



OFFICIAL REPORT  
AITHISG OIFIGEIL

# Meeting of the Parliament

Tuesday 30 May 2023

Session 6



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## Tuesday 30 May 2023

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# Scottish Parliament

*Tuesday 30 May 2023*

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

## Time for Reflection

**The Presiding Officer (Alison Johnstone):** Good afternoon. The first item of business is time for reflection. Our time for reflection leader today is the Rev Markus Dünzkofer, rector, St John's Episcopal church.

**The Rev Markus Dünzkofer (St John's Episcopal Church):** Presiding Officer, honourable members, visitors and guest, in April 1944, the German authorities martyred Lutheran pastor Dietrich Bonhoeffer. Already in 1933, Bonhoeffer had called out the cult of the Führer for what it was: blasphemous idolatry that prevented people from giving God the glory only due God's name, as the psalmist puts it.

Bonhoeffer also set out a vision for the role of the church in relation to the state in times, like his own, when Governments fail their citizens. He wrote:

"We are not to simply bandage the wounds of victims beneath the wheels of injustice but we are to drive a spoke into the wheel itself."

This sounds radical, but it very much reflects the witness of biblical prophecy that, for example, made the Prophet Nathan clash with King David and that cost John the Baptist his head when he challenged King Herod.

Yes, the community of faith will and must speak out when the rights of the disenfranchised, and not just

"the widow, the orphan, and the foreigner"

that are mentioned in the Bible, are overlooked. That is the case even though, institutionally, a number of faith communities have had a terrible track record when it comes to justice for those who are different, such as visible, sexual or gender minorities. The wheel of injustice has been set in motion too many times by people claiming to speak for God. Be that as it is, Bonhoeffer was spot on, and still is today.

I want to share Bonhoeffer with you for another reason. Often, in conversations with colleagues, I discover that many of us suffer from impostor syndrome. Maybe that is a hazard common to many occupations, including those in elected office. This might be something for us all to remember when interacting with those whose views differ from ours: they are another person

with doubts, regrets, feelings and vulnerabilities, just like we are.

Bonhoeffer talks about this human frailty in one of his poems, which was written in prison, and part of which I would like to share:

"Who am I? They often tell me  
I would step from my cell's confinement  
calmly, cheerfully, firmly,  
like a squire from his country-house ...  
Who am I? Am I really all that which others tell of?  
Or am I only what I know of myself,  
restless and longing and sick, like a bird in a cage ...  
powerlessly trembling ... weary and empty at praying, at  
thinking, at making ... ?  
Who am I? This or the other? ...  
Who am I? They mock me, these lonely questions of  
mine.  
Whoever I am, thou knowest, O God, I am thine."

## Business Motion

14:04

**The Presiding Officer (Alison Johnstone):** The next item of business is consideration of business motion S6M-09246, in the name of George Adam, on behalf of the Parliamentary Bureau, on a change to today's business.

*Motion moved,*

That the Parliament agrees to the following revision to the programme of business for Tuesday 30 May 2023—

after

*followed by* Ministerial Statement: Diet and Healthy Weight Consultations

insert

*followed by* Ministerial Statement: Deposit Return Scheme—[George Adam]

*Motion agreed to.*

**The Presiding Officer:** Before we move to the next item of business, I invite members to join me in welcoming to the gallery the Hon Mark Monaghan MLA, Speaker of the Legislative Assembly of the Northern Territory. [Applause.]

## Topical Question Time

14:05

### Orthopaedic Appointments and Surgeries

**1. Edward Mountain (Highlands and Islands) (Con):** To ask the Scottish Government what its position is on whether orthopaedic appointments and surgeries, when they do not require the use of general anaesthetic, should be carried out in local community hospitals. (S6T-01410)

**The Cabinet Secretary for NHS Recovery, Health and Social Care (Michael Matheson):** Health boards will always try and offer patients appointments in their local area. However, patients may be offered an appointment at a different location, such as a national treatment centre, to ensure that they are seen as quickly as possible. Treatment decisions are made by clinicians, taking into account the patient's treatment needs and ability to travel.

Estate availability and staffing are key considerations for health boards to maximise the number of patients seen. Boards may try to protect theatres for arthroplasty procedures requiring anaesthesia or spinal blocks and undertake local-anaesthetic cases in community hospitals, treatment rooms and day theatres.

**Edward Mountain:** The national treatment centre is a great addition to the Highlands and we all appreciate it up there. However, patients in Caithness welcomed orthopaedic surgeons travelling to Caithness general, for example, to carry out minor surgeries and to review cases. That meant that they did not have to travel all the way to Raigmore, which could take two hours. An orthopaedic surgeon could carry out a series of, say, 40 case reviews on his list over a period of two days. Surely that is good use of the surgeon's time and national health service resources.

**Michael Matheson:** I recognise the concerns that Mr Mountain has raised. As he also acknowledges, the national treatment centre in the Highlands at Raigmore will offer significant additional capacity for elective procedures in the Highland area. I also recognise the need to minimise the need for patients to travel excessive distances within the Highlands—in particular, where they have longer, enduring painful conditions or where they are going through ongoing treatment.

I would certainly encourage NHS Highland to look at how it can minimise the need for patients to travel to Raigmore, where possible, and to look at whether there is scope for further procedures to be undertaken at Caithness general hospital, including review visits where possible. I am also

conscious that not all of that work requires orthopaedic surgeons. Some of it can be carried out by MSK—musculoskeletal—physiotherapists or by advanced nurse practitioners who specialise in orthopaedics, all of which could help to reduce the need for patients to travel to centres such as Raigmore.

**Edward Mountain:** I welcome that answer from the cabinet secretary, but my issue is in relation to patients in remote rural areas, where being able to see an orthopaedic surgeon is extremely useful, especially when a case is being reviewed, for example, after an operation. My constituents are concerned, having heard that NHS Highland will have to reduce its budget by £60 million, that this is one of the outcomes of that. I ask the cabinet secretary to urge NHS Highland to speak more fully with the orthopaedic department to make sure that it is taken along with NHS Highland's plans.

**Michael Matheson:** I would expect the health board to look at how it can maximise the benefits that it gets from the clinical group that it has within its orthopaedic department at present and how it can utilise those skills to the best of its ability in order to meet the needs of those who require orthopaedic procedures within the NHS Highland area, whether that be treatment that is being carried out at the national treatment centre at Raigmore or procedures that can be carried out in district general hospitals. I would certainly want to encourage the board to do so, and I will make sure that I raise the issue with the board and encourage it to look at what further action it can take in order to address the concerns that have been raised by Mr Mountain.

**Paul Sweeney (Glasgow) (Lab):** I thank my colleague, the member for Dumbarton, who lodged the parliamentary question that uncovered the extent of orthopaedic waiting times in Scotland as reported in the press over the weekend. The Government is quick to point to the national treatment centre that opened in Fife back in March, but people are still languishing on orthopaedic waiting lists. Does the cabinet secretary accept that his predecessor failed to deliver an end to the two-year orthopaedic surgery waiting times and can he confirm how many orthopaedic surgeries have been carried out this year, so far, and say whether the new national treatment centre will meet its target?

**Michael Matheson:** I am sure that everyone in the chamber, including Mr Sweeney, recognises that we have gone through a pandemic, which has had a significant impact on capacity in our national health service. That has resulted in many elective procedures having to be significantly reduced in number or cancelled, which has resulted in a significant backlog.

The NHS in Scotland faces the same challenges as are faced across the rest of the United Kingdom and, to some extent, in healthcare systems globally in that we are having to work our way through those significant backlogs. We have made steady progress in reducing them, particularly for people who have had the longest waits. Capacity is increasing across our territorial health boards and we are adding to their capacity through the creation of the national treatment centres, which have already started to open and provide additional capability. That will help us to reduce the overall times that people will have to wait.

I do not want anyone to wait for a procedure longer than they have to but we also have to acknowledge the significant disruption that there has been to the NHS over the past two years. It will take some time to reduce those backlogs but we are doing everything that we can to increase capacity and reduce the waits as much as we can.

#### **Support for Parents and Carers (Cost of Nappies and Infant Feed)**

**2. Monica Lennon (Central Scotland) (Lab):** To ask the Scottish Government what advice and support it can provide to parents and carers who are struggling to afford nappies and infant feed, in light of recent reports regarding nappy need, difficulties in accessing baby formula at foodbanks and families with young children being forced to cut back on essentials. (S6T-01415)

**The Cabinet Secretary for Social Justice (Shirley-Anne Somerville):** Tackling poverty and protecting people from harm is one of the Scottish Government's three critical missions and we are working closely with national and local partners to understand the scale and nature of infant and maternal food insecurity to support longer-term responses.

It is crucial to ensure that people get the right help where and when they need it. I encourage anyone who is in need to get advice from a range of services or to speak to their midwives, health visitors or family nurses, who can provide appropriate guidance on people's money worries and help families with infants to get prompt access to appropriate nutritional support during the cost of living crisis.

