McColl, chair of the BDA's Scottish dental practice committee,

"Patients in Scotland's poorest communities are paying the price for the crisis in dentistry."

Make no mistake: SNP ministers cannot peg widening inequalities in oral health outcomes on the pandemic alone. Like so much with this SNP Government, it is a problem that has been years in the making. For example, the national dental

inspection programme 2018 revealed that, although 86 per cent of children in Scotland's least deprived areas had good dental health, that figure was only 56 per cent for children in the most deprived areas.

Of course, as we have heard today, the SNP likes to trumpet the number of people registered with an NHS dentist in Scotland. That is so typical of the SNP's smoke-and-mirrors approach to policy and political PR—

Humza Yousaf: Using facts?

Tess White: —but it is the participation rate, which measures contact with a dentist in the past 24 months, that matters most, so, let us take a look at it. The participation rate has fallen by almost 15 percentage points between 2020 and 2022—

Humza Yousaf: Anything happen in those years?

Tess White: —with adults and children from the most deprived parts of Scotland less likely to attend than those in the least deprived areas.

The Presiding Officer: Excuse me, can we please hear Ms White without interruption?

Tess White: The cabinet secretary obviously does not like what I am saying.

The reality is that we are seeing a decline in dentistry under this SNP-Green Government. Dentistry in Scotland is on a cliff edge.

Humza Yousaf announced today that the bridging payment will remain in place until 31 October this year, after months of uncertainty for dental practices that feared that they might collapse. He and the SNP Government must urgently get a grip of the situation and bring forward a credible plan to restore routine dental care and the confidence of the profession.

16:24

The Cabinet Secretary for Health and Social Care (Humza Yousaf): I thank the Liberal Democrats for bringing this important debate to the chamber. I will try to address a number of the points that have been made and the key themes that have come up.

From the outset, I say that no one in the Scottish Government is saying that everything is rosy in the park. In fact, the first line of our amendment recognises the impact that the pandemic has had on NHS dentistry, and, of course, we acknowledge that there were challenges even before the pandemic.

Therefore, I agree with members across the chamber who say that there are challenges in access to NHS dentistry. There is no doubt that

some of those issues are more acute in some localities, such as Dumfries and Galloway and the Shetland Islands, as has been raised with me directly in this chamber.

I also acknowledge that there is a challenge around the current payment system, and that is why we are engaged in reform, and we are doing that work at pace.

However, as in Jackie Baillie's response to my intervention, it was very telling that, for all the talk of reform, nobody in this debate has given any detail of what that reform should look like.

Jackie Baillie: Will the cabinet secretary take an intervention?

Humza Yousaf: I will give way shortly, but when I asked Jackie Baillie what that reform should look like, she gave a completely incoherent answer with no substance whatsoever. At this point, she might want to give more detail.

Jackie Baillie: I am sorry, but I had an hour-long discussion with Humza Yousaf's minister and the chief dental officer a year ago, and that discussion has not been acted on. If the cabinet secretary wants me to take an hour of his time now to give him that detail, I would be happy to do so.

Perhaps the cabinet secretary will answer a question. I acknowledge his acceptance of the impact of Covid. Has he estimated how much it will cost to clear the current backlog and how much time it will take to do so?

Humza Yousaf: Of course, all of that depends on the payment per item and the fee for that item, and we are very much engaged with that conversation.

All that I asked for was one bit of detail from Jackie Baillie, and, in fairness, that applies not just to Jackie Baillie—I asked the question of everybody, quite genuinely and seriously. [*Interruption.*] I will give way shortly.

If there is some detail around the reform that members think that we should bring forward, they should bring that to our attention. If members do not agree with the fee-per-item model and agree with the salaried model, I ask them please to make that clear.

Gillian Mackay: Will the cabinet secretary take an intervention?

Bob Doris *rose*—

Paul Sweeney *rose*—

Humza Yousaf: I will give way to Gillian Mackay, who was first.

Gillian Mackay: I thank the cabinet secretary for giving way and I apologise to everyone else who rose.

Would the cabinet secretary reflect on my suggestion of changing to the refer-up model, so that we can make the best use of dental therapists and hygienists, rather than always sending people to a dentist in the first instance?

Humza Yousaf: I thought that that point was very well made and I was going to come to it later on. Gillian Mackay was one of the few members who was able to give some detail of what reform we should see.

To the Conservatives and other members who suggest that there has been no progress in recovery, I suggest that they look at the facts and figures. Between April and October, 1.6 million NHS examination appointments were completed, with an average of more than 300,000 courses of treatment per month. Although we are not quite there yet, that means that we are on course for more than 3.5 million courses of treatment in 2022-23. That compares with 1.5 million in 2020-21 and 2.6 million in 2021-22.

Finlay Carson: Will the cabinet secretary take an intervention?

Humza Yousaf: I will do so very briefly.

Finlay Carson: I appreciate the cabinet secretary giving way. He says that there are solutions and that there are specific issues in Dumfries and Galloway. What interventions will he undertake to stop NHS dentists from ceasing to provide NHS services and moving into the private sector? That is happening right across Dumfries and Galloway. What can he do to address that?

Humza Yousaf: For the sake of brevity, I might write to Finlay Carson with details on what has been done specifically in Dumfries and Galloway. A number of interventions have been tried and tested. There has been some return for those investments but not much, which I accept. I know that the board has assembled a local dental task force, and we expect detail imminently on the next steps that will be proposed for Dumfries and Galloway. Given that I am running out of time, I will write to Finlay Carson with more detail on that.

To suggest that the SNP Government has not supported the dental sector is incorrect, because there has been £150 million of funding for the sector throughout the course of the pandemic.

Of course, with regard to the issue about privatisation and people feeling that they have no choice but to go private, we are incentivising NHS dentistry through the multiplier. Some members have asked why we are reducing the multiplier from 1.3 to 1.1. The multiplier was set at that level during the pandemic when the majority of aerosol-

generating procedures could not be done, and there were severe infection prevention and control restrictions. Those IPC restrictions have, of course, loosened, so because of the importance of making sure that we get value for the public purse, it is right that we begin to reduce that multiplier in a phased manner.

The Presiding Officer: I must ask you to conclude, cabinet secretary.

Paul Sweeney: Will the cabinet secretary take an intervention?

Humza Yousaf: I am afraid not—I am out of time.

The Presiding Officer: The cabinet secretary is beyond his time.

Humza Yousaf: I will say that we will continue to ensure that we resource and fund the sector and ensure that NHS dentistry is available for all our population.

The Presiding Officer: Thank you, cabinet secretary. I call Liam McArthur to wind up, for up to 6 minutes.

16:29

Liam McArthur (Orkney Islands) (LD): The Government is often accused in this chamber of lodging motions or amendments that smack of complacency, of ministers being quick to pat themselves on the back, or of the belief that any concerns, however serious, can be brushed aside with an expression of ministerial gratitude to those working in the sector. Indeed, despite what the cabinet secretary said in his closing remarks, this debate has provided textbook examples of those three character traits. However, I must say that the complacency, self-satisfaction and almost patronising dismissiveness of the letter that the cabinet secretary sent yesterday to dental practitioners around Scotland takes the biscuit.

As Willie Rennie observed, you could almost hear the grinding of teeth in dental practices from Shetland to Stranraer as Mr Yousaf breezily declared in that letter that he is

“pleased to see how well the dental sector has been performing”.

The lack of self-awareness or understanding of what NHS dentistry is crying out for that led the cabinet secretary to insist that the bridging payment has

“supported the sector to provide significant levels of NHS patient care during this difficult time”

will have had dentists reaching for their drills with dark thoughts on their minds. Fundamentally, it reflects a failure on the part of the cabinet secretary and his chief dental officer to actually

listen and respond to what those in and representing the sector have been saying for months.

Bob Doris: I have written to the Government about pressures on NHS dentistry in Maryhill and Springburn, and in particular recruitment and retention issues and drift to the private sector. In remote and rural areas, there is a recruitment and retention allowance and an incentive for newly qualified dentists. I wonder if that could be enhanced and extended to urban areas. There is a specific suggestion for the Government to take forward.

Liam McArthur: I thank Bob Doris for prior sight of his intervention. I certainly agree with the point that he makes, if not all of the detail.

As Alex Cole-Hamilton said in opening the debate, the term “crisis” is often overused. In the face of what we see happening in areas from A and E to mental health, perhaps it is unsurprising that other aspects of the broader crisis have dominated the headlines and Parliament’s attention. Yet any objective analysis of NHS dentistry across Scotland right now can only lead to a single conclusion: that the sector is in crisis. Dental check-ups and treatment remain dramatically below pre-pandemic levels. Eleven health boards record waits for over a year for treatment. The BDA has confirmed that dentistry in Scotland is still

“light years from business as usual”.

The number of dentists who are doing NHS work has fallen, while the chair of the BDA’s Scottish council has warned of a wholesale exodus from NHS work.

As one dentist told me last night upon receiving Mr Yousaf’s letter,

“the current system is the cause of the exodus, and I suspect that this announcement sounds the death knell for this era of NHS dentistry.”

He added:

“There will be a lot of practices making some tough decisions over the coming days”.

That position is reflected around the country.

Humza Yousaf: Will the member give way?

Liam McArthur: I will take a brief intervention.

Humza Yousaf: I will be very brief. I just wonder whether the member has an answer to the question that I have asked others. What is the detail of the reform that he would like to see? Does he agree with the fee-per-item model? If not, is there a different model that he would propose? I would be very keen to hear that.

Liam McArthur: The point that dentists are making is that they are being involved in

committees and consultations to which they are feeding in their views and those views are being completely ignored. I think that that communications breakdown between the Government and the sector is of more concern than the ideas that are coming forward from other political parties.

As others have said—[*Interruption.*] Sandesh Gulhane made a point—[*Interruption.*]

The Presiding Officer: Let us hear Mr McArthur, please.

Liam McArthur: —about the impact on preventative healthcare. He, Paul Sweeney and Brian Whittle talked about the yawning and expanding gap in health inequalities.

Siobhian Brown was perhaps right to talk about free dental checks, but as Willie Rennie pointed out—

The Presiding Officer: Mr McArthur, I ask you to stop for a second. There is a discussion going on in the chamber and I would be grateful if it could cease so we can hear Mr McArthur.

Liam McArthur: Thank you very much, Presiding Officer. Siobhian Brown talked about free dental checks, but as Willie Rennie pointed out, the free dental checks work only if there is a door through which to go to be seen by somebody who can carry them out.

Gillian Martin talked about the impact of Brexit and being unable to magic dentists into existence, and that is absolutely true, but it means that we should be doing all that we can to discourage people from leaving NHS dentistry in the numbers currently happening.

Gillian Mackay was absolutely right to make the point about a refer-up programme; it is something that has also been mentioned to me. The role of therapists could be expanded, where they have the training already but just need to be allowed to deploy those skills.

Alex Cole-Hamilton was right to point out the particular challenges in rural and island areas. Just this week, I have been contacted by constituents highlighting their experience. One father explained how the absence of a registered orthodontist in Orkney has left his daughters unable to access important orthodontic work at a key stage in their teenage years. The implications of that are potentially far-reaching and are about not just the cost of future work but the emotional toll. I know another constituent who recently forked out around £6,000 for orthodontic work that her daughter desperately needed.

Another constituent was in touch to explain that they had moved to Orkney two and half years ago and that they and their family were still unable to

register with an NHS practice. They have explored private dental care, but the costs are prohibitive, and they are a far cry from the First Minister's promise of an NHS free at the point of delivery. Even getting children registered has proved impossible, leaving many children with no experience of going to the dentist, which increases the risks of poor habits or even phobias developing.

The fact that the public dental service has not fallen over completely is due to the commitment of dentists and dental practices across Scotland, yet that commitment has been rewarded by disorganisation and disrespect from the Government. The Government might be able to remove the word "crisis" from the motion; would that the minister expended just as much effort on trying to address the crisis in reality.

Social Care

The Presiding Officer (Alison Johnstone):

The next item of business is a debate on motion S6M-07813, in the name of Alex Cole-Hamilton, on investing in the future of social care. I advise members that, at this point, we have no time in hand.

16:36

Alex Cole-Hamilton (Edinburgh Western) (LD): Hello again. I am pleased to rise once again to speak for the Liberal Democrats in this afternoon's debate and to move the motion in my name.

Social care staff care for the most vulnerable people in our society; they look after our nearest and dearest, and even us when we are not able to; and they are there when no one else is. However, every day, Scotland's hard-working social care staff are being let down. More than 200,000 people work in social care in Scotland. They do so under immense strain, and they have been underpaid and undervalued for years.

I might note the cognitive dissonance of ministers, who sought to delete the word "crisis" from our motion on dentistry, now attempting to delete the line in our motion on social care that relates to how our social care staff have been neglected. That is shameful, because they have been neglected. Twenty per cent of them are not on permanent contracts, and many of them are on zero-hours contracts. Poor terms and conditions contribute to rising absence due to sickness and burnout.

Social care staff deserve better pay and working conditions, and they need those now, but instead of being rewarded for the vital work that they do, their efforts are being sacrificed on the altar of a £1 billion ministerial takeover of social care. It is therefore no wonder that there is currently a vacancy rate of 47 per cent across the social care workforce. There are of course many reasons for that, and I will pre-empt the minister by saying that of course the impact of Brexit is one of those reasons, as is the trauma that care staff faced during the pandemic. However, it is clear that the sector needs the Government's support. Why, then, is the Government content to wait for the introduction of its so-called national care service to improve pay and develop collective bargaining, when those things could happen right now?

The Government often speaks about the financial constraints under which it is forced to work. However, it is utterly baffling and indefensible that it continues to press ahead with its plans for the ministerial takeover of social care, which will create a vast and unnecessary

bureaucracy that will rip away control from local authorities and will have a huge and hefty price tag attached. Estimates from the Scottish Parliament information centre are that it could cost as much as £1.3 billion over the next five years.

John Mason (Glasgow Shettleston) (SNP): I take the member's point, but does he accept that, in the coming year, actually very little money is being put into that, and that there is not enough money to increase pay substantially?

Alex Cole-Hamilton: John Mason's idea that £56 million is "very little money" to spend on a vast and unnecessary bureaucracy that nobody wants says a lot about his priorities. In the midst of a cost of living crisis that is disproportionately impacting those on low pay—social care staff make up a large part of them—I can think of better ways to spend that money than wasting it on that towering bureaucratic mess. The plans will not address the problems in social care; they will only consume huge amounts of our time and staff time, and they will actually cut the funds that are available for the delivery of that care. It is hard to imagine a worse idea for the sector than that.

If the Government does not want to listen to me, it does not need to. It can listen to the Finance and Public Administration Committee, which has said that it is "difficult" to assess whether the Government's plans are "affordable or sustainable", or to the Convention of Scottish Local Authorities, which has said that, for those in need of support,

"waiting four or five years for the establishment of the NCS is not an option."

The Government could also listen to health board bosses, trade unions or even its own back benchers. Who can forget Michelle Thomson's comments? She said that she had "no confidence whatsoever" in the Government's plan and was "completely surprised" by the lack of detail in her Government's financial memorandum. I could cite numerous other organisations that say that the Government's proposals simply will not work, and the Scottish Liberal Democrats agree.

It seems that social care staff agree, too. A report by Unison revealed that 71 per cent of them think that the Government's plans will have a negative impact on standards of care. That is from the people who work at the coalface every day. No one understands the system better than they do, and the Government would do well to heed their warnings, which are legion. Seventy-seven per cent of social care staff said that the Government's plans would lead to greater staff insecurity. They all agree that what is needed is more investment in staffing and resources, better pay and better conditions, not a towering and clunking

bureaucracy, and that is what Scottish Liberal Democrats want to see, too.

We want to reward staff with better pay and conditions, as well as with opportunities for career progression. We want to make social care a profession of choice again, backed by the introduction of powerful collective national bargaining. That should begin this year, not on the Government's current glacial schedule. We also want to accelerate the introduction of new national standards and entitlements for those who depend on our care service.

It goes without saying that we want the Government to abolish all its current plans for centralisation, because Liberal Democrats fundamentally believe that people in Shetland, Moray and Caithness are far better placed to understand the needs and the profile of their communities than Scottish ministers or officials are. However, the Government is determined to conduct an unprecedented power grab. The Delegated Powers and Law Reform Committee says that the proposals set a "dangerous precedent" and risk

"undermining the role of the parliament."

I turn to delayed discharge. In recent months, we have heard a lot in the chamber about crippling waiting times in accident and emergency departments. Those delays do not represent a deficiency of care in emergency departments; they are rooted in the problems in our social care sector. A and E departments are full of patients who cannot be discharged to other hospital departments, and hospitals are full because, on any given night, more than 1,000 people who are well enough to go home are stuck in hospital because they are too frail to go home without a social care package. In November last year, more than 58,000 days were spent in hospital by people who were clinically ready to be discharged. The Government promised to eradicate delayed discharge back in 2015, yet here we are.

It is clear that the Government lacks the necessary foresight to see, and the humility to admit, the mistake that it is making with its current proposals, which do not address the manifest problems in our social care sector. Our heroic social care staff, and the thousands of people who rely on them, deserve much better than this, and they keep telling the Government exactly that. This afternoon, let us send an unequivocal message to the Government: scrap the plans for a national care service, go back to the drawing board and think again.

I move,

That the Parliament thanks all those who work in the social care sector for their dedication, but believes that they have been undervalued for years; acknowledges that there

is a shortage of staff working throughout social care; believes that this shortage is impacting the waiting times of those who require care packages and leading to year-on-year increases in delayed discharges, which the Scottish Government promised to eradicate within a year in 2015, contributing to the crisis in the NHS, and calls on the Scottish Government and its social care partners to reward staff with better pay, conditions and career progression, backed by the introduction of powerful national bargaining beginning in 2023-24, the acceleration of new national standards and entitlements for users, and the abolition of the SNP-Scottish Green Party administration's plans for a National Care Service, which will not address the problems, will consume considerable staff time, and will cut the funds available for social care.

16:43

The Minister for Mental Wellbeing and Social Care (Kevin Stewart): I welcome the opportunity to, once again, set out to the chamber the principles of and ambitions for the National Care Service (Scotland) Bill.

We have heard repeatedly from people with direct experience of social care and community healthcare that the system needs to change to address standards and consistency across Scotland. Our aim in delivering a national care service is to end the postcode lottery in care provision in Scotland. We look forward to continuing to work with service users to design a new service with human rights at its heart.

Willie Rennie (North East Fife) (LD): Has the Government decided whether children's services will be included yet?

Kevin Stewart: Mr Rennie knows the answer to that. We said that we would carry out more analysis of children's services, which we are doing.

Our aim is to establish a social care system that empowers people to thrive, not just survive. The NCS will ensure consistency and fairness at a national level, with services being designed and delivered locally.

We are not just suggesting change to address the challenges of today; we must build a public service that is fit for tomorrow. Today, at least 232,000—or 1 in 25—people receive care support in Scotland. Demand will continue to grow and we need to recognise the risk of increased pressures on an already fragile system. We must act now.

Carers—paid and unpaid—continue to do remarkable work, providing critical and invaluable support to people across Scotland. I take this opportunity to thank them all again for their efforts.

The establishment of the national care service will ensure that our workforce is supported and rewarded. However, we are not waiting for the introduction of the NCS to bring in better conditions for our workforce. We are already

increasing pay, improving terms and conditions in the sector and developing clear career pathways, all of which are backed by fair work principles.

The effects of Brexit and the cost of living crisis have had an impact on everyone in Scotland. That includes the social care workforce and unpaid carers. By working in collaboration with our partners, we want to see improvements in recruitment and retention, fair work and ethical commissioning. National pay bargaining will deliver more equitable terms and will ensure that all adult care staff will experience fair work in their employment. Rewarding and valuing the workforce will be key to delivering the best possible service for the people of Scotland, fit for the future and attractive to more people coming into the profession.

Currently, the £10.50 hourly rate in Scotland is significantly higher than the national living wage rate that will apply to many social care workers in England and Northern Ireland, with workers there receiving £1 less an hour than in Scotland.

We have a long-standing commitment to the principles of fair work for the social care sector. We are fully committed to improving the experience of the social care workforce as we recognise and value the work that they do.

From April this year, adult social care workers delivering direct care in commissioned services will see their pay increase to a minimum of £10.90 an hour. That is in line with the real living wage rate for the 2023-24 financial year. The minimum £10.90 an hour pay rate represents an increase of 3.8 per cent from the minimum £10.50 an hour rate that was introduced in April 2022 for adult social care workers delivering direct care in commissioned services. All the rises represent a 14.7 per cent increase for those workers in the past two years, with pay rising from at least £9.50 an hour in April 2021 to £10.90 in April 2023.

Jackie Baillie (Dumbarton) (Lab): Will the minister take an intervention?

Kevin Stewart: Very briefly.

Jackie Baillie: Will the minister advise on the number of social care vacancies and whether that figure is rising or falling?

Kevin Stewart: We keep a close eye on social care vacancies. There are vacancies around the country. That is why a recruitment process is going on at this moment, backed by the Scottish Government and our resources.

The principle of financial sustainability is set out in the bill. We need to ensure that we can deliver continuity and security of service for the people who access the services. The Government has already committed itself to increase spend in social care by 25 per cent by the end of this

session of Parliament, to help to lay the groundwork for the establishment of the national care service.

Through plans for an ethical commissioning framework, we will ensure increased financial transparency, allowing us to prioritise quality of care and to better understand cost and profit across the mixed economy of providers.

The focus of the national care service is to meet people's needs. In doing so, it must strike the right balance between local flexibility and national consistency. That is why the National Care Service (Scotland) Bill has provided for services to be planned and commissioned locally by care boards, with ministers being ultimately accountable.

Local delivery will be vitally important, and we will promote local responsibility for the design and delivery of health and care support with, and for, our communities through the establishment of new local community health and care boards. *[Interruption.]*

The Presiding Officer: The minister must conclude at this very second. Thank you.

Kevin Stewart: Those boards will be accountable not only to ministers—

The Presiding Officer: At that very second, minister.

Kevin Stewart: —but to the people who use and support our services.

I move amendment S6M-07813.3, to leave out from “but” to end and insert:

“and welcomes that increased funding is being delivered to ensure that all adult social care workers are paid at least the real Living Wage, and notes the desire to go further when possible; recognises that social care recruitment has faced the devastating impact of Brexit and an immovable visa system and immigration system from the UK Government; notes the impact that increased energy costs and high inflation are having on care service operators; supports the creation of the National Care Service to end the postcode lottery of care, help deliver fair work national pay bargaining for the adult social care sector, and ensure ethical commissioning of services as well as better support for unpaid carers; believes that the voices of people with lived experience must be central to the development of the National Care Service, and commends that the National Care Service will be built on local co-design and local delivery of services.”

The Presiding Officer: I call Craig Hoy to speak to and move amendment S6M-07813.2.

16:49

Craig Hoy (South Scotland) (Con): I thank Alex Cole-Hamilton for introducing the debate, which gives us an opportunity to rehearse the arguments that we will use against the Government's ill-thought-out plan for the national

care service when we debate it at the completion of stage 1.

The Scottish National Party Government has been repeatedly warned of the risks that those sweeping, centralising and anti-democratic reforms pose. The SNP consults but does not listen; it makes mistakes but never learns. Albert Einstein once said:

“Insanity is doing the same thing over and over and expecting different results.”

Kevin Stewart: Will the member give way?

Craig Hoy: No, I will not.

If that is the case, the definition of ministerial arrogance is asking well-qualified professionals for their views over and over and ignoring the responses. I honestly do not know what should worry us more about the SNP Government—its policy insanity or its arrogance. Looking at Mr Stewart and Mr Yousaf, I cannot work out which one of them is Laurel and which is Hardy. Having made a huge mess in our NHS, they are about to make a massive mess of Scotland's social care system, and the people who will pay the price are those who work in, and those who rely on, social care.

I pay tribute to those people who work in the sector. They are overstretched and undervalued, and they do essential work for vulnerable people in very difficult times. However, the pressures that they face are only set to grow as the Government allows itself to be distracted by the creation of a national care service. Just when the system needs urgent attention, Nicola Sturgeon's Government proposes to waste £1.3 billion of essential resources on a massive structural reorganisation.

Let me nail two myths that the Government is happy to leave uncorrected as it seeks to shore up public support for this failed policy. First, unlike our national health service, a national care service will not be free at the point of delivery—many people will still lose their homes to pay for residential social care. Secondly, despite the impression that is given, the service will not be run at the front line by the Scottish Government. In fact, the private sector might have to take on more of a role as councils and third sector organisations hand back the keys to Scotland's care homes. The SNP could be the party that further privatises social care in Scotland.

The SNP-Green coalition is, once again, trying to rush through its ill-conceived legislation against the will of the third sector.

Kevin Stewart: Will the member take an intervention?

Craig Hoy: Yes. Mr Stewart could perhaps tell us whether there is one third sector organisation that agrees with his plans.

Kevin Stewart: Many third sector organisations agree with our plans, and some third sector organisations think that other parts should be added to the national care service.

Mr Hoy has said that nobody backs the national care service, but I point out to the chamber that 72 per cent of people who responded to the consultation backed it.

Craig Hoy: Given that the committees of the Parliament, including the Delegated Powers and Law Reform Committee, do not know what the bill means, how can people in the country know what the minister is actually proposing? His response is based on a survey in which the questions were, no doubt, drafted to give the answers that he wanted.

I do not want to be party political about this. Before the minister accuses me of that, let me consider some of the people on his side who are against the SNP's plans: the SNP-led Aberdeen City Council administration; the SNP-led Dundee City Council administration; the SNP-led East Ayrshire Council administration; the SNP council groups in Renfrewshire and East Renfrewshire; Michelle Thomson MSP; and Kenneth Gibson MSP. Senior members of the SNP can see sense on that legislation, so why can these ministers not see it? Ms Thomson has admitted to having "no confidence whatsoever" in the financial planning behind the proposed legislation. Audit Scotland has concerns, too.

Only last week, the DPLR Committee warned that the legislation sets a "dangerous precedent" by allowing Scottish ministers to use delegated powers to introduce as-yet-unknown core provisions to social care. What the DPLR Committee sees is a power grab—an SNP power grab that removes parliamentary scrutiny of the biggest shake-up of the public sector in the history of devolution.

Kevin Stewart: Will the member give way?

Craig Hoy: No, I will not.

However, the criticism goes way beyond Parliament. Johanna Baxter, who is the regional organiser and head of local government for Unison Scotland, said:

"We cannot and should not break up the local government workforce, particularly at this critical time in our recovery from the pandemic."

The Presiding Officer: Mr Hoy, I have to ask you to conclude and to move the amendment in your name.

Craig Hoy: Fine.

Unite the Union, responsible for co-designing the workforce, has also walked out on ministers. This Government must listen. It must scrap the plans for its disastrous national care service.

The Presiding Officer: Thank you, Mr Hoy. You are out of time.

Craig Hoy: I move amendment S6M-07813.2, to leave out from " , backed" to end and insert:

" ; further calls on the Scottish Government to explain why it took back £331 million from the struggling social care sector, at a time when the sector is urgently calling for more investment; urges the Scottish Government to scrap its plans for a National Care Service, which has been derided by a variety of stakeholders, including unions, local government and Scottish Parliament committees, and calls on the Scottish Government to establish a Local Care Service underpinned by a Local Care Guarantee, which will ensure that people in Scotland are able to access social care in their local area."

The Presiding Officer: I call Paul O'Kane to speak to and move amendment S6M-07813.1.

16:55

Paul O'Kane (West Scotland) (Lab): I thank the Liberal Democrats for bringing this debate to the chamber. I am pleased to open on behalf of the Scottish Labour Party.

The proposed national care service is one of this Government's self-proclaimed flagship policies in this parliamentary session. It is, of course, a concept that this party first suggested more than a decade ago, but our vision was not the shambles that the Government is currently presiding over. The SNP has presented a hollowed-out, unfunded mess of a bill that is not worthy of the name "national care service".

As each week passes, the voices raising concerns about the bill continue to multiply. The Coalition of Care and Support Providers in Scotland has called for the bill to be paused because of the "considerable work" needed to make the legislation workable. The Convention of Scottish Local Authorities, the umbrella body for Scotland's councils, has called for a pause due to insufficient funding and lack of clarity around key aspects of the bill, including the viability of local authorities. Unite the Union has withdrawn from the co-design process due to its losing confidence in the Government's approach. Unison has described the bill as "unfit for purpose" and stated that it "would be better withdrawn".

This Parliament's own committees—including the Finance and Public Administration Committee, the Education, Children and Young People Committee and the Local Government, Housing and Planning Committee—have raised significant concerns about the scope and structure of the proposed bill. Only last week, the Delegated

Powers and Law Reform Committee joined the chorus of voices calling for the bill to be paused.

The minister said that he will listen to Parliament. I think that his message on the national care service bill is becoming clearer by the day.

Kevin Stewart: I will listen to all. We will reflect on what the committees of the Parliament and others have said. Without doubt, I will also continue to listen to people—to those 72 per cent who are in favour of a national care service and to those people who are currently dealing with the postcode lottery. This is all about people, and they are the folk that we should be listening to.

Paul O’Kane: I will come back to the minister’s point, but he has some gall to stand there when he has presided over a postcode lottery for 15 years.

The message is clear—pause the bill now and get back round the table. Our social care sector needs Government action to deal with the immediate problems. Care workers cannot wait another three or four years on the promise of a national care service that is not worth the paper that it is written on.

That is why Scottish Labour has called for an immediate uplift in the wage of social care workers to £12 per hour, rising to £15 per hour, and for the Government to deliver on the recommendations of the independent review into adult social care by scrapping non-residential care charges for those who are supported to live in their own home by social care workers. That was a manifesto pledge of this Government that it does not seem too keen on fulfilling any time soon.

It is time that the minister and the cabinet secretary removed their heads from the sand and addressed the significant and growing concerns of front-line workers, trade unions, professional bodies, local government, their own back benchers and—before the minister gets to his feet to intervene again—people with lived experience, who are speaking to me and sharing their concerns about this shambles of a bill.

The Government needs to get serious about addressing the crisis in social care, and it has to act now to give social care workers a meaningful pay rise and scrap those non-residential care charges. Addressing that crisis in social care will have a huge impact on the problems in our national health service, because it is clear that having meaningful and real action on dealing with delayed discharge can change the game in relation to what is happening in our NHS. This Government needs to get serious about it.

It is clear to me that we must put people at the heart of this national care service if it is going to work at all. Social care workers do not need warm

words and platitudes from this Government, or ministers who were happy to stand and clap for them during the pandemic, but a real pay rise.

I move amendment S6M-07813.1, to insert at end:

“, and further calls on the Scottish Government to immediately uplift social care pay to £12 per hour with a plan to raise it to £15 per hour and, as recommended in the Feeley Review, remove non-residential care charges.”

16:59

Liam McArthur (Orkney Islands) (LD): It is fair to say that centralisation is never done with the interests of rural and island communities at its heart. Rarely is it possible to retrofit some provisions, which may mitigate the impact on rural and island communities; broadly speaking, they are part of the collateral damage.

The Scottish Government has a track record of bringing forward many proposals in this area, most recently the plans to centralise air traffic control services across the Highlands and Islands. Before that, it attempted to abolish the board of Highlands and Islands Enterprise and merge the island health boards. In all three cases, thankfully, U-turns were performed. Unfortunately, we were not so fortunate in relation to police centralisation.

It is against that backdrop that the current plans are viewed in island communities, and I think that it could credibly be argued that the implications of the centralisation that is proposed with the setting up of a national care service go much, much further than those of any of the proposals that I have just mentioned. We have already heard about the opposition and the concerns that have been raised by staff, unions, charities, third sector organisations, local authorities, auditors and legal experts. We have also heard about the concerns that have been raised by the Finance and Public Administration Committee, the DPLR Committee and the Local Government, Housing and Planning Committee.

We have a process for scrutinising legislation, and I am confident that that is what Parliament will do. In the limited time that is available to me, I want to put on record some of the specific concerns that have been raised by key stakeholders, which will be on the front line in trying to deliver whatever emerges at the end of the current process.

Voluntary Action Orkney, for example, talks about its concern about a system that involves a one-size-fits-all approach, which it says

“is of particular concern to a small geographically scattered island population like Orkney which has very specific needs and challenges.”

That theme is picked up by NHS Orkney in its consultation response, in which it says:

“There is a risk of the loss of local accountability if the planning of services and commissioning of outcomes is done centrally. There are excellent examples of innovation, flexibility and integrated working taking place in remote and rural communities and creating a third structure in those areas that are already struggling to manage two risks duplication of bureaucracy and erosion of progress made throughout Covid.”

NHS Orkney goes on to say:

“There is a risk of disengagement and disintegration of joined up working between primary and secondary care, there is a further risk of disengagement of a fragile workforce in remote and rural communities.”

It concludes by highlighting the

“Risk of implementing large scale solutions in small scale systems which creates unnecessary bureaucracy that diverts resources from front line care.”

The Orkney integration joint board says:

“As a remote and rural island community, we believe that the solutions to addressing the cultural and governance challenges of multi-agency working are most effectively found at a local level. As a small system, serving a population of circa 22,500, we fear that the creation of a new national body has the potential to further clutter the governance landscape.”

It concludes by saying:

“We believe that the majority of the proposals contained within the consultation could be achieved without structural change, and by engaging with local services and addressing the funding deficit that has been recognised.”

None of that is new—much of it reflects what we are hearing in other parts of the world—but my concern is that the damage that the NCS proposals could do in an island community such as Orkney will go beyond what we see across the country as a whole. I make the plea that others have made: that the Government pause its proposals, give further consideration to the proposals that have been put forward by stakeholders in Orkney and elsewhere, and stop what appears to be a slow-moving car crash.

17:03

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): I begin by agreeing whole-heartedly with the Liberal Democrat motion, right down to the words

“shortage is impacting the waiting times of those who require care packages”,

but no further.

As we clapped during the weeks and months and, indeed, years of Covid, recognition grew among all of us of the valuable dedication of the people who work in the care sector as well as those who work in the NHS. Covid threw the spotlight not only on the nature of care work,

whether through home visits or in care homes, but on the personal and selfless commitment of carers to the people in their care.

The Liberal Democrat motion highlights the various levels of pay and conditions. Of course, employment law is reserved to Westminster—would that that responsibility lay here. However, the Scottish Government is aiming to deliver work and fair pay bargaining in the social care sector. Although employment law is reserved, it might be able to do that by including fair pay conditions in a contract or in funding dished out to the sector.