Of course, I always encourage everyone who is eligible to do so to apply for the Scottish Government benefits to which they might be entitled, including best start foods, best start grants and the Scottish child payment. The Scottish Government recognises the pressure on household budgets, which is why, last year and this, we allocated almost £3 billion to support policies that tackle poverty and protect people as

far as possible during the continuing cost of living crisis.

**Monica Lennon:** I know that the cabinet secretary shares some of my concerns about some of the heartbreaking findings that were in the *Sunday Post*'s special investigation at the weekend, including the findings of a Joseph Rowntree Foundation survey. There was a lot in that investigation, but I will pick up on the perceived rules around the UNICEF guidelines on baby formula.

Mums are being turned away from food banks. It is not the fault of the food bank volunteers and charities, but mums are being left in tears because of the interpretation of the guidelines. Paediatrician Dr Ruth Bland has warned that watering down formula to make it last longer will quickly have a negative impact on babies' health and we know that children are going without the nutrition that they need. What can the Government do to work with a range of partners, including food bank charities, to ensure that people who are asking for baby formula can access it when they need it?

**Shirley-Anne Somerville:** I thank Monica Lennon for raising that important issue and pay tribute to the *Sunday Post* for highlighting the very concerning aspects of the situation that it covered at the weekend.

The UNICEF guidance recognises that, in certain circumstances, where there is no immediate alternative, food banks can make use of crisis funding to support families to purchase the right supply. The main point that UNICEF makes—and we agree with it on this—is that food banks and anyone else supporting a family that is in desperate need should refer the family to a local authority or health professional who can ensure that they get holistic support, including financial advice.

I also highlight the work that has been done on, for example, the Parent Club website to provide parents with information on how to safely make up baby formula. Monica Lennon is right to point to the dangers of watering it down, and the information on that website sets out the point that all first formula is required to meet the same nutritional standard. It also makes the point that price does not equate to a better product. Again, we encourage everyone to seek advice from their health visitor, midwife or family nurse to ensure that they are getting the widest possible support during these difficult times.

**Monica Lennon:** I am grateful to the cabinet secretary. I want to mention the campaign charity Feed UK, which was founded by Dr Erin Williams. It says that many food banks do not supply baby formula because they wrongly believe that it is

illegal to do so. That is not the case and we need to get that message out there.

On nappy need, I was recently asked along to NappiRunz, a small charity that is based in Edinburgh and which supplies thousands of nappies every week to families who are in need. When I was there, a health visitor popped in to collect nappies for a young mum and her baby who are in poverty. Toyin Ware, who runs the charity, fears that mums and children are becoming socially isolated because they cannot afford all the changes that their baby needs, so they are rationing nappies. Those are words that I never thought that I would say in 2023.

I have asked this of the Government previously but I will ask it again. What work is being done to address the hidden issue of nappy need? What support is available to help charities such as NappiRunz and nappy libraries provide support for families who need it?

**Shirley-Anne Somerville:** Monica Lennon has raised a very important point. I and my fellow minister, Jenni Minto, who is here with me today, would be happy to ensure that we are doing everything that we can right across Government to work with food banks, food bank networks and others so that there is a shared understanding of the UNICEF guidance and what more we can do on that, and ensure that we are doing everything that we can to look very carefully at the issue of nappies and nappy rationing. I agree with Monica Lennon that it beggars belief that we are talking about that today in Scotland.

As I said in my previous answers, a degree of support for the issue can be given by the health service and wider advice services, but I am always happy to work with Ms Lennon on this and other issues, as I hope she knows, to see if more can be done. I include my fellow ministers in that.

**Emma Harper (South Scotland) (SNP):** There is no doubt that, as Monica Lennon has just highlighted, the soaring price of essential products is exacerbating the already challenging circumstances facing parents, particularly those who are on low incomes. What additional action is the Scottish Government taking within its limited powers and budget to support people during this cost of living crisis? What more does the cabinet secretary consider that the UK Government should be doing to help?

**Shirley-Anne Somerville:** I will point to one thing that the Scottish Government is doing, and that is of course our five family payments, including the Scottish child payment, best start foods and the three best start payments, which could be worth up to £10,000 by the time that an eligible child turns six. I have also recently announced that we will change the regulations to

remove the income thresholds from best start foods so that around 20,000 additional pregnant mums and children under three will be able to benefit from February 2024.

I also highlight the information that came out today, which is that, in 2023-24, the Scottish Government made £83.7 million available for local authorities to spend on discretionary housing payments to mitigate the bedroom tax and ensure that we are protecting families from the other damaging impacts of UK Government welfare cuts, including the low rates of local housing allowance and the benefit cap. That is £83.7 million that we could be using on further anti-poverty measures if we were not mitigating other aspects of the UK welfare system.

## Diet and Healthy Weight Consultations

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

The next item of business is a statement by Jenni Minto on diet and healthy weight consultations. The minister will take questions at the end of her statement, so there should be no interventions or interruptions. You have up to 10 minutes, minister.

14:19

**The Minister for Public Health and Women's Health (Jenni Minto):** Thank you, Presiding Officer. As the new Minister for Public Health and Women's Health, I welcome this opportunity to reaffirm the Scottish Government's vision of a Scotland where everyone eats well and has a healthy weight.

In 2018, we published our diet and healthy weight delivery plan, which detailed how we would seek to improve the health of our nation and which had preventative action at its heart.

It makes clear that to achieve Scotland's dietary goals and to realise our aim to halve the childhood obesity rate by 2030 and reduce diet-related health inequalities requires action to support healthier options. That focus on improving health and reducing health inequalities was reiterated by the First Minister in the new policy prospectus "Equality, opportunity, community: New leadership—A fresh start".

Today, I will provide updates on the outcome of three consultations, which are on ending the sale of energy drinks to children and young people; mandating calorie labelling in the out-of-home sector; and restricting promotions of food and drink that are high in fat, sugar or salt where they are sold to the public.

The views that were gathered in the consultations have helped us to ensure that our policies are evidence based, proportionate and designed to deliver positive outcomes for public health. The independent analysis reports for the three consultations were published today on the Scottish Government's website.

I will first provide an update on our consultation on ending the sale of energy drinks to children and young people. The aim of the consultation was to inform our consideration of whether there is sufficient cause and evidence to mandate restrictions on their sale. An evidence-based approach is central to the development of our policy. We have carefully considered the received responses in conjunction with the current evidence base and, today, we have published an evidence brief on energy drinks alongside the consultation analysis report.

Based on our considerations, we do not think that the evidence base is sufficiently developed to pursue mandatory measures at this time. I recognise that consumption of energy drinks is a significant concern to parents, teachers and young people. We will therefore continue to support voluntary measures to restrict the sale of energy drinks to children and will keep under review how those could be strengthened.

We will also consider what additional evidence gathering and analysis could be undertaken, including on the impacts of current voluntary actions and understanding young people's consumption of energy drinks and the contribution that makes to their total caffeine intake. That will help to inform consideration of possible mandatory measures in the future.

I turn next to our consultation on mandating calorie information in the out-of-home sector, fulfilling a commitment in our 2021 out-of-home action plan. The consultation was accompanied by a rapid evidence review that was carried out by Food Standards Scotland, which found that mandating calorie labelling would likely lead to a reduction of calorie intake when eating out or ordering in.

In January this year, Nesta—the United Kingdom's innovation agency for social good—published research confirming that calorie labelling in an online environment leads to calorie reduction, which is potentially a substantial reduction depending on how calorie information is presented. Out-of-home calorie labelling has been mandated for large businesses in England since April 2022, which has resulted in many UK-wide high street chains now including such information on their menus in outlets in Scotland.

I am grateful to all 660 respondents to our consultation and to the wide range of business, health, charity and consumer organisations that engaged with my officials. A strong case has been made by many respondents that requiring calorie information at the point of choice where people eat out or order in will help them to make more informed and healthier choices and that it will encourage reformulation and allow us to better monitor population calorie intakes in the out-of-home sector.

I thank the eating disorders charity Beat for the constructive way in which it has engaged with our consultation. Beat has helped us to hear from people affected by eating disorders who are concerned that mandatory calorie labelling will make their illness worse. Those accounts are powerful. They are real and we cannot ignore them. We need a better understanding of the lived experiences of those with an eating disorder. I welcome the fact that Public Health Scotland has

commissioned research on the issue, which is due in the autumn.

We are committed to assessing the impact of our policies and are reflecting on all the responses that have been gathered, including the views of people who are affected by eating disorders. We wish to have further discussions with the hospitality sector before taking a decision to proceed with the measure. Therefore, I believe that we should pause before making a final decision on the next steps in relation to mandating calorie labelling.