I note what the minister has said about pay, but have Alex Cole-Hamilton and Paul O’Kane entered into discussions with the finance secretary regarding even more funding for the sector? I, too, would like the sector to get more funding, but they have to say how much and where it is to come from.

Regarding loss of staff, which has a ripple effect through the care and health sector, it is well documented that that has been attributed in no inconsiderable manner to Brexit, and now it has been exacerbated by UK criteria for immigration, which is not helpful. Indeed, Donald Macaskill, the chief executive officer of Scottish Care, called the UK system “unusable”.

The Lib Dems, of course, do not reference Brexit in their motion, as they have now thrown in the towel and support it. That loss of staff means delays in accessing care packages and hospital discharges, which in turns leads to delays in people having access to hospital beds and treatments. The Liberal Democrats refer to those delays but do not attribute them in the least to Brexit or, indeed, Covid. I would hope that, in summing up, the Liberal Democrats will at least recognise that.

I turn to national standards in the sector. During Covid and before Covid, I was certainly aware, not only from searching Care Inspectorate reports but from constituency cases, that there were huge variations, and not always for the better. Thank goodness for the Care Inspectorate, which was set up in 2011 to take over from the Care Commission. It beefed up, and it is still much needed.

We need a national standard of delivery in order to consign the well-worn expression “postcode lottery” to the bin. To me, that is exactly the purpose of a national care service. It is not a duplicate of the national health service, nor is it centralisation of delivery. It will have criteria that are set at the national level but delivery at the local level. I say that to Liam McArthur as well as to people in the Borders. Of course, things are different depending on where you are in Scotland, but the standard must be at a certain level and not

variable. I repeat: criteria and standards at the national level; and delivery at the local level, with local input from people on the needs of their area.

As for career progression, I fully support that, but, of course, it is already available if transition is desired between the care sector and nursing. Indeed, Borders College in Galashiels has full-time higher health and social care courses and health and social care national 5, which can deliver that. I am happy to give Alex Cole-Hamilton contact details if he needs them.

Let me repeat my recognition of the dedication of all workers across the care sector, paid and unpaid. Wherever members are in this chamber, let us get it right for them and for those they care for.

17:07

Roz McCall (Mid Scotland and Fife) (Con): I thank the Liberal Democrats for bringing the debate to the chamber.

Scotland's social care system is being held together by the blood, sweat and tears of carers who are working for people who cannot survive without them, and I applaud them.

When I was first approached about the care that my husband would need when he came home, no one could give me the slightest idea just what that would mean, but questions needed answers. Discussion topics ranged from bathing him, to feeding him and clothing him. Possible changes to the house included altering the sitting room to a bedroom and ripping out the shower for a sitting bath. Phone calls from therapists involved trying to find out what the next steps would be.

What struck me from the get-go were the questions on my current situation. What did I do for a living? Could I work from home? What experience did I have? Did I have any health issues that would make it harder for me to care for my husband? Those questions were nervously asked, and nothing could mask the change of tone, sound of relief, and shift to positivity when I explained that I was already working from home and that council elections were on the horizon and I did not intend to stand again.

My husband finally coming home was entirely down to his hard work and family flexibility for care. I fully believe that his on-going progress has benefited from a comforting environment, familiar surroundings and the mental security that comes from his known space. Again, I stand here highlighting how lucky we are, but many are not so fortunate.

As of 30 January, there were 473 patients in interim care placements in care homes—473 people not experiencing that mental boost of

confidence from being at home, dealing with life-altering health conditions and a change to their everyday routine, facing the unknown in an unfamiliar place filled with strangers. Imagine the fear.

I wonder how many people are in interim care placements in the minister's constituency—people who are affected by the SNP-Green Government's decisions, such as the decision to snatch back £331 million of Covid reserve funding, which was set aside for social care and could have made a massive difference. How can the minister look the people of Fife in the face when £21.5 million was removed from the Fife integration joint board? In the Fife Council area, three residents have waited more than 1,000 days for a care package to be implemented. One resident had to wait for 1,385 days—three months short of four years. Another waited for 1,370 days—wow! a whole 15 days less—and another waited for 1,067 days. Should that person be grateful that getting a care package took almost three years rather than four?

The care system needs urgent reform. Recently, we heard Dr Macaskill of Scottish Care press the argument that social care is community care and should be the primary source of healthcare in Scotland, because good social care stops people going to hospital. It is essential that community-based social care is driven at local level, because only in that way will the needs of patients be met.

The Government's plans for a national care service simply cannot provide that crucial local element. The Parliament will be having this debate again in years to come, because the fundamental point has not been understood. Let us stop the folly of the national care service and focus on a local care service that has been reworked and redesigned, with local care workers at the heart of the change and invested in shaping a programme that works for them, so that they can keep working for the people who would not survive without them.

The Deputy Presiding Officer (Annabelle Ewing): I call Carol Mochan, who joins us remotely.

17:11

Carol Mochan (South Scotland) (Lab): Social care is one of the most pressing issues that the country faces, and I am confronted with the consequences of the failure to deal with it every time I visit a hospital or speak to local community groups in my region.

I think that the number of times that I have spoken on this topic during this parliamentary session might be getting close to double figures, but we are no closer to a resolution. Like many people who work in the sector, I am frustrated by the Government's lack of meaningful action to

address the problem. The Government fails to recognise—as it so often does—that it cannot begin to solve the crisis in the NHS without addressing the vast lack of care capacity. At the heart of that is the need to treat the care workforce better. Care staff are treated as though they were an afterthought, and it does not help that the Government refuses to pay them enough to live on.

If that is not the number 1 priority for the Government, we are very far apart in our assessments of what is going wrong. Scottish Labour has said repeatedly that we must immediately uplift social care pay to £12 per hour, with a plan to increase it to £15. That will bring people into the role and encourage people who left the sector to return, which is important.

Equally, removing non-residential care charges will begin to make care affordable for everyone in Scotland, during and after a burdensome cost of living crisis. The Feeley review recommended that reform, which was in the cabinet secretary's party manifesto. The Government made promises to the public on which it has not delivered—and it looks like it will never deliver on them. Surely it must do better.

I reiterate that, if we refuse to act on those recommendations, we are not treating the problem with the seriousness that it deserves. I am not here to make repeated political points about the SNP-Green Government—points that I have made time and again in the past, because this Government does not listen. I simply want to recognise that there is general agreement in the Parliament that the NHS is in crisis and we want to do something about it, by implementing recommendations that alleviate the problems, so that the impact can be felt immediately.

Let us pause the National Care Service (Scotland) Bill. It is clear that the plans are for a national care service that is not worthy of the name. We need a complete review of the intended goals, because the bill is not working for people who need care and will certainly not work for the social care workforce.

The public are beginning to see that this Government needs to look at the national care service and act now. Sometimes, it feels to people that Holyrood is not making decisions. The approach that is set out in Scottish Labour's amendment would provide immediate help by starting to bring back to the caring profession people who had given up on getting a fair pay deal. I implore the Government to take those people seriously before it is too late to do so.

17:15

Gillian Mackay (Central Scotland) (Green): Having listened to the debate so far, and in the interest of introducing some consensus, I say that I believe that we all want to achieve the same things: better outcomes for people who receive social care, better terms and conditions for those who work in social care and better support for carers.

Sometimes in this policy area, we rightly discuss who should deliver social care and how, but we do not amplify stories about why it is important. There are parts of NCS work that I think we have no argument with each other about. We all know about the issues that relate to the ban on care home visiting during the pandemic. That practice was in place before the pandemic in relation to outbreaks of various viral infections, but such bans' negative impact became more apparent as Covid dragged on. We should thank the families who campaigned on that issue for using their stories so powerfully. They often had to relive trauma for the betterment of other people's experience. I know that some of the issues are ongoing, so I encourage anyone in that situation to contact their MSPs.

We have discussed the National Care Service (Scotland) Bill, and issues related to the bill, many times in the chamber, but I want to cover one that we have not heard so much about through the process—young carers. The Carers Trust reflected that the size and technicality of the bill and their engaging in such a vast process could have an impact on those who have a caring role. We need to reflect on that when we talk about co-design, and we need to make sure that input from young carers is targeted and sustainable.

As part of its response to the bill, the Carers Trust has undertaken work with young carers to highlight why the bill is so important to them. The majority of young people whom the Carers Trust spoke to are in favour of a national care service. The issue of breaks is hugely important to them, so I want to offer two quotes from young carers. In the Carers Trust report, one young carer said:

"I want to spend more time 1:1 with my mum and dad ... I don't feel confident enough to go with people I don't know. I want my breaks to be with my own friends and family and with people I choose ... If my mum and dad got more help with my sister this would help me too."

Another said:

"For a lot of young carers—a break away is not just physical but a mental break—don't need to worry in the back of their mind about the person they care for. Even if attending a hub ... there is not necessarily a mental break. Helps for them to know the cared for person is safe and being looked after by someone."

We have heard from carers that the mental break that is described in those quotes is one of

the most difficult things to provide. Carers are often so focused on how to get everything done and what the next thing to do is that they find it difficult to switch off when they have time for a break. Due to their caring roles, some carers—we know this, because we heard it from them—became more socially isolated during the pandemic because the number of hours of care that they provided or the complexity of care increased. That resulted in them losing touch with friends or not having time for hobbies that they once loved. The cost of living crisis and what it means for being able to survive—let alone to have expendable income for a hobby—has also had an impact.

We need to work to ensure that the breaks that we bring in fit and support carers. We need to make sure that there is support for carers to find comfort and enjoyment from breaks.

Support, particularly for young adult carers, also needs to be better defined. We hear that many carers feel that their support just stops after they move on from school. For some young carers I have spoken to, that does not feel right; many go on to college or university but find that their day-to-day lives do not change other than in that they are getting their education somewhere else, often further from home.

We can address through the NCS bill some of the issues that affect young carers, but, for many young carers, there are many other issues to address. As the bill progresses, we need to keep that in mind for all carers.

The Deputy Presiding Officer: You must conclude.

I call John Mason, who will be the last speaker in the open debate.

17:19

John Mason (Glasgow Shettleston) (SNP): I think that most people would agree that having more consistency and more resources in our care services is highly desirable, and that any disagreement is more about how we put that into practice.

However, I think that there is a certain inconsistency in the Lib Dem motion. On the one hand, it calls for “powerful national bargaining”, and, on the other hand, for

“abolition of ... plans for a National Care Service”.

Well, something there does not add up. Either we continue with the current localised—some would say fragmented—system, or we move to a more national system with consistent pay. I fully accept that a national system—

Alex Cole-Hamilton: Will the member take an intervention?

Jackie Baillie rose—

John Mason: I will take Mr Cole-Hamilton’s intervention very quickly.

Alex Cole-Hamilton: Mr Mason will have heard speeches all afternoon from members of the Government party talking about the panoply of things that a national care service will do, but saying nothing relating just to pay bargaining. Does he recognise that those two aspects can be disaggregated—that they can, and should, be done in isolation?

John Mason: No—I do not think that they can be done in complete isolation.

I fully accept that a national system could be done in different ways; for example, schools are run by local authorities, but pay and conditions are determined at the national level. On the other hand, the NHS has regional boards, whereas police and fire services are national organisations. Therefore, there are different models that can be used.

Jackie Baillie: Will the member take an intervention?

John Mason: I will not take any more interventions. I am sorry.

It is not a secret that the Finance and Public Administration Committee would have liked more detail on all that before we were asked to comment on the financial memorandum for the NCS bill. However, the positive side to the current plan is that all options are still on the table. Councils could still be the main players in the care service. After all, the NHS consists of quite a mixture—hospitals and secondary care are fully in the public sector, whereas general practitioners, dentists and opticians are usually independent organisations. The new NCS could be such a mixture.

From a personal perspective, I note that I used to work for a private company that ran nursing homes and other care facilities. On the other hand, my mother spent the last two years of her life in an excellent third sector care home that was run by Abbeyfield. Therefore, I can see advantages in continuing to have a mixed model with a wide variety of care providers.

One of the criticisms by private and third sector providers has long been that councils provide hidden subsidies to their own care facilities, such as in how they treat capital costs. Therefore, there are advantages in having a level playing field with charges being consistent across the country. Only if charges are set at a realistic level can providers actually afford to pay better wages. My view is that

we cannot afford to make all care completely free, given the state of the country's finances. If people are well enough off to do so, I see no reason why they should not pay part of the accommodation or other costs, as they do at present.

Another key factor is occupancy. Whoever the care home provider is, they cannot make the figures stack up when there are empty beds. Overheads are huge, so a commitment is needed to use care home beds rather than leave potential residents either blocking beds in hospitals or lonely and isolated at home.

As far as council involvement and provision is concerned, Glasgow City Council for one has invested heavily in modern, good-quality facilities. I think that there are five across the city. In my Glasgow Shettleston constituency, we have the Riverside care home, which was part of the Commonwealth games village that was built for 2014. It is a highly regarded good-quality facility, and it is certainly like comparing night and day when we compare it with care homes of the past, which were often converted but unsuitable old mansion houses. Glasgow City Council appears to be running the facility very well, so I see no need to change that. I certainly hope that councils will have a central role in a new NCS.

I will just mention the Conservative amendment and its proposal for a local care guarantee. What would that actually mean in practice? It seems to me that there would have to be limitless money, limitless staff numbers and limitless care home places, which I do not see as being possible in practice.

The Deputy Presiding Officer: Mr Mason, please conclude.

John Mason: I will conclude there.

17:23

Jackie Baillie (Dumbarton) (Lab): Members across the chamber have described the crisis in social care. I, too, thank the Lib Dems for using their debating time to give us the opportunity to do so.

What is increasingly clear is that, until we fix the crisis in social care pay, we will not address the problems in the sector. Vacancies are spiralling as social care workers move to jobs in retail and hospitality, where they are paid more and have less responsibility. The minister failed to answer my question: vacancies are increasing, serious concerns are being raised about whether services are sustainable and the safety of those who receive care is at risk.

That is why Scottish Labour is committed to immediately paying care workers a fair wage of an £12 per hour, rising to £15 per hour through

discussion with employers and trade unions. We have already set out where the money—

Kevin Stewart: Will Jackie Baillie give way?

Jackie Baillie: No.

We have already set out where the money to pay £12 per hour could be found. That would provide almost double the £150 million that it would cost to implement the NCS policy, so there is no barrier to the SNP's doing so. It is a matter of political will—

Kevin Stewart: Will Jackie Baillie give way?

Jackie Baillie: I suggest that the minister listen.

Scottish Labour would also remove non-residential care charges, as the Feeley review recommended, in order to provide financial relief during the cost of living crisis for those who need it most. That was in the SNP's election manifesto, but the SNP has ignored it since then.

The SNP's record on social care is, to be frank, abysmal. It has presided over cuts in care packages, insufficient respite and support for unpaid carers and a recruitment crisis that threatens the safety of residents. That needs to be tackled now, and not left to the SNP's proposed national care service. The proposal lacks vision and detail, and it is about simply changing structure rather than changing culture.

For more than a decade, Scottish Labour has campaigned for the creation of a national care service that prioritises raising quality standards, delivering national funding and retaining local delivery to ensure that local expertise, accountability and community input are retained. That is all, largely, absent from the current bill. Trade unions and organisations across the social care sector have come together to ask the SNP to pause, or even to scrap, the National Care Service (Scotland) Bill. They join the four parliamentary committees that have expressed serious concerns.

I say to John Mason that there is nothing at all in the bill about national collective bargaining. Last week, Unite the union pulled out of the co-design process for the national care service, with concerns that 70,000 workers could be transferred without any protection of their pensions. The GMB has said that, although the bill contains "plenty" of information around

"new executive boards ... and their pay and pensions ... there is no mention"

of the same for care workers, and no mention of whether the body will need to pay 20 per cent VAT.

I ask members to imagine the centralising tendencies of the SNP resulting in millions of

pounds being taken away from care. There will be no financial memorandum for the bill until after stage 3 of the budget process, which is a wholly unsatisfactory state of affairs. In any case, a national care service will not be in place until at least 2026, but the crisis is happening now.

Last month, Scottish Labour held a round-table meeting for people in the social care sector in order to hear about their concerns and priorities. People around the table were unanimous that they want parity of esteem between healthcare and social care. Their message was clear: until we fix the crisis in pay, we cannot deal with the crisis in healthcare and social care.

The Government must listen before it is too late and it must stop pushing the blame on to others. It is the Government's responsibility—it should give social care workers the pay uplift that they deserve, end non-residential care charges, as it pledged in its manifesto, and pause the National Care Service (Scotland) Bill.

We are looking over a precipice. Unless the SNP gets a grip quickly, social care will be diminished and will struggle to continue to provide the quality of care that our older people and disabled people rightly deserve. I ask members to support the Labour amendment and to reject the SNP's complacency.

17:28

Graham Simpson (Central Scotland) (Con): I thank every member who has taken part in the debate, whatever their views. It has highlighted the value of care and carers, as well as the diversity of the sector and the options within it.

People in need do not fit a formula, and in care we cannot have one size fits all. We have heard some excellent speeches today, but the one that really struck me was from Roz McCall. I say that not just because she is sitting next to me, but because she told us powerfully about her own experiences and the questions that she was asked while dealing with the care system.

I will focus on the National Care Service (Scotland) Bill, which many members have spoken about. The bill was dissected powerfully by Alex Cole-Hamilton initially and then by Craig Hoy. I cannot think of a bill that has been so derided and that has received the criticism that it has from committees in a Parliament where the Government wins every vote. That is good: it shows that the committees have been doing their job, but it should make the minister think again. So far, he has not—or he has not been told to do so.