I turn to the third consultation, which is on restricting the promotion of less healthy food and drink where they are sold to the public. We know that promotions such as multibuy offers or placement at checkouts can directly influence what people buy—that is what they are designed to do. Promotions can encourage us to buy things that we do not need and to overlook cheaper, healthier alternatives. Restricting the promotion of less healthy food and drink is an important step in encouraging healthier options and making it easier for people to spend less and make healthier choices.

Work on the policy was paused in 2020, as we sought to ascertain the impact of the Covid-19 pandemic on both consumers and businesses. We have used the time since then to gather and consider additional evidence on our proposals and to take into account the pandemic, action in other parts of the UK, Britain's exit from the European Union and cost of living pressures. Last summer, building on consultation carried out before the Covid-19 pandemic, we consulted on our proposals, including consulting on opportunities to be consistent with promotion restrictions in England when it is in Scotland's best interest to do so. We keep our policies and the plans for their delivery under regular review, and evaluation is firmly embedded into the policy-making, implementation and delivery cycle.

Having done that important work, we have reviewed whether primary legislation is necessary and have concluded that there is a more direct and efficient route to deliver our policy aims. Therefore, rather than introduce the public health (restriction of promotions) bill, I plan to consult on the detail of proposed regulations this autumn. That will include proposals to restrict the promotion of less healthy food and drinks in prominent in-store locations, such as at the end of aisles or beside checkouts. We also propose to target certain price promotions, such as multibuy and unlimited refills, that encourage people to buy more than they actually need.

I recognise that businesses, as well as individuals, have experienced a number of significant challenges in the past few years. Our

forthcoming consultation will provide an opportunity for them to comment on the detail of the proposed regulations, including on the timescales for implementation. In line with the principles of the new deal for business, that will be done in parallel with an extensive engagement programme to ensure that everyone has the opportunity to be heard. My officials and I look forward to engaging with our stakeholders, including businesses, as our policy develops. Furthermore, we will continue working with the joint regulatory task force and the Convention of Scottish Local Authorities to consider the differing impacts of regulation on business and to improve the process of developing, implementing and reviewing regulations to meet our long-term economic and societal aims.

I have focused today on the outcomes of three diet-related consultations and on our planned next steps. We will continue our support for voluntary measures to restrict the sale of energy drinks to children, while keeping under review how those measures could be strengthened. That will include the consideration of additional evidence and analysis to inform further consideration of possible mandatory measures in future. On the question of mandatory calorie labelling, there will be more time to consider the potential impact of such labelling on those with eating disorders, ensuring that we have a robust evidence base to further inform any steps that we might take in due course. Regarding the restriction of promotions, I will be taking forward a more focused consultation in the autumn on the detail of proposed regulations to restrict the promotion of less healthy food and drink where those are sold to the public.

Clearly, no policy in isolation can achieve our vision of a Scotland where everyone eats well and has a healthy weight. Our diet and healthy weight delivery plan sets out a challenging package of actions that will have a greater impact collectively. As I take stock of progress, I commend the work to date, while noting that there is still more to do.

I remain committed to the key outcomes of the delivery plan and am confident that, together with our public, private and third sector partners and by progressing the commitments set out today, we can meet those challenges and can encourage people to make healthier choices about food.

**The Presiding Officer:** The minister will now take questions on the issues 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. Members who wish to ask a question should press their request-to-speak button now.

**Sandesh Gulhane (Glasgow) (Con):** As a practising general practitioner, I am all too familiar with the obesity crisis that has developed in

Scotland. Our country has one of the world's worst records on obesity, with two thirds of all adults in Scotland being overweight. Make no mistake—obesity is one of the biggest issues that affects our health service. It is estimated to cost up to £600 million a year. The Scottish National Party has declined to take action on the issue for the past 16 years. The prevalence of overweight people has increased over the past 10 years, and the percentage of children who are a healthy weight is at its lowest-ever level.

The minister's statement does little to address the obesity epidemic that is sweeping across Scotland. It amounts to, on energy drinks, "We won't do this"; on mandatory calorie labelling, "We're not sure"; and on restrictions on promotions, "Let's do some more thinking." What was the point of the statement?

How much money has been spent to date on the consultations? What concrete work and action is the minister taking?

**Jenni Minto:** I refute the suggestion that the Scottish Government has been doing nothing. Over the past five years, a lot of evidence has been gathered to ensure that we introduce the right policies for the right people in Scotland.

We have a suite of policies, not just those that I discussed at the end of my statement. The Scottish child payment gives people in poverty money in their pockets to purchase the right foods. A number of voluntary regulations have also been introduced, and the Scottish Government supports the work that voluntary groups are doing. We are moving forward in ensuring that we introduce the right policies for the right people. We are listening to groups such as Beat, which I mentioned, and to people with food crisis illnesses to ensure that the policies that we introduce on calorie labelling for out-of-home eating are correct, proportionate and proper.

**Carol Mochan (South Scotland) (Lab):** The importance of getting this right cannot be overstated. Delivering positive and tangible actions to improve diet and tackle obesity is crucial to improving the health of the nation and eradicating health inequalities.

However, we have yet another ministerial statement that shows little to no progress. The Government is no stranger to a strategy, but it has a terrible relationship with delivery. The minister should be here to explain why the SNP Scottish Government has made so little progress in the area since the plan was established five years ago. Please explain why so little progress has been made.

**Jenni Minto:** I disagree that little progress has been made. We have been working hard with healthy eating stakeholders, including businesses,

to ensure that we introduce the right policies. As I said in my statement, we need to have robust evidence and support to ensure that we introduce the right policies that will impact the right people.

**Evelyn Tweed (Stirling) (SNP):** What steps is the Scottish Government taking to support community kitchen initiatives that support people on low incomes to access the right tools and resources to help them to eat a healthy diet?

**Jenni Minto:** I thank Evelyn Tweed for that important question. Community food networks promote healthier diets among groups that are disadvantaged, whether that is due to lack of income, cultural barriers or poor skills. They provide a broad range of activities, including cooking classes, benefit checks, grow-your-own groups, cafes and food pantries. We have also provided an online resource—Eat Well, Your Way—which was launched last year by Food Standards Scotland. It gives easy access to evidence-based advice on how to eat well based on the “Eatwell Guide”.

**Craig Hoy (South Scotland) (Con):** The minister said that she will have further discussions with the hospitality sector before taking a decision on mandatory calorie labelling in the out-of-home sector. Our struggling hospitality sector has been ignored all too often in the past by the Government, and that cannot be allowed to happen again. Will the minister outline the form in which those conversations will take place and when they will start?

**Jenni Minto:** In my statement, I was clear that we need to involve business in these decisions, but we have to get the balance right between public health and business. When it comes to the new deal, the Government operates on a wish to speak more directly with business and to understand its concerns, because I recognise the points that Craig Hoy has raised about the level of regulation that is coming through. However, we will get the best solutions through working with business to ensure that we bring in things in a timely manner that allows it to work with us to ensure that the public health benefits are met.

**Emma Harper (South Scotland) (SNP):** Significant evidence shows that ultra-processed foods link directly to obesity, poor diet, malnourishment and negative health implications. Will the minister describe some of the specific policy work that is being carried out to use the evidence that relates to ultra-processed food—which impacts on low-income families in particular—to improve diet and health outcomes?

**Jenni Minto:** The scientific advisory committee on nutrition considered ultra-processed foods in June last year and is now carrying out a scoping review of the evidence on ultra-processed foods

and health, with a view to publishing a position paper on processed foods and health this summer. Ministers and Food Standards Scotland remain committed to using the latest scientific consensus of established evidence to inform our consideration of ultra-processed foods and will consider the findings of the review once those are available.

Although there is no universally agreed definition of ultra-processed foods, we know that many processed foods are high in fat, sugar or salt, which can contribute to diet-related conditions. Those HFSS foods in targeted food and drink categories would be subject to the proposed restrictions on promotion.

**Claire Baker (Mid Scotland and Fife) (Lab):** Organisations of professionals who have argued for action will be bitterly disappointed by the statement. Earlier this month, Obesity Action Scotland asked itself:

*“So, can Scotland halve childhood obesity by 2030? Based on the current direction of travel, the answer is almost certainly no.”*

How much more evidence gathering is there going to be, given that the results of inaction are staring us in the face? For example, too often, in the out-of-home sector, kids’ food is unhealthy food. What action will the Government take to tackle children’s poor choices in the out-of-home sector?

**Jenni Minto:** As I said earlier, I believe that it is important to ensure that we get the right, robust evidence to ensure that we bring in the right policies.

As I have also said, we have brought in a number of policies to support the reduction of obesity in children. As we took evidence for the Good Food Nation (Scotland) Bill, we learned that, in local authority areas in which the provision of 1,140 hours of childcare allowed more time to be spent with children and ensure that they got nutritious healthy food, that had a knock-on effect on the food choices that they made later, in primary school. In primary schools, we have really improved the choice of food.

It is not a one-stop shop. A lot of different things can be changed to bring obesity levels down.

Work has been done on a voluntary basis to discuss what is in menus for out-of-home eating. That is an improvement. My officials and I are working on that to make sure that we get the right information to enable us to make the right policy decisions to ensure that we meet the ambition of halving childhood obesity by 2030.

**Clare Haughey (Rutherglen) (SNP):** Will the minister provide more detail about how the Scottish Government will ensure that businesses have sufficient time to prepare for the

implementation of restrictions on promotions of unhealthy food and drinks?

**Jenni Minto:** We plan to consult on the detail of proposed regulations this autumn, in order to lay regulations before the Parliament next year, subject to the outcome of the consultation. There will be a period between regulations being laid and their coming into force, to enable the industry to fully prepare.

Our consultation this autumn will include consulting on an appropriate lead-in time for businesses ahead of regulations coming into force. Our prior engagement with stakeholders has been on the basis that the restrictions would not come into force before 2025 at the earliest. That remains the case.

We recognise the challenges that businesses are experiencing in the current economic climate. We have engaged and will continue to engage widely with business stakeholders on business impacts, and are developing a suite of impact assessments for the policy, including a business and regulatory impact assessment.

**Alex Cole-Hamilton (Edinburgh Western) (LD):** We have just heard that there will be a pause to the introduction of mandatory calorie counting on menus, which is very welcome. The evidence of harm to people with or at risk of eating disorders is widespread, which is why Scottish Liberal Democrats have opposed such plans from the outset. It is not only Lib Dems who oppose them; stakeholders named in the statement do, too, as do 80 per cent of respondents to the Government's own consultation.

What does the minister expect the pause to tell her that she does not already know? Why does she not just answer the calls of campaigners by acting and scrapping the plans entirely?

**Jenni Minto:** It is important to review the population as a whole and not to make decisions that are based on only one element of it. We have taken cognisance of the decisions that have been made in England and we are looking to gather further information. We will be speaking to Beat and looking to see how we can work with it to provide the right information, whether that is online, which allows people to make a decision about the out-of-home food that they purchase, or on restaurant menus, including fast-food restaurant menus, such as has been brought in in England.

**Jackie Dunbar (Aberdeen Donside) (SNP):** Will the minister outline what the Scottish Government considers to be the broad benefits of restricting promotions on unhealthy food and drink and how those benefits fit in with the Scottish Government's focus on improving health and reducing health inequalities?

**Jenni Minto:** I am clear that I want to reduce the public health harms that are associated with the excess consumption of calories, fat, sugar and salt, including the risks of developing type 2 diabetes, various types of cancer and other conditions, such as cardiovascular disease. I also want to reduce diet-related health inequalities, including in relation to socioeconomic disadvantage.

The food environment is often skewed towards the promotion of less healthy food and drink, encouraging extra spend and higher calorie intake, as I referenced in my statement. Promotions do not necessarily represent good value. They can encourage us to buy things that we do not need and lead us to overlook cheaper, healthier alternatives. By restricting the promotion of less healthy food and drink, we will make it easier for people to spend less and make healthier food choices. Changes to the food environment, such as restricting promotions, are likely to be more effective in reducing health inequalities.

**Oliver Mundell (Dumfriesshire) (Con):** It is often easier to ban things and demonise people who are overweight than it is to encourage and empower people to make positive lifestyle choices. With only one in five adults in Scotland eating the recommended five portions of fruit and veg a day—a figure that has remained unchanged since this Parliament was created—what practical steps is the Scottish Government taking to ensure that people who live in Scotland, a food-rich nation, can benefit from affordable local produce, which promotes good health and supports our farmers?

**Jenni Minto:** I agree that we need to take a holistic approach to the issue, and that we need to support people to make the right lifestyle choices. One of the ways that the Scottish Government is moving in that direction is with the Good Food Nation (Scotland) Act 2022, which will ensure that the Scottish Government, local authorities and health boards provide good food nation plans. That is incredibly important.

The member is right that local food is a great way to do that, and not only from a food miles perspective. It adds an economic benefit for our farmers and food growers. Across Scotland, there are fantastic opportunities for local organisations, which I referenced in response to Evelyn Tweed. Communities have community gardens, which allow them to grow food. People who do that get not only healthy food but exercise, which improves general wellbeing.

The point that I have been trying to make is that we need a holistic solution to solve the problem. I am very supportive of local food initiatives, as well as what is happening with the 2022 act.

**Gillian Mackay (Central Scotland) (Green):** The consultation analysis report on energy drinks highlights that respondents suggested that there was a need to focus on education about energy drinks, on the labelling of energy drinks and on providing an easily understood and straightforward definition of energy drinks and the drinks that that definition would capture. What action is being taken to address those concerns?

**Jenni Minto:** I agree that we must have clear labelling. A code of practice ensures that that level of labelling on energy drinks is provided. Energy drinks are defined as ones that contain more than 150mg of caffeine per litre. It is important that that signage is very clear on those drinks.

It is also important to point out that, in primary schools, energy drinks are not allowed to be provided in the school estate, and that, in secondary schools, as part of the curriculum for excellence, pupils are taught about energy drinks and that they are only given them at a time that allows them to be recognised almost as a treat. That is certainly the way that I grew up. Normally, I would drink water. Energy drinks should be seen as a treat.

We are acting in a number of ways. A key aspect is ensuring that the right information is on the cans.

**Rona Mackay (Strathkelvin and Bearsden) (SNP):** Will the minister expand on how the Scottish Government has engaged with people with lived experience in relation to calorie labelling? Will the Government commit to continuing to listen to their views?

**Jenni Minto:** The Scottish Government engaged extensively with Beat, which is the largest charity for people with an eating disorder, throughout the consultation process.

I am also grateful for the large number of responses to our consultation from people with eating disorders and their family members, friends and carers. We will continue to engage with Beat once Public Health Scotland has completed its research into the impact of calorie labelling on the lived experience of people with an eating disorder. We are committed to taking into account how calorie labelling might affect those individuals.

**Paul Sweeney (Glasgow) (Lab):** The recent health inequalities in Scotland report cited a 24-year gap in the time spent in good health between people living in the most and least deprived 10 per cent areas. The reality is that making healthier choices is a privilege for many people in Scotland. Does the minister accept that the Government must address the root cause of health inequalities to improve health outcomes?

**Jenni Minto:** As I said in previous answers, I believe that we need to take a holistic approach—and yes, we need to work very closely with people who are suffering health inequalities. The Scottish child payment, which I referenced earlier, is one such measure. It puts money directly into people's hands to allow them to make such decisions, which is incredibly important.

In the wider public health sphere, we work closely with third sector colleagues and partners to ensure that the support that communities across Scotland get is really helpful with regard to healthy eating, as well as for wellbeing and exercise, which tie in with and are important aspects of that approach.

**The Presiding Officer:** That concludes the ministerial statement on diet and healthy weight consultations.

## Deposit Return Scheme

**The Deputy Presiding Officer (Liam McArthur):** The next item of business is a statement by Lorna Slater on the deposit return scheme. The minister will take questions at the end of her statement, so there should be no interventions or interruptions.

14:49

**The Minister for Green Skills, Circular Economy and Biodiversity (Lorna Slater):** I am grateful for the opportunity to update Parliament today on the latest position on the United Kingdom Internal Market Act 2020 exclusion for the deposit return scheme. I am doing so at the earliest opportunity, having received a letter from the UK Government late on Friday evening, after almost two years of discussion.

Scotland's deposit return scheme is based on a simple producer-pays principle. There are more than 50 such schemes across the world, so Scotland might be following behind many other countries but we are well ahead of the rest of the UK. It is because we are ahead that we have been seeking an exemption from the United Kingdom Internal Market Act 2020—an act that the UK Government imposed on the devolved nations after Brexit.

I had expected to be here today to let Parliament know that the UK Government had done the right thing and granted a full exemption from the 2020 act for Scotland's scheme. That is because waste and recycling are fully devolved policy matters and the Scottish Parliament legislated for the scheme in May 2020.

The environmental and economic benefits of Scotland's scheme have never been in question. It will reduce littering by a third and will increase recycling rates of single-use drinks containers by towards 90 per cent. Glass accounts for a large proportion of such containers and is one of the most common items to pollute our beaches. That is why our scheme has included glass from the beginning; it is also why almost all schemes around the world include it. Our scheme includes glass because that is best for the climate and for the environment and because it best provides a level playing field across businesses. Rishi Sunak and Alister Jack know that, too. They were elected on a manifesto commitment to introduce a deposit return scheme with glass. That commitment set the context in which Scotland's own deposit return scheme was designed—it was a commitment to all UK schemes including glass. In 2020—when the 2020 act did not even exist—the Scottish Parliament therefore agreed regulations for a deposit return scheme that included glass.