I will go through what some committees have said, starting with the Education, Children and Young People Committee. It concluded that

improvements must be made to the bill. The committee's report says:

"At present there is insufficient information and a lack of detail in the Financial Memorandum to reassure the Committee that the implications of the Bill for children's services, regardless of whether they are in or out of the National Care Service, have been properly costed."

The report goes on to say that the committee

"shares concerns over the robustness of the overall costs of the Bill as outlined in the Financial Memorandum and would not be content to wait until any secondary legislation was laid for further detail."

It concludes:

"The Committee ... cannot form a clear view on whether children and young people's services should be included under any future National Care Service."

Indeed, even Kevin Stewart could not tell us whether those services would be included. That is just not acceptable.

I turn to the Delegated Powers and Law Reform Committee, which is a technical committee. Former members, including myself and Mr Hoy, do not normally get too exercised about things. However, that committee's report said that it

"does not believe the Bill should progress in its current form ... The Committee is concerned there is insufficient detail on the face of the Bill and within the Bill documents to allow for meaningful parliamentary scrutiny."

What a disgrace.

The report goes on:

"Given the far-reaching nature of the proposed reforms the Committee is mindful there is a real risk of letting down those the Bill is intended to help by allowing Scottish Government ministers to use delegated powers instead of primary legislation to introduce core and as yet unknown provisions."

That is shocking.

We have also heard about the Finance and Public Administration Committee's significant concerns. Three committees are all attacking the bill; the minister needs to take heed of those concerns. He should listen, but he is not listening—it is about time that he did and scrapped the bill immediately.

17:32

Kevin Stewart: The ultimate establishment of a national care service will be the most ambitious reform of public services in Scotland since devolution. It will end the postcode lottery of care provision, ensuring quality, fairness and consistency of provision that meets individuals' needs.

We know that a new national care service could not exist without the dedication and commitment of people who deliver care and support services, and

a key objective will be to support and value our unique workforce. We will not wait until the national care service is established to do that. However, we have to have a little bit of honesty in the debate. Christine Grahame pointed out that we should ask how much a national care service will cost and where the money will come from, which is the key question.

We have heard about increases in pay—

Alex Rowley (Mid Scotland and Fife) (Lab)
rose—

Kevin Stewart: I will give way to Mr Rowley in a little while.

We have heard today about increases in pay. The Liberal Democrats' motion talks about increases in pay, but their colleagues south of the border have called for £10.42 per hour from April 2023, which is less than we are paying social care workers in Scotland at the moment.

We heard from Ms Baillie and other Labour members that to increase pay to £12 per hour would cost £150 million. However, as Scottish Labour is aware, the £150 million figure is based on estimates using UK-wide data from the annual survey of hours and earnings. It is not based on how policy is delivered to workers who practise in Scotland, which includes funding to support differentials and all relevant on-costs. The true cost of delivering a £12 per hour pay rate is £300 million. If Ms Baillie wants to talk to Mr Swinney, the finance secretary, about how we can move money and find that sum now, I am sure that he would be willing to listen. I think that, if we come to the chamber to discuss these matters, we should follow the principle set out by Christine Grahame and say how much a proposal will cost and where the money will come from, and we should give the true figures involved.

We cannot continue to deliver social care support services through the current system. The extent of the pressures that we are currently experiencing is evidence of that. We have repeatedly heard from people that change is needed and that, given that context, it is no longer good enough for people in this chamber to simply say, "Stop". There is a responsibility on all of us to bring forward viable, affordable models that will deliver better public services for people.

Graham Simpson: One of the main criticisms from the committees is that there is a complete lack of detail in the bill. How does the minister respond to that?

Kevin Stewart: We have been open, honest and transparent about how we would deal with the situation in terms of co-designing with people the way in which we will move forward. That will rid us of the implementation gaps. People should be at

the heart of all that we are doing. We have folk on lived experience panels and in stakeholder groups who are helping us to design a system that is fit for the future.

I will turn to some of the other questions raised and comments made in the debate. Roz McCall talked about the situation in my constituency. I have to say that, in Aberdeen, the delayed discharge rate is much lower than it is elsewhere, and that is because the contract that the Granite Care Consortium got from the health and social care partnership gives it flexibility that enables front-line staff to step up and step down care as they see fit, which helps to reduce delayed discharge. I want to see that happening across the country. That is why ethical procurement is the way forward—it allows others to follow the example of the likes of Aberdeen and Fife.

Alex Rowley: I have met many care-at-home companies across Mid-Scotland and Fife, and they all say to me that the contracts that they currently have do not allow them to pay better wages or improve poor pay and conditions. Does the minister accept that the major issue in terms of the recruitment and retention of staff in that sector is poor pay and poor terms and conditions?

Kevin Stewart: We have already recognised that the pay that those workers receive must improve. That is why there have been three pay rises in the past two years. We know that we have to go further, which is why we are co-operating with the Convention of Scottish Local Authorities on improving conditions. As Alex Rowley knows, because we have spoken about this before, I think that it is absolutely wrong that, in some cases, folk do not have access to maternity pay or sick pay. We will change that in the near future, before the establishment of the national care service. Alex Rowley is right about some of the contracts—

The Presiding Officer (Alison Johnstone):
You must conclude now, minister.

Kevin Stewart: —and that is why ethical procurement is at the heart of all that we are doing in this area.

17:38

Willie Rennie (North East Fife) (LD): The national care service will not be free at the point of use—care homes will still charge millions of pounds to users. The national care service will not be run by the state—many of the providers will be private. The national care service is uncoded, ill defined and half-baked. Therefore, equating the proposed national care service with the national health service is an insult to all those nurses, doctors and staff who have worked in the NHS since its inception. The project is a charade dressed up as a revolution.

The SNP is no founder of a great new future. It is nothing like the people who built the NHS following the second world war. Kevin Stewart is no William Beveridge and he is certainly no Nye Bevan—Kevin Bevan, perhaps, but not Nye.

We should be able to agree that the social care service is in crisis—Jackie Baillie is right: it is in crisis now and it cannot wait until 2026 for an answer from this Government. Thousands of people are stuck in hospital every day, in interim beds, or are waiting at home for a care package.

There is an exodus of staff from the sector for jobs in places such as Aldi supermarkets, which pay staff more for stacking shelves than the Government pays staff in care homes and the social care sector. Staff vacancies are sky high—Alex Cole-Hamilton referred to a 47 per cent vacancy rate—and the effect backs up into hospital wards, A and E units and ambulances, because patients have nowhere to go.

The SNP grasps on to Brexit, as Christine Grahame did. Yes, of course, Brexit has contributed, but to point only to Brexit is to ignore the failings of this Government for years on end, because the situation has been building for years. Staff have been taken for granted and underpaid by this Government for years. The minister said that his Government pays care staff more than the Conservatives do in England, but he set a low bar on the ambition for the care service in Scotland when he compared it against the dizzy heights of the Conservatives.

The minister also said that the proposals to increase pay for social care staff would cost £300 million or so, or perhaps the equivalent of one ferry—you never know. However, the staff, who did their bit during the pandemic, are now scunnered, knackered and exhausted.

Gillian Mackay rightly talked about young carers, but absolutely nothing of what she said is guaranteed with the national care service. It is the ambition, but it is not guaranteed. What she mentioned is as possible under the current system as it would be under the future system.

The national care service abandons any notion of integration. At present, integration joint boards and health and social care partnerships attempt to combine the work of health and social care into one organisation at a local level, but the plan abandons all of that. It rips up those local partnerships and creates a new national care service silo. *[Interruption.]*

The Presiding Officer: Mr Rennie, please stop for a moment.

I am aware of numerous conversations taking place in the chamber. Can members please give

Mr Rennie the respect of listening to his contribution?

Willie Rennie: The minister could not tell me earlier whether children's services will be in or out of the national care service. The Government is driving the bill through Parliament but is still dithering as to whether children's services will be in or out. *[Interruption.]* No, I will not take an intervention just now.

The Government commissioned the Feeley report without even asking for children's services to be considered. The Government is making it up as it goes along. Worse than that is the fact that children are an afterthought. While the Government is ripping adult services from where they are and putting them into a national care service, children's services will have to make a decision. Will they stay local and integrate with education and other local services or will they go with adult services on a national basis? They will have to make a choice to go with education or adult services. Either way, children's services will lose out. The First Minister has repeatedly said that she wants Scotland to be the best place for children to grow up in, but, with the national care service, that is no longer the case.

Paul O'Kane rightly identified that trade unions and charities are pulling out of co-operation with the bill, which has few friends. Despite numerous witnesses appearing before the Education, Children and Young People Committee, we could not find anybody who was enthusiastic about the bill, and the committee could not bring itself to endorse the proposal.

The Delegated Powers and Law Reform Committee condemned the plans, and the Finance and Public Administration Committee, led by its highly respected convener, Kenny MacAskill, unanimously criticised the bill for poor—*[Laughter.]* We can only dream of Kenny MacAskill and wish that he was back. I meant to say Kenny Gibson.

Kevin Stewart still ploughs on, but he has not learned the lessons from the centralisation of the police. Kenny MacAskill was fondly regarded in this Parliament for driving through those changes. However, the Parliament ignored the fact that centralisation led to the loss of all local accountability and, devastatingly, cost lives. That is what we are dealing with here. We need to consider the impact on ordinary people.

The Presiding Officer: I must ask you to conclude, Mr Rennie.

Willie Rennie: Roz McCall was quite right when she highlighted the personal circumstances that she has endured. That is what we should all remember. We need to create a care service that is fit for people who need those services and not for some national political ambition.

The Presiding Officer: That concludes the debate on investing in the future of social care.

Business Motions

17:45

The Presiding Officer (Alison Johnstone):

The next item of business is consideration of business motion S6M-07836, in the name of George Adam, on behalf of the Parliamentary Bureau, setting out a business programme.

Motion moved,

That the Parliament agrees—

(a) the following programme of business—

Tuesday 21 February 2023

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Topical Questions (if selected)

followed by Stage 3 Proceedings: Budget (Scotland) (No. 2) Bill

followed by Committee Announcements

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Wednesday 22 February 2023

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions:
Rural Affairs and Islands;
Health and Social Care

followed by Scottish Conservative and Unionist Party Business

followed by Legislative Consent Motion: Shark Fins Bill - UK Legislation

followed by Business Motions

followed by Parliamentary Bureau Motions

followed by Approval of SSIs (if required)

5.10 pm Decision Time

followed by Members' Business

Thursday 23 February 2023

11.40 am Parliamentary Bureau Motions

11.40 am General Questions

12.00 pm First Minister's Questions

followed by Members' Business

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions:
Social Justice, Housing and Local Government

followed by Scottish Government Debate: Retained EU Law (Revocation and Reform) Bill - UK Legislation

followed by Scottish Government Debate: Marking

One Year of War in Ukraine
followed by Business Motions
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time
 Tuesday 28 February 2023
 2.00 pm Time for Reflection
followed by Parliamentary Bureau Motions
followed by Topical Questions (if selected)
followed by Economy and Fair Work Committee
 Debate: Retail and Town Centres in
 Scotland
followed by Committee Announcements
followed by Business Motions
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time
followed by Members' Business
 Wednesday 1 March 2023
 2.00 pm Parliamentary Bureau Motions
 2.00 pm Portfolio Questions:
 Constitution, External Affairs and
 Culture;
 Justice and Veterans
followed by Scottish Government Business
followed by Business Motions
followed by Parliamentary Bureau Motions
followed by Approval of SSIs (if required)
 5.00 pm Decision Time
followed by Members' Business
 Thursday 2 March 2023
 11.40 am Parliamentary Bureau Motions
 11.40 am General Questions
 12.00 pm First Minister's Questions
followed by Members' Business
 2.30 pm Parliamentary Bureau Motions
 2.30 pm Portfolio Questions:
 Education and Skills
followed by Scottish Government Business
followed by Business Motions
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time

(b) that, for the purposes of Portfolio Questions in the week beginning 20 February 2023, in rule 13.7.3, after the word "except" the words "to the extent to which the Presiding Officer considers that the questions are on the same or similar subject matter or" are inserted.—[George Adam]

Motion agreed to.

The Presiding Officer: The next item of business is consideration of business motion S6M-07837, in the name of George Adam, on behalf of

the Parliamentary Bureau, on timetabling of a bill at stage 1.

Motion moved,

That the Parliament agrees that consideration of the Children (Care and Justice) (Scotland) Bill at stage 1 be completed by 23 June 2023.—[George Adam]

Motion agreed to.

Parliamentary Bureau Motions

17:46

The Presiding Officer (Alison Johnstone): The next item of business is consideration of seven Parliamentary Bureau motions. I ask George Adam, on behalf of the Parliamentary Bureau, to move motions S6M-07838 to S6M-07842, on approval of Scottish statutory instruments; motion S6M-07843, on committee meeting times; and motion S6M-07844, on recess dates.

Motions moved,

That the Parliament agrees that the First-tier Tribunal for Scotland Local Taxation Chamber and Upper Tribunal for Scotland (Composition) Regulations 2023 [draft] be approved.

That the Parliament agrees that the Upper Tribunal for Scotland (Transfer of Valuation for Rating Appeal Functions of the Lands Tribunal for Scotland) Regulations 2023 [draft] be approved.

That the Parliament agrees that the Community Care (Personal Care and Nursing Care) (Scotland) Amendment Regulations 2023 [draft] be approved.

That the Parliament agrees that the First-tier Tribunal for Scotland (Transfer of Functions of the Council Tax Reduction Review Panel) Regulations 2023 [draft] be approved.

That the Parliament agrees that the First-tier Tribunal for Scotland (Transfer of Functions of Valuation Appeals Committees) Regulations 2023 [draft] be approved.

That the Parliament agrees that, under Rule 12.3.3B of Standing Orders, the Public Audit Committee can meet, if necessary, at the same time as Members' Business on Thursday 23 February 2023.

That the Parliament agrees, further to motion S6M-04616 and under Rule 2.3.1, that the parliamentary recess dates of 1 July to 27 August 2023 (inclusive) be replaced with 1 July to 3 September 2023 (inclusive).—[George Adam]

The Presiding Officer: The questions on those motions will be put at decision time.

Decision Time

17:46

The Presiding Officer (Alison Johnstone): There are up to nine questions to be put as a result of today's business.

I remind members that, if the amendment in the name of Maree Todd is agreed to, the amendment in the name of Paul Sweeney will fall.

The first question is, that amendment S6M-07812.3, in the name of Maree Todd, which seeks to amend motion S6M-07812, in the name of Alex Cole-Hamilton, on addressing the crisis in national health service dentistry, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division. There will be a short suspension to allow members to access the digital voting system.

17:47

Meeting suspended.

17:50

On resuming—

The Presiding Officer: I remind members that, if the amendment in the name of Maree Todd is agreed to, the amendment in the name of Paul Sweeney will fall.

The question is, that amendment S6M-07812.3, in the name of Maree Todd, which seeks to amend motion S6M-07812, in the name of Alex Cole-Hamilton, on addressing the crisis in NHS dentistry, be agreed to. Members should cast their votes now.

The vote is now closed.

Kenneth Gibson (Cunninghame North) (SNP): On a point of order, Presiding Officer. I was unable to connect to the digital platform. I would have voted yes.

The Presiding Officer: Thank you. We will ensure that that is recorded.

Liam Kerr (North East Scotland) (Con): On a point of order, Presiding Officer. I was not able to vote. I would have voted no.

The Presiding Officer: Thank you. We will ensure that that is recorded.

For

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)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dorman, 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)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 McAllan, Màiri (Clydesdale) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (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)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)

Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Choudhury, Foysol (Lothian) (Lab)
 Clark, Katy (West Scotland) (Lab)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Dowey, Sharon (South Scotland) (Con)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Greene, Jamie (West Scotland) (Con)
 Griffin, Mark (Central Scotland) (Lab)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lumsden, Douglas (North East Scotland) (Con)
 Marra, Michael (North East Scotland) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McCall, Roz (Mid Scotland and Fife) (Con)
 McNeill, Pauline (Glasgow) (Lab)
 Mochan, Carol (South Scotland) (Lab)
 Mundell, Oliver (Dumfriesshire) (Con)
 O'Kane, Paul (West Scotland) (Lab)
 Rennie, Willie (North East Fife) (LD)
 Ross, Douglas (Highlands and Islands) (Con)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 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)
 Wells, Annie (Glasgow) (Con)
 White, Tess (North East Scotland) (Con)
 Whitfield, Martin (South Scotland) (Lab)
 Whittle, Brian (South Scotland) (Con)
 Wishart, Beatrice (Shetland Islands) (LD)

The Presiding Officer: The result of the division on amendment S6M-07812.3, in the name of Maree Todd, is: For 67, Against 53, Abstentions 0.

Amendment agreed to.