The UK Government has since U-turned on its commitment to glass, despite its own evidence showing how important that is environmentally, economically and financially. Its 11th-hour reversal has four impacts on Scotland's DRS. First, the scheme as it was designed, with glass, would reduce carbon emissions by 4 million tonnes over 25 years—the equivalent of taking 83,000 cars off the roads. The UK Government's intervention means slashing that figure by a third—by more than 1 million tonnes—at a time when the United Nations has warned that all actions possible are needed to tackle the climate crisis.

Secondly, the removal of glass from our scheme makes no sense economically. The UK Government's own 2021 impact assessment of deposit return schemes across the UK showed that the social benefits of reduced litter, emissions saved and improvements to the economy are increased by 64 per cent when glass is included, taking the value from £3.6 billion to £5.9 billion.

Thirdly, forcing Scotland to remove glass at the 11th hour risks critically undermining the commercial viability of Scotland's DRS. [*Interruption.*] Glass will make up between a quarter and a third of volumes recycled. Removing it now will severely reduce the scheme's income, while the glass-related costs are largely sunk.

Fourthly, removing glass risks significant knock-on effects: changing fees on plastic and cans to cover the sunk costs of glass; changing business models between can-based products and those based on glass bottles, particularly for businesses in Scotland that are mainly can based; and risking production switches into more carbon-intensive glass.

As recently as January this year, the UK Government continued to say that it was up to each devolved nation, including Scotland and Wales, to decide which materials were in each scheme. It has now U-turned on that, too. Two U-turns in a row does not put the UK Government back on track; it puts it at odds with the evidence, with global best practice and with its own promises.

That is just the latest example of how devolution is, quite frankly, under sustained attack. [*Interruption.*] When we pass laws to make lives a bit easier for trans people, the Scottish secretary steps in and blocks the legislation. [*Interruption.*] When Scottish ministers engage with other nations to share ideas—

**The Deputy Presiding Officer:** Minister, I ask you to resume your seat.

I know very well how emotive this subject gets, but at the start of this item of business I said that there were to be no interruptions or interventions. What started as low-level rumbling from Tory

members has now escalated to the point of being an intervention or an interruption. I ask them to desist from doing so. They will have an opportunity to ask questions shortly.

Minister, please resume your statement.

**Lorna Slater:** When we pass laws to make life a bit easier for trans people, the Scottish secretary steps in and blocks the legislation. When Scottish ministers engage with other nations to share ideas and to promote Scotland as a place to visit and study in and in which to invest, the UK foreign secretary issues a diktat to overseas embassies to silence and sideline them.

Now it is clear that we cannot even introduce a recycling scheme without it being sabotaged by bad faith actors in the UK Government who never supported devolution in the first place. The Scottish secretary, whose job is supposed to be ensuring that devolution runs smoothly, seems more interested in torpedoing Scotland's Parliament than he is in protecting Scotland's environment. [Applause.]

**The Deputy Presiding Officer:** Excuse me, minister. Interruptions can come in many forms. I ask the chamber as a whole to respect the fact that there should be no interventions or interruptions. Please resume, minister.

**Lorna Slater:** The UK Government has told the Scottish Parliament that it cannot deliver the scheme that the Parliament voted for—we can only echo a more limited scheme for England that the UK Parliament has not even voted for yet. The UK scheme currently has no agreed legislation, no scheme administrator, no contracts, no credible timescale and no glass. Yet, we are expected to agree right now to a maximum cap on deposit levels across the UK before the Scottish scheme launches, a shared registration process and one marking or barcode across the UK—none of which currently exists.

The aim of having schemes in the UK that work alongside each other and act as seamlessly as possible is entirely right, but that is not what the UK Government is doing. Its approach has nothing to do with co-operation or partnership; rather, it is “our way or the highway.”

In Scotland, we can have a DRS that will be ready to launch next March. Scotland will finally be moving on with DRS in the UK and not just talking about it. Yet, the UK Government wants to sabotage the one scheme in the UK that will be ready to go, in favour of a UK scheme that is nothing more than a plan on a page.

The UK Government aims to appoint its scheme administrator in summer 2024 and launch its scheme barely a year later, in autumn 2025. That

is not credible. In reality, it looks like the UK Government is kicking the can down the road.

My challenge to the UK Government today is this: to demonstrate how and when it will put in place a UK scheme with which Scotland can align. The UK Government must show us a credible pathway, including the regulations, the scheme administrator, secure funding, the staff recruitment, the system development, the procurement of delivery contracts and the partnership work with producers and retailers. In other words, it must show us all the things that we have been working hard to put in place in Scotland—things that will give businesses, producers, retailers and stakeholders the certainty that they need.

So, where does that leave us? If the UK Government had given us the full exclusion that we had sought, I would be here, today, setting out all the detailed steps that we would be taking ahead of the go-live date next March. Instead, we are now being forced to examine whether the deliberate sabotage by the UK Government leaves us something that we can make work. We will need some time to go through the detail of the UK Government's decision and conditions, and I will update Parliament on next steps.

There is still a win-win opportunity for the UK Government if it immediately reverses its 11th-hour decision and enables Scotland to pave the way for the all-in DRS scheme, including glass, that its own analysis concluded was the best option. That is what it should do.

The introduction of the scheme is about protecting our Scottish environment, but it is also about more than that—it is about protecting our Scottish democracy. We are here as the consequence of a Brexit that Scotland did not vote for. Every day, people are paying the price of reduced living standards, a weaker economy and less money for public services like the national health service. This is not just about broken glass; it is about a broken union—a union of supposed equals exposed as being anything but that by a Tory Government pursuing a scorched-earth approach to devolution.

Scotland deserves so much more than the broken pieces of devolution. We deserve to always get the Governments that we vote for and the policies that we need. We should not have to put up with Westminster interfering with our Parliament and sabotaging important policies to suit its own agenda.

I look forward to a different future in which we have all the powers that we need—right here, in this Parliament—to deliver for the people of Scotland, protect the environment and build a stronger, fairer economy.

**The Deputy Presiding Officer:** The minister will now take questions on the issues 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. Members who wish to ask a question should press their request-to-speak button now.

**Maurice Golden (North East Scotland) (Con):** The statement should have been delivered by the Minister for Independence, because it is designed solely to pick a fight with the UK Government—anything to distract from the mess that the minister has made of deposit return. The scheme is on its third delay, retailers have taken legal action and producer registration was such a shambles that the minister could not bring herself to admit how many did not sign up for the scheme.

I want the scheme to work, which is why I voted for it, and why I called a debate on it when the minister would not. [*Interruption.*]

**The Deputy Presiding Officer:** Mr Golden, resume your seat. The same applies to those asking questions as to the minister in delivering the statement. Can we please listen to the questioner and to the response thereafter? Mr Golden, please resume; I will give you the time back.

**Maurice Golden:** Thanks for that.

That is also why I have offered solutions to the minister in public and in private. The minister has come to Parliament today not to update us on deposit return but to indulge in an anti-UK rant. She would rather pick a fight with the UK Government than support a scheme that works for everyone. She has traded her environmentalism for nationalism.

The minister said in her statement that the scheme can launch next March, but she assured us that it would launch in August while secretly planning a delay. Will the minister be straight with business for once? Will the deposit return scheme launch on 1 March 2024—yes or no?

**Lorna Slater:** The member knows—I know that the member is being a bit disingenuous—that the relevant power sits with the UK Government because of the internal market act, which was not consented to by this Parliament, and in that case it is out of my hands. It is with the UK Government. We have done everything that we can possibly do. We have done all the work that the UK Government now needs to do. We have a scheme administrator, the investment and the funding, and the regulations were passed by this Parliament in 2020—we are ready to go.

The UK Government has done none of that work and, moreover, it is using the internal market act to block the work that we have done and the

investment that has been made by Scottish businesses, and that is a tragedy.

**Sarah Boyack (Lothian) (Lab):** The minister has chosen to make this statement about the constitution and is using it as an excuse to divert attention from the utter mismanagement and uncertainty that her scheme has caused. She has already delayed the scheme to address the fact that she had not listened to businesses at all, and she threatened to cancel it two weeks ago.

Stakeholders have told me that, despite repeated requests, they have been unable to meet the minister or her officials when they have had solutions to offer. Will the minister now tell me, in answer to the question that I asked her last week, whether she examined options that would have prevented the need for an internal market act exemption altogether? That is a missed opportunity, because repeated requests to meet have been turned down by the minister and her officials. Will the minister now tell us, in the light of her statement, exactly how much has been spent on the scheme and whether the deposit costs for cans and plastics will have to go up?

**Lorna Slater:** There were several questions in there, which I will attempt to answer for the member.

On the internal market act, of course we considered all the options. We know and have known ever since the internal market act was put in place that we needed an exemption. That is fully understood and it is why we started that process back in 2021, nearly two years ago.

I meet businesses regularly. I met producers and retail and hospitality representatives this morning. I continually meet businesses, and I have listened very carefully to them.

Sarah Boyack will know that, over the past year, I have come to the chamber multiple times to talk about the adjustments that we have made to the scheme to help businesses, on things such as support for small businesses and producers, and clarity for return point operators. That is evidence of my working carefully with businesses and listening to them. I met businesses this morning at the first possible opportunity after getting the letter late on Friday night to have a conversation about how we will now move forward with the scheme.

I am sorry: there were too many points in Sarah Boyack's question, and I did not manage to write down the last three.

**The Deputy Presiding Officer:** It is clear that there is a huge amount of interest in asking questions. We will get through all of them or a lot of them if the questions and responses are as brief as possible and we do not get interventions from a sedentary position.

**Clare Adamson (Motherwell and Wishaw) (SNP):** The Constitution, Europe, External Affairs and Culture Committee report on the United Kingdom Internal Market Act 2020 noted that common frameworks agreed with the UK Government could

“resolve the tensions within the devolved settlement through managing regulatory divergence on a consensual basis”.

What is the impact on the workings of common frameworks if the UK Secretary of State for Scotland unilaterally overrules the will of the Scottish Parliament on implementing a deposit return scheme that is completely within its competence? Does she believe that his actions represent a consensual approach to post-Brexit devolution settlements?

**Lorna Slater:** Clare Adamson is quite right to highlight issues around the common frameworks. The UK Government's decision is extremely concerning for the future of the Scottish Parliament's ability to legislate effectively in wholly devolved policy areas. It also undermines the common frameworks process for exclusions, which the UK Government agreed with the devolved Governments.

The problem at the heart of the issue is the UK Government's hugely damaging internal market act, which it imposed on the Scottish Parliament without its consent. The Scottish Parliament approved the Deposit and Return Scheme for Scotland Regulations 2020 before the internal market act was imposed on the Scottish Parliament without its consent.

**Liam Kerr (North East Scotland) (Con):** Last week, I flagged that the minister's deposit return scheme has cost the taxpayer around £220,000 so far. I asked her how much the Scottish Government had budgeted for, but she did not know. Can she tell us now?

**Lorna Slater:** Liam Kerr will know that I offered to write to him with that information. He will have that imminently if he does not have it already.

Scotland's deposit return scheme, as passed by the Scottish Parliament, is an industry-funded and industry-led scheme. It is funded by the producers of the materials as a producer-pays scheme. The fundamentals are there. It is an industry-led and industry-funded scheme, not a publicly funded scheme.

**Jackie Dunbar (Aberdeen Donside) (SNP):** Can the minister confirm that, ultimately, what we are seeing, as the Scottish Government and many others feared, is the UK Government taking effective control over devolved policy making from the democratically elected Scottish Parliament? Is she concerned about the precedents that that might set?

**Lorna Slater:** Indeed. Jackie Dunbar is quite right that the decision is a sincere threat to devolution that even our Labour colleagues should be very concerned about. Anyone who believes in devolution needs to stand up for the Scottish Parliament's ability to make regulations and legislation in devolved areas. The UK Government's ability now to block Scottish Parliament legislation on a whim very late in the day, even when Scottish businesses have invested an estimated £300 million in getting the scheme going and have recruited people to do the jobs, is a shocking state of affairs. That cannot continue. The UK Government needs to recognise the common frameworks, work to our agreed processes, and not govern on a whim.

**Mercedes Villalba (North East Scotland) (Lab):** I thank the minister for the advance sight of her statement.

The minister will be aware that, on 20 January this year, the Department for Environment, Food and Rural Affairs announced that Wales's deposit return scheme would include glass bottles and make use of existing kerbside collection. Can she confirm when she last met her counterparts in the Labour Government in Wales, what discussions she has had with them on Wales's plans for glass deposit returns and what our nations' Governments can learn from each other as we seek to develop deposit return schemes to improve recycling rates across the whole country?

**Lorna Slater:** We applaud the ambition to include glass in the scheme in Wales, which aligns with the ambition of the Scottish Parliament and the Scottish Government to include glass in our scheme. The development of the Welsh scheme is in a substantially different place, as regulations have not yet been made through the Welsh Parliament, whereas we made ours back in 2020. I think that Wales is likely to come up against exactly the same problem as we have in relation to the internal market act.

To answer the member's question fully, I last spoke with Welsh colleagues on Monday at the regular monthly meeting of the interministerial group for environment, food and rural affairs, which covered deposit return schemes, and our Welsh colleagues were extremely supportive of the Scottish Government's position. They are very supportive of the devolution argument—that the devolved nations should be able to make legislation on devolved matters—so we are in lockstep with the Welsh Government on the matter.

**Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP):** I emphasise that I fully support including glass recycling in the DRS and that I deplore interference by the UK Government in a fully devolved issue. My concern

has always been about the practicalities of glass recycling. Will the minister confirm that Circularity Scotland will have those issues resolved and that glass recycling will be in place in many businesses by the launch next year?

**Lorna Slater:** To be clear about what has happened, the UK Government has told us that we cannot include glass in our scheme. That is a major change to our scheme's scope and business case. As of this morning, we have started engaging with businesses to understand what that means for them, given that the investment has largely been made in the vehicles to transport glass and the reverse vending machines to accept glass. The processes and systems to handle glass have already largely been invested in and are in place. We have to go back and look at what the decision means and whether it leaves us with a viable system.

**Alex Cole-Hamilton (Edinburgh Western) (LD):** This is proof, if any were needed, that the Scottish and UK Governments would pick a fight in an empty room. They are at it, and businesses are caught in the middle and being messed about.

The Scottish Government had made a pig's ear of a good idea long before it tried to use a constitutional row to muddy the waters about its own inadequacy. Retailers and producers could have worked with a competent scheme that did not throw up barriers, but that is not what they had in front of them. Is part of the problem the fact that we have two Governments that are incapable of owning up to mistakes and for which co-operation is a dirty word, even if that is what hard-pressed businesses are crying out for?

**Lorna Slater:** I am a bit shocked by the member's question, because the Lib Dems used to be staunch defenders of devolution but now seem to be undermining hundreds of millions of pounds of investment that Scottish businesses have made in the scheme. Hundreds of Scottish businesses have signed up to the producer register so that they can contribute to the scheme, and members will have seen reverse vending machines starting to appear in local grocery stores. Businesses all over Scotland have got ready for the scheme.

We are ready to go—Scotland's scheme is ready to launch in March. This is a spanner that the UK Government has thrown into the works at the last minute. As recently as January, the UK Government said in writing that it was up to the devolved nations to determine the scope of such schemes. The UK Government has changed its mind at the last possible minute and at the worst possible time, when investment has already been made.

**Rona Mackay (Strathkelvin and Bearsden) (SNP):** Given that the UK Government has failed to adhere to the agreed rules for seeking an exemption from the IMA, although the Scottish Government followed those rules every step of the way, is the minister as concerned as I am about the unilateral changing of the rules for exemptions in relation to the future of devolved policy making?

**Lorna Slater:** The UK Government's decision is extremely concerning for the future of the Parliament's ability to legislate effectively in devolved areas and it undermines the common frameworks. As I said, the problem that is at the heart of the issue is the internal market act, which was imposed on the Parliament without its consent. We made our regulations back in 2020, before the act was imposed on us. The regulations fall wholly within devolved competence—the UK Government agrees about that.

I will quote from the document that I referred to earlier. In January, the UK Government said:

"Since waste management is a devolved policy area, it is the responsibility of each nation of the UK to decide the scope of its own DRS in a way that fits its policy needs."

The UK Government has U-turned on that position at the last possible minute, which is creating more uncertainty for Scottish businesses. That is exactly not what we need.

**Craig Hoy (South Scotland) (Con):** The minister tells us that the scheme is industry led, but industry bodies such as the Scottish Wholesale Association have welcomed the UK Government's intervention. Why is the minister attacking business?

**Lorna Slater:** I have met the Scottish Wholesale Association and many other industry players. There are, of course, a range of views from industry, but the main view is that we need certainty and a clear decision. I expected to be able to stand here today and say that the UK Government had done the right thing and granted a full exemption in line with its policy, as stated in that document from January, and that it is up to devolved nations to determine the scope of their deposit return schemes.

Many businesses in Scotland have already invested in glass. They have put in place reverse vending machines with glass, they have bought vehicles for transporting glass and they have invested in storage to store glass safely. This is me listening to Scottish businesses. They have made that investment, and now the UK Government has made a change at the last minute, which means that we now have to question how we will carry forward that investment. That is not helping UK businesses.

**Mark Ruskell (Mid Scotland and Fife) (Green):** I welcome the news that the minister is

working closely with her counterparts in the Welsh Government. It is clear that Labour in Wales will face the same sabotage that we now face when it comes to lay its DRS regulations that include glass. Therefore, how should devolved Governments now work together to challenge the UK Government's decision and defend devolution, given that it appears that common frameworks are effectively broken in these islands?