The Presiding Officer: The next question is, that amendment S6M-07812.2, in the name of Sandesh Gulhane, which seeks to amend motion S6M-07812, in the name of Alex Cole-Hamilton, on addressing the crisis in NHS dentistry, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Choudhury, Foyso (Lothian) (Lab)
 Clark, Katy (West Scotland) (Lab)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Dowey, Sharon (South Scotland) (Con)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Greene, Jamie (West Scotland) (Con)
 Griffin, Mark (Central Scotland) (Lab)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lumsden, Douglas (North East Scotland) (Con)
 Marra, Michael (North East Scotland) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McCall, Roz (Mid Scotland and Fife) (Con)
 McNeill, Pauline (Glasgow) (Lab)
 Mochan, Carol (South Scotland) (Lab)
 Mundell, Oliver (Dumfriesshire) (Con)
 O'Kane, Paul (West Scotland) (Lab)
 Rennie, Willie (North East Fife) (LD)
 Ross, Douglas (Highlands and Islands) (Con)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 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)
 Wells, Annie (Glasgow) (Con)
 White, Tess (North East Scotland) (Con)
 Whitfield, Martin (South Scotland) (Lab)
 Whittle, Brian (South Scotland) (Con)
 Wishart, Beatrice (Shetland Islands) (LD)

Against

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, 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)
 Don, Natalie (Renfrewshire North and West) (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)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 McAllan, Màiri (Clydesdale) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (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 (Caitness, Sutherland and Ross) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

The Presiding Officer: The result of the division on amendment S6M-07812.2, in the name of Sandesh Gulhane, is: For 53, Against 67, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: Amendment S6M-07812.1, in the name of Paul Sweeney, falls.

The next question is, that motion S6M-07812, in the name of Alex Cole-Hamilton, on addressing the crisis in NHS dentistry, as amended, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

The vote is now closed.

Kenneth Gibson: On a point of order, Presiding Officer. I was unable to connect to the digital platform. I would have voted yes.

The Presiding Officer: Thank you. We will ensure that that is recorded.

For

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)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dorman, 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)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 McAllan, Màiri (Clydesdale) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (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)
 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)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Choudhury, Foysol (Lothian) (Lab)
 Clark, Katy (West Scotland) (Lab)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Dowey, Sharon (South Scotland) (Con)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Greene, Jamie (West Scotland) (Con)
 Griffin, Mark (Central Scotland) (Lab)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lumsden, Douglas (North East Scotland) (Con)
 Marra, Michael (North East Scotland) (Lab)
 Martin, Gillian (Aberdeenshire East) (SNP)
 McArthur, Liam (Orkney Islands) (LD)
 McCall, Roz (Mid Scotland and Fife) (Con)
 McNeill, Pauline (Glasgow) (Lab)
 Mochan, Carol (South Scotland) (Lab)
 Mundell, Oliver (Dumfriesshire) (Con)
 O'Kane, Paul (West Scotland) (Lab)
 Rennie, Willie (North East Fife) (LD)
 Ross, Douglas (Highlands and Islands) (Con)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Sarwar, Anas (Glasgow) (Lab)
 Simpson, Graham (Central Scotland) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Sweeney, Paul (Glasgow) (Lab)
 Villalba, Mercedes (North East Scotland) (Lab)
 Webber, Sue (Lothian) (Con)
 Wells, Annie (Glasgow) (Con)
 White, Tess (North East Scotland) (Con)
 Whitfield, Martin (South Scotland) (Lab)
 Whittle, Brian (South Scotland) (Con)
 Wishart, Beatrice (Shetland Islands) (LD)

The Presiding Officer: The result of the division on motion S6M-07812, in the name of

Alex Cole-Hamilton, on addressing the crisis in NHS dentistry, as amended, is: For 65, Against 55, Abstentions 0.

Motion, as amended, agreed to,

That the Parliament recognises the impact that the COVID-19 pandemic had on the provision of dental services; thanks all NHS dentists, dental nurses and wider staff for their efforts to provide dental care for the people of Scotland; supports the reform of the NHS dentistry payment system to ensure that the recovery that has been seen in the last year can be built upon; understands that the bridging and multiplier arrangements supported significant increases in activity; notes that, since the start of the pandemic, dentistry has been provided with over £150 million of additional support to sustain the sector; further notes that 95.4% of people in Scotland are registered with a dentist, an increase of 44.3% since 2007; commends the work of the Childsmile programme, which is delivering preventative efforts to improve dental health now and in the future; welcomes the abolition of NHS dental charges for everyone under the age of 26, and supports the removal of all such charges by the end of the current parliamentary session.

The Presiding Officer: I remind members that, if the amendment in the name of Kevin Stewart is agreed to, the amendment in the name of Craig Hoy will fall.

The next question is, that amendment S6M-07813.3, in the name of Kevin Stewart, which seeks to amend motion S6M-07813, in the name of Alex Cole-Hamilton, on investing in the future of social care, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, 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)
 Don, Natalie (Renfrewshire North and West) (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)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Harper, Emma (South Scotland) (SNP)

Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 McAllan, Màiri (Clydesdale) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (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)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Choudhury, Foysol (Lothian) (Lab)
 Clark, Katy (West Scotland) (Lab)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Dowey, Sharon (South Scotland) (Con)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Greene, Jamie (West Scotland) (Con)
 Griffin, Mark (Central Scotland) (Lab)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)

Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lumsden, Douglas (North East Scotland) (Con)
 Marra, Michael (North East Scotland) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McCall, Roz (Mid Scotland and Fife) (Con)
 McNeill, Pauline (Glasgow) (Lab)
 Mochan, Carol (South Scotland) (Lab)
 Mundell, Oliver (Dumfriesshire) (Con)
 O'Kane, Paul (West Scotland) (Lab)
 Rennie, Willie (North East Fife) (LD)
 Ross, Douglas (Highlands and Islands) (Con)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 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)
 Wells, Annie (Glasgow) (Con)
 White, Tess (North East Scotland) (Con)
 Whitfield, Martin (South Scotland) (Lab)
 Whittle, Brian (South Scotland) (Con)
 Wishart, Beatrice (Shetland Islands) (LD)

The Presiding Officer: The result of the division on amendment S6M-07813.3, in the name of Kevin Stewart, is: For 67, Against 53, Abstentions 0.

Amendment agreed to.

The Presiding Officer: Amendment S6M-07813.2, in the name of Craig Hoy, falls.

The next question is, that amendment S6M-07813.1, in the name of Paul O'Kane, which seeks to amend motion S6M-07813, in the name of Alex Cole-Hamilton, on investing in the future of social care, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

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

Against

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)

Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Balfour, Jeremy (Lothian) (Con)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Briggs, Miles (Lothian) (Con)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Brown, Siobhian (Ayr) (SNP)
 Burgess, Ariane (Highlands and Islands) (Green)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Chapman, Maggie (North East Scotland) (Green)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Dowey, Sharon (South Scotland) (Con)
 Dunbar, Jackie (Aberdeen Donside) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
 Findlay, Russell (West Scotland) (Con)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greene, Jamie (West Scotland) (Con)
 Greer, Ross (West Scotland) (Green)
 Gulhane, Sandesh (Glasgow) (Con)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hoy, Craig (South Scotland) (Con)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 Lumsden, Douglas (North East Scotland) (Con)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 McAllan, Màiri (Clydesdale) (SNP)
 McCall, Roz (Mid Scotland and Fife) (Con)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 Minto, Jenni (Argyll and Bute) (SNP)
 Mundell, Oliver (Dumfriesshire) (Con)

Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 Regan, Ash (Edinburgh Eastern) (SNP)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Ross, Douglas (Highlands and Islands) (Con)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Simpson, Graham (Central Scotland) (Con)
 Slater, Lorna (Lothian) (Green)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Webber, Sue (Lothian) (Con)
 Wells, Annie (Glasgow) (Con)
 White, Tess (North East Scotland) (Con)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Whittle, Brian (South Scotland) (Con)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Abstentions

Cole-Hamilton, Alex (Edinburgh Western) (LD)
 McArthur, Liam (Orkney Islands) (LD)
 Rennie, Willie (North East Fife) (LD)
 Wishart, Beatrice (Shetland Islands) (LD)

The Presiding Officer: The result of the division on amendment S6M-07813.1, in the name of Paul O'Kane, is: For 21, Against 95, Abstentions 4.

Amendment disagreed to.

The Presiding Officer: The next question is, that motion S6M-07813, in the name of Alex Cole-Hamilton, on investing in the future of social care, as amended, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

The vote is now closed.

Jenni Minto (Argyll and Bute) (SNP): On a point of order, Presiding Officer. My app did not connect. I would have voted yes.

The Presiding Officer: Thank you. We will ensure that that is recorded.

For

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)
 Don, Natalie (Renfrewshire North and West) (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)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 McAllan, Màiri (Clydesdale) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (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)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

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

Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Dowey, Sharon (South Scotland) (Con)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Greene, Jamie (West Scotland) (Con)
 Griffin, Mark (Central Scotland) (Lab)
 Gulhane, Sandesh (Glasgow) (Con)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lumsden, Douglas (North East Scotland) (Con)
 Marra, Michael (North East Scotland) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McCall, Roz (Mid Scotland and Fife) (Con)
 McNeill, Pauline (Glasgow) (Lab)
 Mochan, Carol (South Scotland) (Lab)
 Mundell, Oliver (Dumfriesshire) (Con)
 O’Kane, Paul (West Scotland) (Lab)
 Rennie, Willie (North East Fife) (LD)
 Ross, Douglas (Highlands and Islands) (Con)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 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)
 Wells, Annie (Glasgow) (Con)
 White, Tess (North East Scotland) (Con)
 Whitfield, Martin (South Scotland) (Lab)
 Whittle, Brian (South Scotland) (Con)
 Wishart, Beatrice (Shetland Islands) (LD)

The Presiding Officer: The result of the division on motion S6M-07813, in the name of Alex Cole-Hamilton, as amended, is: For 67, Against 53, Abstentions 0.

Motion, as amended, agreed to,

That the Parliament thanks all those who work in the social care sector for their dedication, and welcomes that increased funding is being delivered to ensure that all adult social care workers are paid at least the real Living Wage, and notes the desire to go further when possible; recognises that social care recruitment has faced the devastating impact of Brexit and an immovable visa system and immigration system from the UK Government; notes the impact that increased energy costs and high inflation are having on care service operators; supports the creation of the National Care Service to end the postcode lottery of care, help deliver fair work national pay bargaining for the adult social care sector, and ensure ethical commissioning of services as well as better support for unpaid carers; believes that the voices of people with lived experience must be central to the development of the National Care Service, and commends that the National Care Service will be built on local co-design and local delivery of services.

The Presiding Officer: I propose to ask a single question on seven Parliamentary Bureau motions. As no member has objected, the final

question is, that motions S6M-07838 to S6M-07842, on approval of Scottish statutory instruments; motion S6M-07843, on a committee meeting time; and motion S6M-07844, on recess dates, in the name of George Adam, on behalf of the Parliamentary Bureau, be agreed to.

Motions agreed to,

That the Parliament agrees that the First-tier Tribunal for Scotland (Transfer of Functions of the Council Tax Reduction Review Panel) Regulations 2023 [draft] be approved.

That the Parliament agrees that the First-tier Tribunal for Scotland Local Taxation Chamber and Upper Tribunal for Scotland (Composition) Regulations 2023 [draft] be approved.

That the Parliament agrees that the First-tier Tribunal for Scotland (Transfer of Functions of Valuation Appeals Committees) Regulations 2023 [draft] be approved.

That the Parliament agrees that the Upper Tribunal for Scotland (Transfer of Valuation for Rating Appeal Functions of the Lands Tribunal for Scotland) Regulations 2023 [draft] be approved.

That the Parliament agrees that the Community Care (Personal Care and Nursing Care) (Scotland) Amendment Regulations 2023 [draft] be approved.

That the Parliament agrees that, under Rule 12.3.3B of Standing Orders, the Public Audit Committee can meet, if necessary, at the same time as Members’ Business on Thursday 23 February 2023.

That the Parliament agrees, further to motion S6M-04616 and under Rule 2.3.1, that the parliamentary recess dates of 1 July to 27 August 2023 (inclusive) be replaced with 1 July to 3 September 2023 (inclusive).

The Presiding Officer: That concludes decision time.

Point of Order

18:03

Neil Bibby (West Scotland) (Lab): On a point of order, Presiding Officer. Earlier today, during portfolio questions on finance and the economy, in response to my Labour colleague Daniel Johnson, the Deputy First Minister said:

“the Government has increased the resources available to local government by more than £570 million. That cash increase is there for local authorities to deploy in the appropriate way, as they see fit, to meet the challenges in their local areas.”—[*Official Report*, 8 February 2023; c 21.]

I am not sure whether the Deputy First Minister has misspoken, but it certainly appears that he might have misled the chamber.

Clearly, the Government wants to present its local government settlement in the most positive light possible. However, as we heard in the chamber earlier today, the Convention of Scottish Local Authorities believes that only £71 million of that £570 million is an increase in the resources to spend “as they see fit”. As confirmed by our own Scottish Parliament information centre, that COSLA figure equates to a £304 million real-terms cut. The Institute for Fiscal Studies and the Fraser of Allander Institute also believe that the budget represents a real-terms cut.

The issue with what the Deputy First Minister said earlier today is that it is no longer simply an issue of presentation; this is now an issue of fact, accuracy and respect for this Parliament, as well as for councils across Scotland.

The Deputy First Minister knows fine well that the £570 million cash increase is almost entirely ring fenced or set aside for other policies, and therefore the figure cannot be regarded as accurate.

Just yesterday, we had the education secretary directing education spending.

Presiding Officer, we know that you are not responsible for the accuracy of ministers’ statements—lucky you—but ministers are responsible for theirs. Has the Deputy First Minister sought to correct the record on that matter? Will you remind all members, including Government ministers, how they can correct the record and remind them of the importance of positive relations between this institution and our colleagues in local government?

The Presiding Officer (Alison Johnstone): As Mr Bibby will be aware, responsibility for the accuracy of a contribution rests with the member who is making it. If a member believes that there has been a factual inaccuracy, the guidance on corrections sets out the steps that they can take.

Cervical Cancer Prevention Week 2023

The Deputy Presiding Officer (Liam McArthur): The final item of business is a members’ business debate on motion S6M-07546, in the name of Ruth Maguire, on cervical cancer prevention week 2023. The debate will be concluded without any question being put.

Motion debated,

That the Parliament recognises that 23 to 29 January 2023 is Cervical Cancer Prevention Week, which encourages women to reduce their risk of the disease by promoting the steps that they can take to look after their health; understands that cervical cancer is the fourth most common cancer among women globally, with nine new diagnoses and two women losing their lives every day in the UK; is concerned by the reported statistic from Jo’s Cervical Cancer Trust that one in three women and people with a cervix do not take up their screening invite; highlights tools such as the HPV vaccination and cervical screening, which can help screen and prevent, and, it considers, one day end, cervical cancer; notes the support for the global strategy for cervical cancer elimination, which suggests that each country should meet the 90-70-90 targets by 2030; acknowledges that these targets are for 90% of girls to be fully vaccinated with the HPV vaccine by the age of 15, for 70% of women to be screened using a high-performance test by the age of 35, and again by the age of 45, and for 90% of women with pre-cancer to be treated, and 90% of women with invasive cancer to be managed; understands that cervical cancer is preventable and curable, as long as it is detected early and managed effectively, and notes the calls for all women and people with a cervix to attend invitations to screening appointments and vaccinations.

18:06

Ruth Maguire (Cunninghame South) (SNP): It is a privilege to open the debate on cervical cancer prevention week, but I confess that I do not feel entirely comfortable. I did not get into politics to talk about myself. Although being open about my diagnosis in 2021 may have inadvertently raised some awareness, I have to say that my motivation for doing that was so that I could properly take time out of the public eye to give my treatment the best chance. I have said this before, but I put on record again my thanks to my team, Lynn and Karen, for their support, and to constituents in Cunninghame South for their understanding and the well-wishes that they sent.

Now, after a year back at work, it feels like an okay time for me to share some of my story. I am grateful to the *Sunday Post* for helping me to do that, and to Tracey Bryce for the kindness and respect that she showed me in her reporting.

I fully understand that my experience of diagnosis of, and then life-saving treatment for, cervical cancer will not be the same as other women’s experiences. I am acutely aware of just how lucky I was to have all the resources, support

and love that I needed to get well. However, I think that I can confidently say one thing on behalf of women who have experienced cervical cancer; it is also the reason why, this year, I am speaking up and supporting Jo's Cervical Cancer Trust in its biggest campaign. It is that we would not want anyone else to go through what we did. The effects of treatment, although that treatment is life saving, can be life changing and long lasting. If we can prevent, end and eradicate cervical cancer, we must.

Jo's Cervical Cancer Trust is calling for

"government commitments to elimination, with strategies to make sure that no-one is missed out or left behind."

In screening and immunisation, we have powerful tools to do just that.

In my local health board area of Ayrshire and Arran, cervical screening coverage is 71.7 per cent. The latest figure for coverage for Scotland is 69.3 per cent, with women in our most deprived areas being least likely to take part in screening. There will be a number of reasons why women do not attend when invited, and it is important that we understand that, so that we can take action to address it. There might be practical considerations. Getting time off work can be difficult for some people—in particular, those who are in low-paid or precarious employment. Likewise, travel, and the cost or time to get there, can be an issue.

More generally, women might feel apprehensive or uncomfortable about the test itself. For one in three women, as survivors of sexual violence, it can be particularly difficult. I would like them to know that they are not alone. The Eve Appeal has a fantastic publication, "Cervical Screening—A guide for survivors of rape, sexual assault and sexual abuse", with tips for the appointment itself and for communicating needs to healthcare professionals. Crucially, the organisation has also published "Cervical Screening—A guide for Healthcare Professionals", and I commend it to all those who are interested in providing essential trauma-aware support to women.