**Lorna Slater:** Mark Ruskell is of course entirely right to highlight the choice that Labour has to make. Back in the days of Donald Dewar and John Smith, Labour championed devolution as an opportunity to address a democratic void in Scotland and to ensure that Scotland could strike out on its own path if the Scottish Parliament, elected by the people of Scotland, so chose. That is why Labour, in those early years, took a distinctive path on homelessness reform, for example, and led the way in the UK on the smoking ban. Since then, this Parliament has continued to choose a distinctive path for Scotland, on tuition fees, the child payment, free bus travel for under-22s, the rent cap and so on.

The challenge for parties that believe in the Scottish Parliament's right to decide is to back that right under this latest attack. Labour in Wales might be at an earlier stage than we are on its deposit return scheme but, once it comes to drafting the regulations and the detailed design, it will very likely face the same barriers that we are now dealing with. Therefore, even if Labour in Scotland will not stand tall in facing the attack on the Scottish Parliament, it should stand in support of its colleagues in Wales.

**Fulton MacGregor (Coatbridge and Chryston) (SNP):** Presiding Officer,

"If you are going to do something, do it properly—Scotland's new deposit returns system should include glass... Simple. If you support DRS, the strongest case is for glass."

Those are not my words, but those of Maurice Golden, in February 2019. Indeed, the 2019 UK Conservative manifesto pledged to

"Introduce a deposit return scheme to incentivise people to recycle plastic and glass".

Does the minister think that the Conservatives' approach is anything other than hypocrisy and politicking of the very worst possible kind?

**Lorna Slater:** Indeed, the situation must put Conservative members in a difficult position, given that Douglas Ross stood for the Westminster Parliament on a manifesto commitment to have a deposit return scheme with glass. Of course, Maurice Golden has stated his support for glass and made arguments for the inclusion of glass. I really could not have stated those arguments

better myself—he makes an excellent case for why we should have glass in the scheme.

Of the 51 territories and countries that operate deposit return schemes, 45 include glass. The UK Government's own analysis of deposit return schemes across the UK shows that the social benefits of reduced litter, the emissions saved and the benefits to the economy are increased by 64 per cent when glass is included. Glass is one of the most common items that pollutes our streets and beaches. By not including it, glass bottles will unnecessarily end up as broken glass in our streets and parks and on our beaches.

**Jamie Greene (West Scotland) (Con):** Presumably the point of the United Kingdom Internal Market Act 2020 is to identify what effect any regulatory divergence would have on the trade and flow of goods and products across the border. In that vein, is the minister willing to publish the Scottish Government's analysis of what effect its DRS would have on Scottish drinks producers?

**Lorna Slater:** As the member will know, we have published all of our impact assessments, which include impacts on trade and on consumer choice. We can direct the member to where those have been published online, so that he can read them. The whole purpose of devolution is to allow regulatory divergence, so that we can do things differently in Scotland that are correct for us.

As I said, until January this year, the UK Government had supported the idea and said in writing that it is up to devolved nations to decide the scope of their schemes. It is not unusual for there to exist different deposit return schemes within an internal market. For example, within the European Union, some nations and regions have deposit return and some do not, although all of them are committed to doing it before 2029.

**Colin Smyth (South Scotland) (Lab):** My constituents who live near the border and routinely buy—or, if it is a business, sell—on both sides of that border, often on the same day, are not interested in the constitutional bickering that we have had today.

**The Cabinet Secretary for Wellbeing Economy, Fair Work and Energy (Neil Gray):** Mark Drakeford is.

**Colin Smyth:** The lack of clarity—[*Interruption.*]

**The Deputy Presiding Officer:** Mr Gray, please could you desist from heckling from a sedentary position?

**Colin Smyth:** The lack of clarity over alignment is a real concern of businesses in my constituency. Perhaps the minister might want to—

**The Deputy Presiding Officer:** Question, Mr Smyth.

**Colin Smyth:** If there are any further delays to the Scottish scheme, and the 2025 date for the Welsh and English schemes looms ever closer, at what point does the minister conclude that bringing the schemes in at the same time makes sense when it comes to that alignment, as the Welsh Government has concluded?

**Lorna Slater:** The 2025 date for the UK schemes would mean that they would pass their regulations and get in place a scheme administrator, the funding, the contracts and the infrastructure in less than two years. It is not credible that they will launch those schemes by 2025. We are all in agreement that the best scheme would involve alignment of all of the UK. That is why, when this Parliament passed the regulations in 2020, it was with the understanding that all nations in the UK would include glass, because that is what was in the Tory manifesto in 2019. It is a betrayal of Tory voters to take this U-turn on that position.

**Jamie Halcro Johnston (Highlands and Islands) (Con):** Given that Scotland's businesses have lost confidence in the scheme because of the minister's shambolic handling of it, what confidence, if any, can they have that Lorna Slater can sort out this mess of her own making?

**Lorna Slater:** The question that the member asks is not particularly substantive. [*Interruption*.] I am here in Parliament today because of a letter that was issued at 9.45 at night on a Friday, after the information that was in it was leaked to the press 12 hours earlier. [*Interruption*.]

**The Deputy Presiding Officer:** Mr Halcro Johnston, you have asked the question; listen to the response.

**Lorna Slater:** That is a disrespectful way to treat this Parliament, meaning that instead of my being here to lay out before Parliament how we are going to move toward our launch on 1 March, I am instead here telling members how the UK Government has, at the last minute, put a spanner in the works to sabotage our scheme and that we now have to work out a way forward for Scottish businesses that have invested in good faith according to the regulations passed by this Parliament. The UK Government has called into question and undermined that investment and those jobs.

**Fergus Ewing (Inverness and Nairn) (SNP):** In the past couple of days, the minister has warned—indeed, threatened—that if the Scottish DRS fails and does not go ahead, that would result in littering in Scotland of 600 million bottles. The population of this country is 5.5 million. That would require every person—every man, women

and child—to litter 109 bottles on our streets, beaches and parks a year. That obviously does not happen, so will the minister withdraw that false and disingenuous claim and instead work with the British Glass federation in order to build on the excellent recovery rates and recycling rates for glass at the current time?

**Lorna Slater:** The number that the member quotes—600 million glass bottles—is the estimate of the number of glass bottles that are in use in Scotland and therefore included in the deposit return scheme. They would be in scope of the DRS and would be prevented from being littered by being included in that scheme. Given that the UK's late-stage intervention has removed glass from the scheme, that does not give us the scope to work with businesses on glass. It has been removed, against the will of this Parliament and against all of the evidence that the UK Government has for why including glass is a good idea.

**Murdo Fraser (Mid Scotland and Fife) (Con):** How many of the 600 million bottles to which Fergus Ewing just referred are already being recycled?

**Lorna Slater:** Glass recycling rates in Scotland are stuck at a level of about 63 per cent. Equally, we know that kerbside recycling does not lead to high-quality glass recyclate because of the high level of contamination and the lossiness of kerb-level recycling. Because glass is multihandled, it breaks and turns into powder. A deposit return scheme means a higher quality of recyclate and higher levels of recycling—up towards 90 per cent. Because the recyclate is of such good quality, it can be recycled into higher-value products—back into glass bottles—instead of, as with kerbside recycling, being recycled into lower-quality products, such as aggregate for roadfill.

**The Deputy Presiding Officer:** That concludes the statement. There will be a brief pause while we move on to the next item of business to allow the front benches to change over.

## Hospital at Home Programme

**The Deputy Presiding Officer (Liam McArthur):** The next item of business is a debate on motion S6M-09191, in the name of Michael Matheson, on the hospital at home programme in Scotland. I invite members who wish to participate in the debate to press their request-to-speak buttons now or as soon as possible.

15:26

**The Cabinet Secretary for NHS Recovery, Health and Social Care (Michael Matheson):** I am pleased to open the debate on the hospital at home programme.

The health of every individual in our society is a priority for the Government. With every shift in the approach to how we provide healthcare to the people of Scotland comes a need for scrutiny and public debate. Projections for future bed demand suggest that, by 2031, Scotland will need to increase hospital bed capacity by around 2,000 to 3,000 beds. That is the equivalent of five large district general hospitals, so it is essential that we consider alternative sustainable solutions for patients and our healthcare system.

Since 2020, the Scottish Government has invested some £7.6 million in the development of the hospital at home programme. I was delighted to announce a few weeks ago a further £3.6 million for this financial year to support the programme's further expansion across Scotland. That will increase our current capacity by some 50 per cent by the end of 2023-24, which will allow more people to receive at home the care that they would usually receive in hospital.

Hospital at home services are consultant led, with expert teams on hand to provide short-term hospital-level care. Patients have access to interventions such as oxygen and intravenous antibiotics, as well as investigations such as electrocardiograms and scans, at home or in a care home.

The hospital at home programme has been in operation in Scotland for more than a decade. We now have services in nearly every health board area and partnerships across Scotland. I put on record my thanks for the excellent work that is done by the dedicated healthcare professionals who deliver care across the country, around the clock, to make that possible.