A *Ferret* article that was published on 22 January found that

"440,000 eligible"

for cervical screening

"in 2020-21 ... had not had ... a smear test, in the last three to five years."

It went on to say that

"Those most likely to miss their screening were aged 25-29",

along with, as I mentioned, those in deprived areas.

There are wider issues to do with inequality in dealing with health. My own experience of accessing tests and treatment made me acutely aware of just how challenging it would have been if I did not have someone to run me there, or if I did not have a job in which I could, to a certain extent, manage my own diary and schedule things in. I am very keen to hear from the Minister for Public Health, Women's Health and Sport about the work that the Government is doing to understand and address the inequalities in uptake. That would be helpful not only for cervical cancer screening, and indeed all cancer screening and treatment, but for all areas of health.

I thank those colleagues who supported my motion, and I look forward to hearing contributions from colleagues this evening. I also thank everyone who attended the event that Carol Mochan and I sponsored with Jo's Cervical Cancer Trust. It was good to see so many local press releases going out and awareness being raised locally around the country.

I urge the Scottish Government to continue on the path to elimination. I know that there is good news to tell here, in Scotland, and we need to press forward and keep going on with that. We also need to redouble our efforts on inequality, as that will save lives.

To women and, indeed, to everyone, I say: immunise your young people. To individual women, I say: attend your screenings when invited and, crucially, do not ignore symptoms or bleeding that are different for you; it could save your life. [Applause.]

The Deputy Presiding Officer: Thank you very much, and congratulations, Ms Maguire.

We move to the open debate. Given that, unusually, we have two members' business debates this evening, I would be grateful if members could stick to their speaking allocation so that we do not conclude too late.

18:13

Tess White (North East Scotland) (Con): I thank Ruth Maguire for securing the parliamentary time for such an important debate. Tragically, cancer is a major cause of death in Scotland. All of us have likely been touched in some way by its impact, and I know that all of us long for the day when it is eliminated for good.

It is a sobering thought that two women in the United Kingdom died today from cervical cancer, and this evening another nine women and their families are coming to terms with a diagnosis of cervical cancer. Some are mums, and some face the devastating prospect of losing their fertility as part of their treatment. However, there is hope,

and that is through the cervical screening programme and the HPV vaccination programme.

On the latter, I was struck by the figures that were reported by Jo's Cervical Cancer Trust: cases of cervical cancer have fallen by 97 per cent among women in their 20s as a result of the vaccine. I understand that in Scotland, uptake rates for the first dose of HPV have consistently exceeded 90 per cent, as Ruth Maguire said, and that is to be welcomed. However, as she pointed out, uptake levels for cervical screening are not as high, and that is where improvement is most needed.

Public Health Scotland data is available only for the period up to 31 March 2021, but it shows that the uptake rate for cervical screening was 69.3 per cent among eligible women. Worryingly, as Ruth Maguire said, uptake has declined in recent years and is especially low among women aged between 25 and 29.

Ruth Maguire also flagged up the multiple barriers to accessing a screening appointment. Anxiety and embarrassment can mean that women delay or decide not to do it. As she pointed out, experience of sexual trauma can also prevent women from being screened, and there are accessibility issues for women with a disability. Pain and fear of the result can also act as obstacles. We must do everything that we can to address those barriers, and it is important that we see leadership at the highest levels.

Jo's Cervical Cancer Trust and other charities were vocal in their calls for the urgent appointment of a women's health champion in Scotland. Bizarrely, that role was promised by the Scottish National Party as a "Medium-Term" action as part of its "Women's Health Plan", which is intended to cover only the period from 2021 to 2024.

I am pleased to see the position has now been filled by Professor Anna Glasier. However, like many of us, I was deeply frustrated by the time that was lost over the prolonged appointment process. I know that Professor Glasier is keen to focus her work on the menopause, endometriosis and polycystic ovary syndrome. I hope that she will also work with health boards and charities to improve cervical screening uptake and to explore new ways to facilitate that process.

In the meantime, I urge all eligible women to please, please book a cervical screening appointment when the letter arrives—it could save your life.

18:16

Emma Harper (South Scotland) (SNP): I congratulate my colleague Ruth Maguire on securing the debate and on her very powerful

opening speech; I know that she is sitting right behind me.

We know that the human papilloma virus vaccine helps to protect people from HPV-related cancers, including cervical cancer. The first study of its kind, which was funded by Cancer Research UK, has shown that rates of cervical cancer in women in their 20s who were offered the bivalent Cervarix HPV vaccine at ages 12 to 13 in England were 87 per cent lower than the rates in those who did not receive the vaccine.

That is why it is essential to vaccinate all those who are eligible by improving uptake so that they receive their vaccine. The HPV immunisation statistics for Scotland for the 2021-22 school year show that HPV vaccination coverage increased in comparison with the previous year. However, the numbers are not equivalent to pre-pandemic levels in all areas, and there is still significant regional and local variation.

Coverage of the first dose of HPV vaccine for secondary 1 pupils increased in 2021-22, with overall coverage rates of 73.5 per cent, in comparison with 52.1 per cent in 2020-21. By the end of S2, 86.4 per cent of females had received the first dose. While those statistics are welcome, however, I ask the minister to ensure that the Scottish Government is doing all that it can to enable HPV vaccine take-up.

I want to touch on screening also. We know that screening is key to both preventing cancers developing more widely and detecting cancers at an early stage, when treatment is more likely to be successful. Cervical screening aims to identify whether a person is at higher risk of developing cervical cell changes or cervical cancer, which enables them to access treatment quickly.

Self-sampling as part of screening for HPV is an area that I have been pursuing. I know that the Scottish Government is pursuing that also. In the previous session of Parliament, I was made aware that 6,000 women in Dumfries and Galloway had defaulted on their invitation to attend their screening smear test. That meant that 6,000 women were being missed. I met Dr William Forson and Dr Heather Currie, who, along with their team, were attempting to improve screening numbers by introducing a self-sampling approach, which they wanted to test for effectiveness in addressing the women who were failing to accept and attend the invite to screening.

I am pleased to hear that that approach has now been picked up by the Government. There are benefits to self-sampling. Home tests, away from clinics and general practices, offer people a choice of place. There is no interruption to work or travelling to an appointment necessary, and there

are no other barriers to the take-up of cervical screening.

As we have heard already, some women find the intimate examination that is involved in having a smear test very difficult, painful, distressing and embarrassing. Self-sampling for HPV is one way to help increase screening uptake, especially for women in remote, island and rural areas such as my South Scotland region. I was one of the defaulters who were contacted by NHS Dumfries and Galloway, and I had the opportunity to take part in the self-test trial, so I would be grateful if the minister could provide an update on the status of home sampling and on whether there are any findings about its success.

During lockdown, I attended a Jo's Cervical Cancer Trust online meeting with women who were part of the Wigtownshire Women and Cancer charity. It was an excellent presentation. The Jo's Trust representatives were fantastic, and they supported a continuation of engaging with women and supporting them in taking up their screening. I encourage women to do the same.

Again, I thank Ruth Maguire for securing the debate, and I look forward to hearing the minister's response.

18:20

Jackie Baillie (Dumbarton) (Lab): I begin by thanking Ruth Maguire for securing this important debate, and I thank her for sharing her experience. I take this opportunity to commend the work of Jo's Cervical Cancer Trust.

I apologise to members, as I have to leave early to chair a cross-party group meeting. I am grateful to you, Presiding Officer, for permission to do so.

I believe that members across the chamber are united in the belief that cervical cancer can and should be beaten once and for all, but statistics show that, unfortunately, we are going backwards when it comes to ending this disease. The roll-out of self-sampling is too slow, and those with abnormal smear tests face waits of a year for colposcopy appointments, while inequalities for women in the poorest communities continue to rise.

The World Health Organization calls for 70 per cent of women globally to be screened regularly for cervical cancer but, according to Public Health Scotland, women from the most deprived areas of the country are less likely to take part, with uptake reaching only 63 per cent there. As we have heard, 45 per cent of women between the ages of 25 and 29 have not attended a screening at all, which suggests that younger women are less likely to come forward for their smear test.

There are several reasons why that might be happening. It can be down to an experience of trauma, concern about pain, inaccessible general practices or even a lack of information and time. That is why Jo's Cervical Cancer Trust has asked the Scottish Government to roll out new tests such as HPV self-sampling. The trust surveyed more than 800 professionals working in and alongside cancer prevention, and 70 per cent of them said that they thought that HPV self-sampling provided the biggest opportunity to eliminate cervical cancer in the UK. Although it is important to ensure that clinician-led screening is still encouraged and supported, allowing for self-sampling will certainly begin to address the low numbers of people coming forward.

Cervical cancer will not be tackled by addressing screening uptake alone. The process for addressing abnormalities and examining the cervix in the aftermath of a smear test is extremely important, and statistics show that women are being failed here when it matters most. Waits for follow-up colposcopies in NHS Greater Glasgow and Clyde continue to soar. During cervical cancer awareness week, I raised the case of my constituent who had a smear test in February 2022 that showed abnormal cells. She had to wait a year for the follow-up colposcopy. I received a letter from the Cabinet Secretary for Health and Social Care wishing her well for an appointment at the end of January this year—which was cancelled. We really need to do better for women. My constituent told me:

"It's been really tough on my mental health. I was left questioning if the delay would have a detrimental outcome for me."

Freedom of information requests have revealed that the longest wait for a colposcopy across NHS Greater Glasgow and Clyde is currently 48 weeks. In comparison, in neighbouring Lanarkshire, no one has had to wait more than 10 weeks for a colposcopy over the past six months. In NHS Lothian, the second-biggest health board in Scotland, the average wait was just short of nine weeks. There is a postcode lottery in women's experience across Scotland.

The figures for NHS Greater Glasgow and Clyde are shocking, and they are far worse than those in the rest of the country. Health inequalities are worsening in this area, and that should be addressed as a matter of urgency.

Cervical cancer is a treatable disease, and I welcome the improvement in HPV vaccination, but we need to do more. The Scottish Government must tackle screening inequalities and screening uptake, it must fund further research and it must address wait times for colposcopies, particularly in NHS Greater Glasgow and Clyde. Only then can we hope to beat cervical cancer once and for all.

18:24

Gillian Martin (Aberdeenshire East) (SNP): I thank Ruth Maguire for securing and leading the debate. Anyone who knows her will know that she does not like to talk about her own situation in her work, and I am in no doubt about what it has taken for her to talk in this public forum about the disease that she has had to deal with, but I thank her for doing so.

As with everything that Ruth Maguire does, it is about helping other women. That is just what she does, and I would like to assist her in that, in a small way, by outlining what women should be looking for. When it comes to cervical cancer, knowledge is power, so I am glad to have the opportunity to help to spread awareness and encourage others to take the necessary steps towards reducing their risk of that preventable disease.

Cervical cancer is preventable, and it can be treatable if it is found early enough. However, the symptoms can mask themselves as something that can be brushed off as the kind of curveball that our reproductive systems throw us women from time to time, not least when we are in our 40s and 50s. Not everyone will show symptoms, but it is still crucial to be aware of them, so I will highlight them. I feel that when we have these types of debates, if even one person who watches it live or who watches the recording on Facebook afterwards actually takes up the smear test invitation, it is worth it.

I will outline some symptoms that could be a sign of cervical cancer. One is vaginal bleeding that is unusual for you—it could be during or after sex, between your periods or after the menopause, or it could involve just having heavier periods than usual. Other symptoms include any changes to discharge from your vagina, pain during sex and pain in your lower back, between your hip bones or in your lower abdomen.

Those symptoms can be caused by other conditions such as fibroids or endometriosis, so, if you experience such symptoms, you might pass them off as being part and parcel of something like that. However, it is important to get checked by your general practitioner if your symptoms change or get worse.

I emphasise that some of those symptoms can be present in women who are about to go through, or who are going through, the menopause. Women who are around the age of 40 or older might experience pain or unusual bleeding and simply assume that it is the menopause. That is the thing about us women: we put up with quite a lot with our bodies. We get used to a certain amount of pain and discomfort, and we often just struggle on and pass it off. I say to women: do not

do that, because you need to find out what is really going on.

Sometimes, however, there are no symptoms, and that is why screening is important, particularly in detecting any abnormalities as early as possible. Although we, in Scotland, have taken steps in the right direction to prevent cervical cancer, I share other members' concerns about the uptake of screening invitations. As others have mentioned, about one in three women will not take up their invitation for screening. However, the facts do not lie: every week in Scotland, about six women will learn that they have cervical cancer. It is the most common cancer in women aged between 25 and 35, and screening might prevent you from having to deal with the disease.

I will end with some good news. First, my friend Ruth Maguire is back in action after her treatment, and thank goodness for that. Secondly, in the future, the disease that she had could easily become one of the rarest, with all our daughters having had the HPV vaccination. However, although cervical cancer might one day be eradicated, it will not go away on its own. We have to ensure that we get our daughters vaccinated and that we take up those screening invitations.

My thanks go to Ruth Maguire for bringing the debate to the chamber and for bringing Jo's Cervical Cancer Trust to the Parliament a couple of weeks ago.

18:29

Sharon Dowey (South Scotland) (Con): I thank Ruth Maguire for securing this important debate.

We are fortunate to live in a time when we have access to early detection and prevention strategies for cervical cancer, which is a largely preventable disease. The HPV vaccine had been approved in 80 countries by 2007 and, as of October 2019, 100 countries worldwide were vaccinating against HPV as part of their regular vaccine schedule.

Uptake of the vaccine in Scotland is about 84 per cent, which is an incredible achievement, and Scottish data has shown that diagnosis of cervical cell changes decreased by 89 per cent among people who had been vaccinated against HPV. However, we still need to do more.

The cervical screening programme is a powerful tool to detect cell changes prior to them becoming cancerous, and that is where we need to see improvement. It is worrying to hear that one in three women do not take up the screening invite. In order to improve those numbers, we must identify and address the barriers that people face. Fear of the procedure itself, embarrassment and

lack of knowledge about the implications of smear results undoubtedly play a role in individuals avoiding or delaying their smear invitations. That is compounded by the current pressures that are facing the national health service, which are causing a lack of appointments and, often, long waits.

Unfortunately, the more disadvantaged groups in our society are, again, the worst affected. We know that people with learning or physical disabilities and individuals from disadvantaged backgrounds are less likely to attend smear appointments. Excellent work is already being done to tackle those problems. Strategies such as self-sampling programmes to enable at-home testing show promising results, and they allow those for whom traditional methods of screening might be unsuitable the option to get checked.

The NHS and relevant charities already do a fantastic job. Their awareness campaigns, staff screening clinics and online resources continue to increase awareness and push us towards the World Health Organization's global strategy for cervical cancer elimination.

We have the tools and knowledge to eradicate the disease, but the reality is that two women in the UK continue to lose their lives from cervical cancer every day. Cancer affects us all, whether personally or through someone close to us. Cervical cancer is one of the few cancers that we are currently able to detect and treat at such an early stage. That is why we need to push for the change that will make the disease a less common reality for women not only in Ayrshire or Scotland but around the world.

I encourage all women to take up their cervical screening invites. Your health is important, and this simple procedure, done at the right time, could make all the difference. I urge everyone to continue to speak about this important topic and, when they are invited, to take up the offer of vaccination and screening. Those are quick steps that could literally save your life.

The Deputy Presiding Officer: I call Monica Lennon.

18:32

Monica Lennon (Central Scotland) (Lab): I am sorry, Presiding Officer—my throat has been struggling all day, so I will keep this brief. I join colleagues in paying tribute to Ruth Maguire, and I thank her not only for lodging the motion and making the debate possible, but for speaking about something that is deeply personal to her. Those of us who know Ruth know that she is a modest person who is feeling uncomfortable about doing that, but we thank her for putting herself, and her pain and experience, out there. I know

that her family, friends and loved ones, who will be listening and watching, will be feeling very proud of her, and we are all glad that she is back in the Parliament.

I was struck by something that Ruth said in her interview with *The Sunday Post*. She said,

"I didn't have time to have cancer",

which stopped me in my tracks on the Sunday morning when I read it. That is a theme in today's debate, and it was a theme at the recent event that took place in Parliament. I was not able to attend that event because of a funeral, but I chair the cross-party group on women's health, at which we heard from another woman about her experience and her reality. The issue of not having the time came up again there, because, as women, we so often put ourselves at the back of the queue. We are juggling work and childcare and caring responsibilities, and so much more, so we all have to get real about the issue of time. Life is short, and it is precious, and we have to look after ourselves, so I am glad that Ruth made that point in her interview.

Another woman whom I want to speak about in my brief remarks is Emma Keyes, who is a constituent of mine. Emma is a young mum—she is now 31, and she has three children. She is a very busy and energetic young woman, and those of us who have met her are inspired by her. I know that the minister has previously given her time to meet with Emma, so I remind her that Emma has not gone away. She is a survivor, and she is very much fighting to make sure, as other members have said, that we get there by not simply talking about an elimination strategy but really picking up the pace on cervical cancer.

Emma wants to remind the Parliament and the Government of her story. She says:

"After being diagnosed with cervical cancer and understanding that this is a preventable cancer, it sickens me that other women have to go through this. If we get the right testing implemented, that increases uptake and fewer women will have to hear those dreaded words, 'You have cervical cancer'. Fewer women will have to face harsh treatments resulting in fertility loss",

which was Emma's experience.

She goes on to say:

"HPV home testing kits give us a better chance to treat a pre-cancerous stage as opposed to this horrible cancer diagnosis for a younger age group. If we can increase the uptake with HPV home testing, as has been shown in the trials, then why would not we roll this out sooner? This will literally save women's lives and take away the many barriers that come along with smear testing."

That is what Emma has to say. Like other members, therefore, I am really keen to hear from the minister about where we have got to following the trials in Dumfries and Galloway, how we can

speed up the process and how we can ensure that, whether in Parliament, in Government or in our own lives, we make the time to treat this issue seriously and use all the tools at our disposal to eliminate cervical cancer.

18:36

Siobhian Brown (Ayr) (SNP): I thank my colleague Ruth Maguire for bringing this important debate to the chamber. I also commend her for recently hosting a drop-in event at the Parliament for Jo's Cervical Cancer Trust and highlighting the end cervical cancer campaign.

Jo's Cervical Cancer Trust was set up by James Maxwell in memory of his wife, Jo, who died from cervical cancer at the age of 40 in 1999. Following Jo's diagnosis in 1995, Jo and James had difficulty in finding good information about every aspect of cervical cancer. It was their hope that one day, everyone would have easy access to the best and most up-to-date information.

Most importantly for Jo, it was her wish that women who were affected by cervical cancer would have the opportunity to communicate with others who were facing similar challenges. It is encouraging that, more than 20 years later, Jo's legacy still lives on, but there is still work to be done.

Funding from the Scottish Government's screening inequality fund in 2022 is enabling the charity to offer training, information and support to health boards in Scotland in order to address inequalities in cervical screening uptake. As we have heard, sadly, women from the most deprived areas are less likely to take part in screening, with uptake of only 63 per cent in comparison with 74 per cent in the least deprived areas. As we know, younger women, particularly those aged between 25 and 29, are also less likely to attend screening. No woman should be left behind when it comes to cervical screening.

To mention someone from many years ago, of whom we are all aware, there has been a Jade Goody effect on cervical cancer screening. The reality television star lost her life to cervical cancer in 2009. Her battle was very public, with her diagnosis coming two days after she was set to appear in the Indian version of "Big Brother" in August 2008. Before her TV appearance, she had had tests for symptoms including pain in her legs and heavy bleeding. In September that year, her cancer was deemed life threatening, and she had a radical hysterectomy and started chemotherapy and radiotherapy. A documentary called "Jade's Cancer Battle" was aired on television at that time.

She died on 22 March 2009. She was only 27, and the mother of two young boys. However, her legacy would prove to be something powerful, as

we see if we take a step back. When it was first announced that her cancer was terminal, medical authorities across the whole UK announced a surge in requests from women, particularly young women, for cervical screening.

Jade Goody had the ability to reach those women that some campaigns and awareness drives just could not reach, and her fight brought home the importance of the cervical smear. Her legacy saved lives. Sadly, as time has gone on, that effect has worn off, which is why it is so important that we continue to highlight the importance of screening. It is important that women, young and old, know about the signs and symptoms of cervical cancer and the importance of taking up cervical screening when it is offered. We need to have the conversation continue. Telling personal stories can be difficult, and I applaud the bravery of everybody who is keeping the conversation alive. If it saves one life, it will have been worth it.

For some, the conversation will be a reminder but, for younger women, it might be a new conversation. Therefore, I say to every woman who might be listening to this debate that, when the smear test letter comes through your door, please ensure that you make your appointment. Yes, it can be embarrassing and it can be slightly uncomfortable, but it is over in 10 minutes and it could save your life. One in three women do not attend their smear test, and we must change that. It needs to change if we are going to save lives. Let me tell you the symptoms again: unusual bleeding, and pain in your back, your hips or your legs. Just look out for symptoms that are out of the ordinary.

As previous speakers have mentioned, each year in Scotland, 323 women are diagnosed with cervical cancer and 95 women lose their lives. However, 93 per cent of cervical cancers are preventable through screening—they just have to be caught in time. Therefore, I say again that, when the letter appears, please do not ignore it and please take time to book your screening, because it could save your life.

The Deputy Presiding Officer: The final speaker in the open debate will be Carol Mochan, who joins us online.

18:40

Carol Mochan (South Scotland) (Lab): I, too, thank Ruth Maguire for bringing this important debate to the chamber. I am sorry that I am not in the chamber but at home.

I will make a short contribution, because I know that we have a lot of business to get through today. My first point is that it was an absolute honour to co-host, with Ruth Maguire, the drop-in

event for MSPs with Jo's Cervical Cancer Trust as part of cervical cancer prevention week. It was crucial that members had the opportunity to learn about the statistics in their regions relating to cervical cancer and HPV vaccine availability and uptake, as well as the general work of Jo's trust and the work that it does in raising awareness across Scotland.

The report that Jo's trust published last month entitled "We can end cervical cancer: The opportunities and challenges to eliminating cervical cancer in the UK" raises some concerning points. Notably, it highlights that the incidence in Scotland per 100,000 is higher than that in any other part of the United Kingdom and more than three times higher than the WHO target. Therefore, it is important that we take the issue very seriously.

The report also indicates that, as we have heard from many speakers, people in the most deprived areas are, by quite some distance, less likely to attend screening appointments. That is even more concerning given that Jo's trust tells us that 50 per cent of instances of cervical cancer in the UK are in women who have never been screened. Yet again, we see that health inequalities in Scotland are deep and divisive. I have often raised in the chamber the point that health inequalities are taking lives.

That is why I have repeatedly asked the minister about self-sampling, and why I am pleased that many members have raised that issue tonight. Cancer charities feel that self-sampling is one of the most important issues among the top five priorities for screening programmes across the UK, and that it could help at that level.

In closing, I want to ask the minister about the pilot project in Ayrshire and Arran for people with physical disabilities. We have spoken about the health inequality that exists for women with physical disability. I hope to visit the service there with Jo's trust, and I hope that the minister will see that as an important step in making sure that we get that right for those women.

In the interests of time, I will close there. I thank everybody for their contributions. I again thank Ruth Maguire, and I thank the minister for responding.

The Deputy Presiding Officer: I invite Maree Todd to respond to the debate.

18:44

The Minister for Public Health, Women's Health and Sport (Maree Todd): I thank my good friend and colleague Ruth Maguire for raising this issue in the chamber today and for sharing her

personal experience. I also thank colleagues for their important speeches.

Raising awareness of cervical cancer prevention is absolutely crucial if we are truly to achieve prevention of this disease. We have a unique and exciting opportunity to entirely eradicate a cancer that affects so many, and I am determined that we do all that we can to achieve that.

There are a few different aspects that work together to help us to prevent cervical cancer. As outlined in the motion, the World Health Organization has identified three key targets that will move us towards eliminating this disease. I am working very closely with my officials on progressing work in relation to the WHO targets for screening, the HPV vaccine and treatment.

Cervical screening is key to ensuring that those who are developing the cancer are treated as early as possible, whether that is at an early stage of cancer or even at the point of identifying pre-cancerous cells. As I often reiterate, this is the one screening test that catches cancer before it is even cancer. The World Health Organization target is for 70 per cent of women to be screened using a high-performance test by the age of 35 and again by the age of 45. In Scotland overall, screening uptake is consistently above 70 per cent in women in the 35 to 44 and 45 to 49 age groups. However, as many members have mentioned, screening uptake is below 70 per cent in younger age groups and among women in the two lowest quintiles of the Scottish index of multiple deprivation. That is not good enough.

It is not enough for us to meet the World Health Organization targets at general population level. We must work to ensure that we meet the targets for the whole population. One of my top priorities for the screening programme is to continue to increase overall uptake but also to reduce inequalities. As we all know, the factors that drive inequality are complex and defy easy solutions, but I am passionately committed to closing the gap and so, too, is the screening community in Scotland.

We have awarded £456,000 to Jo's Cervical Cancer Trust to support its vital campaign work on cervical cancer. That includes work to raise awareness of screening benefits and to tackle and understand key issues around access and uptake. This month, we have worked with Public Health Scotland to support other partners to promote cervical cancer prevention week.

For all the cancer screening programmes, we have committed £2 million over the past two years to take a more sustainable and systematic approach to reducing inequalities. That has empowered health boards to take action at a local level to meet the needs of specific populations.

Nationally, it has supported improvements in communication with screening participants and the collection and analysis of data so that interventions can be better tailored for maximum impact. These inequalities are driven by complex factors, and work is on-going to develop a long-term strategy to address those.

All members in the chamber will be aware that there has not yet been a recommendation on cervical self-sampling from the UK National Screening Committee. However, in Scotland, we continue to lay the groundwork for introducing cervical self-sampling, which has the potential to remove some of the barriers that can deter people from attending for screening. That is a complex undertaking, and we are awaiting—not very patiently, I agree—consensus on the most appropriate test and how to use it. I see a lot of potential benefits to it. One very powerful example of that benefit is that victims of sexual violence could carry out self-sampling in the safe environment of their own homes. We are doing all that we can to ensure that we will be able to respond quickly to the NSC advice once it is published.

Of course, cervical self-screening is not the entire solution. We already have home screening kits for bowel cancer and we do not get 100 per cent participation, so although self-screening is a very important step forward, it is not the entire solution. The inequalities project produced some key findings on cervical screening. Methods that are successful in increasing uptake include using locations that feel safe, familiar and convenient, and targeting defaulters, which is what self-sampling pilot schemes look to do, is an important part of that work. Flexibility in delivery is also important. If we continue with cervical screening at GP practices, what about providing out-of-hours clinics?

Monica Lennon: I want to pick up those themes around inequality and the need for flexibility. We hear a lot from women who have real trouble having the conversation with their employer or manager to get time off work. What discussions is the minister having with employers and trade unions about how we can remind people of fair work principles, to ensure that, in particular, women who are in precarious and low-paid work do not face additional barriers, which is the reality for many people in our communities?

Maree Todd: I thank the member for raising that issue. Work is being done to raise awareness among employers and trade unions. In addition, NHS Forth Valley did an interesting project, as part of which it sent cervical screening reminder letters to 8,000 women and gave them the option of booking a day or an evening appointment. Prompted by those letters, a total of 282 women

attended, 80 per cent of whom were from areas of higher deprivation. That increase in flexibility is absolutely vital. As a result of that, a few practices are now offering regular screening clinics as a matter of course.

The cervical screening toolkit aims to address falling attendance rates and a lack of understanding of cervical cancer. The toolkit highlights the importance of the vaccine and is leading with new digital assets in raising awareness of HPV and the benefits of cervical screening testing.

The WHO has set a target for 90 per cent of girls to be fully vaccinated with the HPV vaccine by the age of 15. In line with the Joint Committee on Vaccination and Immunisation advice, an HPV vaccination programme was introduced for girls in Scotland on 1 September 2008. On 1 January 2023, a new single-dose schedule was introduced for those who are eligible up to their 25th birthday. I am absolutely certain that reducing the complexity of the dose schedule will increase the uptake. We envisage that that programme change will increase the number of people who complete their vaccination schedule, as it will remove the requirement for people to be recalled to have a second dose and to manage follow-up appointments. Coverage of the one-dose HPV vaccine is currently at 91.5 per cent for girls in S4. From 1 January 2023, the single dose will be considered to be a completed course of HPV vaccination.

Prevention is the main aim, but it is really important that we ensure that our diagnostics and treatment pathways are maintained for those who need them. We know that the earlier cancer is diagnosed, the easier it is to treat and even cure, which is why we continue to invest in our detect cancer early programme.

Jackie Baillie raised the issue of access to colposcopy appointments. Urgent cases continue to be prioritised and dealt with within four to five weeks, but I absolutely agree that the current situation is not good enough. NHS Greater Glasgow and Clyde recognises the anxiety that the long wait is causing and is taking on locums to tackle the backlog.

As we have heard, the Scottish Government, along with all members here, is absolutely committed to encouraging those who are eligible for cervical screening to engage with the screening programme. I want to be clear: if anyone has any symptoms or suspicion of cancer, they should get checked. To support cervical cancer prevention week, we ran social content on the Scottish Government's wee c channels throughout the week.

I thank all the partners that help us in achieving our cervical cancer goals. We will continue to work together to further improve people's awareness of cervical cancer and to increase participation in cervical screening.

The Deputy Presiding Officer: That concludes the debate. There will be a brief pause before we move on to the next item of business.

NHS Tayside Mental Health Services

The Deputy Presiding Officer (Liam McArthur): The final item of business is a members' business debate on motion S6M-07514, in the name of Michael Marra, on the final report of the independent oversight and assurance group on NHS Tayside's mental health services. The debate will be concluded without any question being put.

Motion debated,

That the Parliament welcomes the publication of the final report from the Independent Oversight and Assurance Group on Tayside's Mental Health Services; understands that the report tracks progress against the 51 recommendations made by Dr David Strang in his report, *Trust and Respect*; recognises that the group has met with staff, third sector and community groups, patients and families while compiling the report; notes the view that progress has been made, including on changes of leadership and clarifying of roles; believes that the report also highlights key areas where recommendations have not seen sufficient action taken, including in the areas of strategic planning, staff appraisals, governance and public performance reporting; thanks the oversight group and all those who contributed to its work, and notes the calls for reassurances that outstanding recommendations will be enacted.

18:53

Michael Marra (North East Scotland) (Lab): I thank members for giving me the opportunity to hold a debate on this important issue. I also thank the independent oversight and assurance group that was appointed by the Scottish ministers for the report that we are here to discuss. In addition, I thank the stakeholder participation group for its work over the past few years and for finding the time to meet me in advance of the debate.

In the past five years, 345 people in Tayside have lost their lives to suicide, 158 of whom have done so in my home city of Dundee. As a result of those 345 lives lost, 345 families have been thrown into turmoil and grief. Those families needed better of their services, their Government and all of us. Those deaths speak to a mental health service in crisis. For every soul that was lost, dozens more were hanging on by their fingernails.

In the context of that crisis, an independent inquiry into mental health services in Tayside—led by Dr David Strang—was launched. It reported in early 2020, with 49 recommendations for NHS Tayside and two for the Scottish Government. Dr Strang went on to publish a progress report in 2021, which, damningly, found that there remained “a long way to go to deliver the improvements that are required”

and, significantly, noted concerns about

“the level of confidence in the accuracy of the reported progress”.

I will return to that later.

Yet another report is now in front of us, from another group of experts. Again, they have noted some improvements and the urgent work that is still needed. The pace of change is far too slow. All urgency is missing.

Eight months ago, here in the chamber of the Parliament, I raised with the First Minister the delayed discharge of my constituent Ryan Caswell. The First Minister called his situation “unacceptable”. There has been no change. Ryan has been living in Carseview hospital for three years. He has complex care needs, including autism spectrum disorder and learning disabilities. For three years, his desperate parents have been unable to find suitable accommodation or care packages. For three years, therefore, he has been forced to stay in a hospital that is completely inappropriate for his needs—and, for three years, his parents have worried day and night about his care, his safety and his future.

Dozens of people in Tayside are waiting for the health board, the Government and the minister to get their acts together and deliver the care that they need—the care that we all promise. I would like to hear from the minister a commitment and a plan to end the scandal of delayed discharge in our mental hospitals that is identified in the report.

However, of course, services cannot just be wished into existence; they have to be planned, managed and resourced appropriately. An analysis that was provided to me by the Royal College of Psychiatrists shows that Tayside has the highest rate of consultant psychiatrist vacancies in Scotland—fewer than half of all posts are filled. In one service, only one in five posts is filled—80 per cent are unfilled. Some of that huge weight is picked up by hugely expensive locum staff. Those staff do not fill out-of-hours shifts or provide staff development and they play no part in the planning for any future robust services in our communities.

For years, we heard from service users that people with a dual diagnosis of mental ill health and substance use struggled to access services. We heard from the Dundee poverty commission’s interviews with hundreds of citizens in Dundee, and from the Dundee drugs commission. The authorities denied them all, until the evidence became overwhelming. That was a feature of Dr Strang’s reports. At that point, they promised to do better.

So, where are we now? The oversight and assurance group reports that dual diagnosis

“will be addressed at a later date.”

The Strang report was delivered not three weeks ago but two years ago. After all those previous years of denial, “we’ll get to it when we get to it” is nowhere near good enough. Delayed discharge, workforce planning and dual diagnosis are just a few of the urgent challenges that the service faces, which are identified in the report to ministers and to which we require a full response.

I will close with what I know must be a central question for the minister. NHS Tayside has had to be dragged kicking and screaming to the reform process. It is of huge concern that the oversight and assurance group’s report shows that serious doubts remain about its commitment to that process. After Dr Strang’s second report called into question the accuracy of the reported progress from the local leadership, the oversight group reported, in January last year:

“Tayside had 28 recommendations rated as Green and 21 as Amber. Our independent assessment had 9 recommendations rated as Green, 38 as Amber and 2 as Amber/Red.”

Those are worlds apart—it is literally incredible. Can the NHS Tayside board really be trusted to mark its own homework? The evidence says no. Can it be left alone to deliver the change that we need? The city of Dundee says no.

I hope that the minister will set out tonight his plans for the future of governance. He clearly believed that additional oversight was required, or he would not have appointed that external group.

The oversight and assurance group does not believe that it should become permanent, but previous measures have proven to be entirely insufficient, so to whom will NHS Tayside be accountable? Who will hear its reports? Who will ensure that echoes of the loss are heard, the silence of the helpless is known and the cries of the bereaved are answered? If we are back here in three years with another report and another set of recommendations, that will have been an abject failure that shames us all, and it will be measured out in many more lost lives.

19:00

Graeme Dey (Angus South) (SNP): I will begin with a few thank yous. First, I thank Michael Marra for bringing this incredibly important topic to the chamber for debate; and, secondly, I thank the minister for setting up the independent oversight and assurance group, because without that intervention, I seriously question whether we would have seen any meaningful progress in addressing the state of the mental health services that NHS Tayside provides.

However, with due respect to Mr Marra and Mr Stewart, the biggest thanks must go to the

independent oversight and assurance group for the job that it has done. I had the privilege of meeting Fiona Lees and her team during their work and I do not mind admitting that I was hugely impressed, not only by their commitment and approach but, more importantly, by their candour. They answered every question that I put to them in a way that left me reassured that those people intended to leave Tayside's mental health services in far better shape than they found them and that they were not going to be fobbed off or kidded by cosmetic improvements. That is why, like others, I have every confidence that what their final report says—good and bad—is credible.

I admit that, initially, I was a little conflicted about how I viewed the picture that the report paints. I wanted to take heart from the progress that is highlighted. However, the more that I reflected on it, the more that I came back to the fact that—as Michael Marra alluded—the oversight group operated for a year but, prior to that, NHS Tayside had ample opportunity to drive the progress that was demanded by Professor Strang in his initial report and in his follow-up progress report in June 2021. Therefore, when I look at areas that still require attention, I cannot help but feel deeply disquieted that we are not far further forward and I wonder what it will take for NHS Tayside to get its house in order.

The oversight and assurance group's report notes:

"For example, some important areas relating to the workforce still have a long way to go, including strategic planning, staff appraisal and exit interviews.

There is also an urgent need to improve some aspects of governance and public performance reporting, as a means of developing a more open and transparent culture and building trust among the communities of Tayside."

Why on earth is the group still having to highlight a need for those at the top to properly support and lead a highly skilled and committed staff to ensure that they can do their jobs properly, not to mention involve them in major decisions on service delivery? Why has transparency and rebuilding trust and confidence within that wider community not already been placed at the heart of everything that the board does around mental health?

Is it any wonder that NHS Tayside has the worst record for recruiting general adult psychiatry consultants in Scotland? When those skilled individuals are in such demand, why would they choose to work for a board with a reputation like that of NHS Tayside? Yes, progress has been made, but there remains much more to do to improve the mental health offering and rebuild trust and, in so doing, we hope, make recruitment easier.

For me, as we look to the future, there are two obvious questions. First, how confident can we be that the momentum for change will be maintained? Secondly, how will progress—or lack of progress—be monitored from here on in? How will NHS Tayside's feet be held to the fire?

As the MSP for Angus South, I have confidence about the intent and direction of travel around community mental health service provision in that part of Tayside. I have engaged directly with the Angus health and social care partnership on that and been able to make some suggestions to ensure that all cohorts are captured, and I believe that the partnership is on the right track. To be honest, under the leadership of Gail Smith, I would not expect anything else.

However, the Angus situation is inextricably linked to that of wider Tayside. For example, we need a decision about single site provision. I understand that the lease on Carseview is up in around 18 months' time, and the physical environment of Strathmartine has been raised as a source of concern for patients and staff.

Having praised the minister for the action that he took in setting up the group in October 2021, I also look to him, in closing, to provide assurance that there will be no backsliding in Tayside now that the oversight group has produced its final report, and that we will emerge from the mess that—following on from the initial work that Jeane Freeman set in train—he has set about sorting, so that the NHS Tayside mental health services properly and fully meet the needs of those who require them.

19:04

Paul Sweeney (Glasgow) (Lab): I thank my friend Mr Marra, a member for North East Scotland, for lodging this vital motion for debate in the chamber. I was happy to support it.

Three years ago, Dr David Strang set out a list of 49 recommendations for NHS Tayside and two for the Scottish Government. It was a clear list of remedies to solve Scotland's mental health crisis but, as we debate this important motion three years down the line, well over half of those 49 recommendations for the health board are marked by failure. That is a worrying sign of the lack of urgency and the complacency that define Scotland's mental health crisis.

In the two years following Strang's report, there were 144 probable suicides in Tayside. When reading the report and listening to the speeches this evening—harrowing as they have been in some cases—it is all too easy to find oneself lost in the numbers and statistics, but it is crucial to remember that behind those figures were 144 lives lost to suicide in Tayside. Had more urgency been

shown in enacting the recommendations, how many of those vulnerable lives would still be here today, still with their families and friends and still a part of their communities?

The Tayside mental health report paints a disturbing image of how we are willing to treat our most vulnerable. However, the problems facing NHS Tayside do not exist in a bubble. I ask members who are in the chamber whether they can confidently say that mental health patients in their constituencies receive the treatment that they deserve.

The mental health crisis that threatens Dundee and its surroundings is prevalent in many post-industrial Scottish cities. Stark comparisons can be made between the experiences of Glaswegians and Dundonians over the years. Both Dundee and Glasgow have stubbornly high suicide mortality rates that stand well above the Scottish average. Those higher-than-average suicide rates in our cities can be put into context by some of the cruel ways that inequality impacts health and social outcomes in Scotland. Indeed, National Records of Scotland highlights the point that the rate of suicide in the most deprived areas of Scotland was almost three times higher than the rate in the least deprived areas.

That relationship between poverty and poor mental health is the ultimate reminder of how hard life can be for those who find themselves at the bottom of our social hierarchy and of how unfair our system can be. Against that backdrop, it is deeply disappointing that funding for mental health services in the next financial year will be frozen despite the health budget overall increasing by 6.2 per cent, which means that the Scottish Government's is failing on its aspiration for mental health expenditure to be a 10 per cent share of the entire national health service budget.

Although mental health is a difficult topic to discuss, the general trend in Scotland allows for optimism in some cases. In 2021, the number of people dying from suicide fell to its lowest level since 2017. That was partly driven by an improvement in outcomes for female mental health patients. A noticeable decrease in suicide rates for any group should be acknowledged. However, it is imperative that we remain cognisant of the disproportionate impact of suicide among young men.

Last week, I spoke in the chamber about the effects that the cost of living crisis is having on young men's mental health. Samaritans reports that demand for its call lines has skyrocketed, with more and more people mentioning finance and unemployment concerns as stressors.

The Tayside mental health report shows clearly that we cannot become complacent. Despite a

recent decrease in suicide numbers overall, the mental health crisis is far from solved in Scotland. We know the effects that poverty has on mental health and suicide rates. The cost of living crisis is driving more Scots into poverty and making life more and more difficult each day.

Scotland faces a growing crisis: a mental health crisis that is being compounded by our failing economy. We must act now. We must ensure that the report's recommendations are seen as essential, not optional, and that adequate resource is dedicated to implementing them. Only by putting words into action can we protect our most vulnerable in Tayside and across Scotland.

19:09

Tess White (North East Scotland) (Con): I, too, thank Michael Marra for securing the time for the debate so quickly after it was postponed a couple of weeks ago.

Given the findings of David Strang's 2020 report "Trust and Respect—Final Report of the Independent Inquiry into Mental Health Services in Tayside", it is vital that parliamentarians continue to shine a light on the provision of those services. Grave concerns were first raised in the Scottish Parliament in 2018, and I am encouraged to hear Graeme Dey's passion for change.

I was not a member of the Scottish Parliament in 2018, but I knew about the public campaign for an inquiry into Tayside's mental health services. I read about the tragic story of David Ramsay, who hanged himself after a second emergency assessment at Carseview. I was horrified by the 61 per cent increase in suicides in Dundee.

My own family has experienced the devastating impact of suicide. My heart goes out to all the families across Tayside who have lost loved ones that way.

As an MSP for the north-east, I have seen Carseview through the eyes of constituents and I have felt their fear as they tried to navigate a frightening system that they felt was so stacked against them. I not only looked at the final report of the independent oversight and assessment group on Tayside's mental health services with interest but had personal and professional investment in it.

Reading between the lines, I can see that a tremendous amount of work is still to be done. I particularly struggle to understand why Tayside executive partners and the IOAG "continue to be apart" in their assessment of progress. As Michael Marra rightly pointed out, the report states that Tayside executive partners have reported 33 green recommendations, and 16 amber. The IOAG has rated 20 green, 29 amber and two red.

That is a gulf in assessment, not a gully. How can that be?

There are two other areas in the latest report that I find extremely concerning. The first is on the workforce; the second is on culture. On workforce, as the report emphasises, there is still a “long way to go”. That seems to be an understatement, given that it was reported just a couple of weeks ago that

“Tayside is at the epicentre of a ‘national scandal’ in adult psychiatry care”,

with serious issues in recruiting consultant psychiatrists. I hope that the minister will address that in closing.

On culture, the report identifies an “urgent need” to improve governance and public performance reporting as a

“means of developing a more open and transparent culture”.

We have heard that so many times, and it has been raised with me by constituents time and time again. Those are fundamental points that still require significant improvement.

The essence of David Strang’s report is trust and respect. He said:

“The successful delivery of healthcare services depends on good levels of trust between healthcare providers and patients, their families and carers.”

That is the gold standard, but Tayside falls well short.

Mental health services in Tayside still have a huge way to go. This might have been the IOAG’s final report, but it is definitely not the end of the line. The process still needs oversight and accountability, from Grant Archibald and his team to the highest levels of the Scottish Government. It cannot be brushed under the carpet any longer.

19:13

Richard Leonard (Central Scotland) (Lab): I thank Michael Marra for bringing this debate to Parliament. In so doing he has performed a democratic service not just for his own constituents but for all our constituents. The way that families in Tayside have been let down by failed mental health services for a decade now is not just a local scandal, it is a national scandal.

That is the reason why I pressed the First Minister to set up the Strang review, back in 2018, and that is why I pressed her to implement all the recommendations in full when the report “Trust and Respect” was published two years later.

What has been a recurring failure here—and we saw it once again with the report of the independent oversight and assurance group last

month—is what David Strang described in 2021 as an “over reporting of progress”.

Of his 51 recommendations, there are 33 where the oversight group agrees with the assessment of the Scottish Government and Tayside executive partners. But, of the 18 recommendations where the independent review group disagrees with the Government’s assessment, the group found that, in all but one of them, the situation is much worse than the health board and the Government claim. It has found that there is, at best, optimism bias and, at worst, a culture of denial and an indifference to the truth. Listen to some of the language that the authors of the report choose.

On the new mental health strategy in Tayside, “Living Life Well”, the report calls workstreams “unrealistic” and says that they are “spread too thinly”. It says:

“The governance structures for mental health also continue to be overly complex and unclear in terms of who has responsibility for what”.

On the treatment of patients, the report is highly critical of the “three strikes and out” approach regarding appointments, which results in what it calls a “closed case outcome”. It says that psychological therapy services still exist in a “somewhat confused landscape”. There is “a plethora of activity” on stakeholder engagement, but

“much of it is fragmented with no real sense of people working together on shared priorities.”

Advocacy organisations are still underresourced, understaffed and underfinanced. To quote the report again, NHS staff feel that it is “ground-hog day” with “reviews upon reviews”. One of the most damning findings is that a report with the title “Listen”—yes, “Listen”—which was a survey of the views of people who used mental health services in Tayside, has not been listened to at all. The report says that

“there has been no formal consideration of the Report by the Board”

and “no formal response” from Tayside executive partners.

I will conclude with this. Two days ago, I met again with Mandy McLaren, whose 28-year-old son Dale tragically completed suicide eight years ago. Mandy is one of the most courageous women I have ever met. When we spoke, the first thing she said was, “Where’s the action? We’ve had enough bad reports on bad reports.” She told me that, as recently as last week, someone in crisis had to phone Wedderburn house 67 times to get through. She knows of others who have had a three-year wait for a psychologist and who are still waiting.

Mandy McLaren’s message is simple: enough is enough. It is time that this Government was part of

the solution instead of being part of the problem—because I tell the minister that the Government is on the wrong side of this argument with the people. The Government is on the wrong side of this argument over a health service, including a mental health service, that is supposed to be freely available at the point of need. The Government is on the wrong side. This is not just about governmental duty; it is a moral and social duty. It is time to end this shameful betrayal of a community in need—to act, to plan, to show respect and to finally bring hope in place of despair.

The Deputy Presiding Officer: Thank you, Mr Leonard. I now invite the minister to respond to the debate. You have around seven minutes, minister.

19:18

The Minister for Mental Wellbeing and Social Care (Kevin Stewart): I thank members for their contributions tonight and Mr Marra for bringing this debate to the chamber. I will do my best to respond to as many of the points that have been raised as I can in the short time that we have.

First, I again put on record my appreciation of the oversight group's work and the inclusive approach that it has taken throughout its tenure. My thanks go to Fiona Lees, Fraser McKinlay and David Williams for all that they have done.

I appointed the oversight group because I did not want folk marking their own homework, to use Michael Marra's words. That is why the group went into NHS Tayside. The group has had a huge amount of engagement with front-line staff, which is commendable, and I am conscious that those conversations often painted a difficult picture. However, those views must be heard. They are views that I have heard when I have been out and about in Tayside. I have probably spent more time in Tayside's mental health services than I have in any other mental health services in the country. That is because I want to ensure that we get it right for the families who have been spoken about here today.

It is important that the oversight group has also listened to the voices of lived experience of mental health and learning disability services in Tayside. We must also listen to what their experiences tell us. One of the most frustrating things for me is that the people I have talked to feel that they have not been listened to at the right time—that is wrong. From this job, I know that the services that are performing best in the country are those in which people are being listened to and which people are helping to shape. That should also be happening in Tayside.

In implementing the oversight group's recommendations, we must ensure that individuals

and their families are empowered to make meaningful contributions that shape the future of services in Tayside. I also recognise that there are a wealth of organisations across Tayside that are doing fantastic work to promote mental health and wellbeing across the region, and I am pleased that the oversight group was able to meet many of them. I accompanied Fiona Lees to a mental health festival in Perth, which was extremely well attended. Again, many of the stories that I heard from folks who attended that festival were extremely frustrating. Without a doubt, those people must be listened to.

I welcome the contributions to the oversight group's final report. It is comprehensive and clearly articulates how we move forward and where we must focus our efforts. I am encouraged to see the progress that has been made so far on strategic planning, clarity around roles, responsibilities and accountabilities in delivering services and in patient safety, including the approach to significant adverse event reviews, distress brief intervention and the introduction of a new observation protocol. However, as has been highlighted in the debate, there is much work to be done across many of the original recommendations from the "Trust and Respect" report and the six key areas for priority action that were highlighted by the oversight group's final report.

Therefore, I have been seeking assurance that the necessary outstanding actions will be taken. I have met with the Tayside executive partners and chief officers in order to set out my clear expectations of the importance of their role in delivering the improvements that are required. They have committed to producing an improvement plan by the end of March, which will set out clear actions and milestones to deliver on the key priority areas. I assure the chamber that the improvement plan will be gone through with a fine-tooth comb in order to make sure that what needs to be done will be done. I will continue to meet with the Tayside executive partners to review progress, and my officials will provide an on-going package of support to colleagues across Tayside as they develop and implement the improvement plan. In tandem, we will work together to agree on the criteria to de-escalate the health board from its current level 3 status for mental health services in the NHS board performance escalation framework. That will not happen until real improvements have been made.

Michael Marra: I greatly appreciate that, minister. I apologise, Presiding Officer—I will speak through the chair.

It is right that we have an improvement plan, but to whom will Tayside mental health services be held accountable? Will the plan be published, and

who beyond the minister—and in a public forum—will have the opportunity to question the lead partners so that they will be held to account for the delivery of the points that will be set out in that plan?

Kevin Stewart: The service will be accountable to me, because I will be looking at the matter very closely. I will not be putting in another oversight group or anything like that. Now is the time for action. We have stopped the service from marking its own homework, and, as some have said, it has overpromised in what it has delivered in some cases. It could be said that some things have been a tick-box exercise. That is not good enough. That cannot be the case. The service will report to me.

I say to every member in the chamber and to those who represent Tayside, whom I have already written to, that I am more than happy to keep folk apprised of what is happening and to share all the information that I receive as we move forward, because there has to be openness and transparency. We owe that to the people whom Mr Marra, Mr Leonard and others have talked about.

Additional scrutiny in that respect, and of the improvement plan, will be provided by the Scottish Government's national planning and performance oversight group. In the coming weeks, I will also meet with the chair of the board of NHS Tayside, the chairs and vice-chairs of the three integration joint boards, and members of the lived experience stakeholder participation group. Those meetings will serve to further reflect on the conclusions that the oversight group has reached in the final report.

I will also set out my very clear expectation that the chair's role in scrutinising and supporting the improvement plan will be vital to ensuring that we make improvements for the people of Tayside who rely on these mental health and learning disability services.

Before I conclude, I would like to thank, in particular, the members of the stakeholder participation group for their tireless work in recent years in extremely difficult circumstances. I know that none of this has been easy for them. We owe it to them to get this right, because members of the group have shown bravery and openness in sharing their experiences. I will therefore take this opportunity to say to them that we are listening and we will continue to work with them to ensure that the improvements that are required in Tayside are delivered.

There is a clear collective interest here. I welcome having had the chance to debate these important issues today, and I am very clear in my commitment to make sure that the findings of the report are implemented. I want to continue these conversations and work across the Parliament over the coming weeks and months, to support the

delivery of the high-quality mental health and learning disability services that the communities and people of Tayside deserve.

Meeting closed at 19:27.

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