We are all aware of the fundamental issues that our health service faces. Increasing demand, increasing complexity and increasing acuity mean that, when there is a surge in demand, our national health service and wider health and social care system are, at times, under significant

pressure. We are still dealing with the combined shock of the global pandemic and Brexit, which makes securing the workforce very challenging.

In recent months, services have been working hard to recover, but pressure on acute hospital services has been increasing throughout the United Kingdom for some time. That has culminated in increased hospital occupancy levels that are routinely at around 95 per cent, which is well above historical levels and beyond what is acceptable. In the best interests of patients and the people who work in the national health service and the social care sector, we must use every lever that is available to us to address these combined pressures.

Key to reducing demand on our hospitals is the provision of care closer to home. Hospital at home is one of the levers that we are already using successfully. In 2022-23, more than 63,000 bed days were provided by hospital at home services for older people. In fact, data released by Healthcare Improvement Scotland this month shows that the number of older people who were admitted to hospital at home services in 2022-23 was almost the equivalent of a large city hospital such as Aberdeen royal infirmary. That makes hospital at home the fifth biggest hospital for older people.

Beyond considering the challenges to the health and social care system, we must, first and foremost, consider what the people of Scotland want and need. In Scotland, 10 per cent of people over the age of 65 are living with frailty, which we know can have a considerable impact on a person's quality of life. We also know that older people in Scotland, in particular, are often those who are most significantly impacted by hospital stays. Evidence tells us that, on average, 10 days in a hospital bed is equivalent to 10 years of muscle wasting for an older person. Admission of a patient with frailty to an acute ward increases the likelihood of their losing muscle strength, agility and, of course, confidence. By taking people who might already be frail out of a hospital setting, we can reduce deconditioning and exposure to other avoidable harms such as hospital-acquired infections, including delirium, and falls.

**Alex Rowley (Mid Scotland and Fife) (Lab):** As someone from Fife who has watched hospital at home develop over many years, I am a big supporter. However, does the cabinet secretary accept that we and the Government have to ensure that elderly and frail people have the support that they need in the community, so social care needs to be able to respond?

**Michael Matheson:** I agree with that point, and I know that Fife has been one of the leaders in the development of hospital at home. We need to make sure that social care provision can meet the

demands that come alongside that, which is why we are making considerable investment in social care and in the development of a national care service.

We also know that, by its very nature, a hospital stay removes people from their home environment, taking them away from their surroundings and loved ones, which can lead to distress and anxiety. There are practical considerations for a patient's carers and families. Transport, for example, can make a hospital stay a disruptive and sometimes expensive time for the family. We must therefore ask the question: is hospital always the best place for every patient to receive the treatment that they need? Sometimes, the answer to that question will be yes, but that is not always the case.

A recent evidence review identified several key findings on the benefits of hospital at home. First, hospital at home can be delivered safely, without increased rates of death or readmission to acute care. Secondly, hospital at home might reduce the likelihood of patients living in residential care following an acute episode. Thirdly, patients expressed high levels of satisfaction with the services. Finally, the costs of hospital at home are generally lower than the costs of in-patient care. Crucially, patients value being in the comfort and familiarity of their own home, and they appreciate the reduced disruption to their daily routines.

I think that Finlay Carson has been trying to make an intervention.

**Finlay Carson (Galloway and West Dumfries) (Con):** I appreciate the cabinet secretary giving way.

Although many of us appreciate the importance of care at home, areas such as Dumfries and Galloway have a severe lack of nurses and help to deliver that care. There is still a role for cottage hospitals, and their value to communities was recognised by the First Minister in his previous role as the Cabinet Secretary for Health and Social Care. Do you agree that step-down facilities such as cottage hospitals play a big role?

I want to voice my big disappointment that you are not coming to collect a petition—

**The Deputy Presiding Officer:** Through the chair.

**Finlay Carson:** —that has been signed by 4,000 people who want to see Newton Stewart and Kirkcudbright cottage hospitals reopened.

**Michael Matheson:** The design of local healthcare services is best directed by the local health board, the local health and social care partnership and the local integration joint board, which know the best way in which to meet the needs of the local community. That is the most

appropriate approach, and hospital at home can play an important part in that. In Dumfries and Galloway, work is being taken forward to develop and expand the service.

We must be honest about the challenges that we face in expanding hospital at home. Although NHS Scotland staffing levels are at an historic high, due to 10 consecutive years of growth, the recruitment and redeployment of staff are clearly limiting factors, particularly in more remote and rural areas. It is unquestionable that the loss of European Union freedom of movement has put in place unnecessary barriers for the recruitment of staff from Europe, and the UK's post-Brexit immigration system is certainly not helping.

The Scottish Government recognises the challenges that boards and front-line staff face, which is why we announced £800 million of funding to support boards to recruit an extra 750 nurses, midwives and allied health professionals from overseas by 31 March 2023. Boards have made good progress in taking that work forward.

NHS Scotland has been expanding capacity across a series of clinical pathways to manage the on-going pressures of acute care and to support recovery towards a sustainable future. The new models of care have been developed at pace. We have almost doubled the number of virtual beds from 441 at the beginning of 2022 to 806 by the end of March 2023, which is equivalent to adding an extra district general hospital in just 15 months. That is 806 patients, every day, receiving care at home who might otherwise have been in hospital.

**Sandesh Gulhane (Glasgow) (Con)** rose—

**Michael Matheson:** I have very little time left, I am afraid.

Since 2020, we have invested significantly in the development of hospital at home, recognising its value as we seek to recover from the pandemic. Our ambition is to continue the expansion of hospital at home across a range of specialties, to expand our capacity in preparation for winter and to create responsive and resilient services for the future.

The recovery of the NHS is dependent on implementing innovative models of care that put the individual's best interests at their heart. Hospital at home is a prime example of that. It is a delivery model that not only benefits patients, their families and their carers but goes a significant way to reducing pressure on acute hospitals and NHS staff in an effective and compassionate way.

The challenges of the pandemic have compelled our public services to innovate and adapt, and we must build on momentum to transform the way in which we deliver care. The continued expansion of hospital at home supports our ambition to ensure

that people receive the right care for them in the right place and at the right time.

I move,

That the Parliament recognises the value of the Hospital at Home programme in ensuring that people receive the right care in the right place at the right time; highlights that it offers a safe, patient-centred alternative to an acute hospital admission across a range of specialty areas, providing a better outcome for many people, without some of the challenges associated with an acute admission; welcomes that Hospital at Home has eased pressure on acute hospitals, with over 63,000 bed days provided last year by Hospital at Home for older adults; notes research showing that Hospital at Home is a cost effective alternative to acute care and provides very good clinical outcomes, and acknowledges the excellent work done to date by Healthcare Improvement Scotland, National Education Scotland and dedicated clinical networks to support the development of Hospital at Home.

15:38

**Sandesh Gulhane (Glasgow) (Con):** I wish to declare an interest as a practising NHS general practitioner.

The hospital at home programme's aims are laudable. It is right, where safe to do so, to provide elderly patients and other people who need it with medical treatment and care in the comfort and familiarity of their own home. Treatment might include having an IV or oxygen supply. There is scope to provide access to hospital tests. As a doctor, I can see how good hospital at home can be; I have seen it with my own patients. The more we can deliver safe care at home, the more we can free up capacity in our hospitals.

We are crying out for solutions because of the undisputed fact that successive Scottish National Party health secretaries have failed to tackle delayed discharges from our hospitals. In February 2015, when she was health secretary, today's Deputy First Minister declared in yet another tiresome SNP announcement that she would end delayed discharges in Scotland by the end of that year. The reality is that, in the past eight years, more than 3,000 patients who were medically fit to go home have died on hospital wards. In March 2023, more than 54,000 days were spent in hospital by patients whose discharge was delayed.

Hospital at home can make a difference, but we must be realistic about resourcing the programme and deploying teams of mobile specialists. Tapping into the seemingly endless number of beds available in patients' own homes does not solve the problem of the shortage of clinicians within the NHS.

Since the programme first launched in 2011, it has been rolled out to every health board except NHS Dumfries and Galloway and NHS Shetland. During the key years of the Covid pandemic,

between 2020 and 2022, the programme received £8.1 million in funding.

**Emma Harper (South Scotland) (SNP):** It is interesting to hear what Dr Gulhane says about NHS Dumfries and Galloway. It is my understanding that NHS Dumfries and Galloway has taken a home teams approach and that that is how that health board is delivering the equivalent of hospital at home.

**Sandesh Gulhane:** As I said at the start of my speech, I welcome anything that reduces delayed discharge.

By May 2022, the Scottish Government said that an estimated 275 virtual beds had been created through the hospital at home scheme. For comparison, there are 333 staffed beds at University hospital Ayr. It was then announced that that number of 275 virtual beds would double by the end of last year. That did not happen. Now we have another announcement of £3.6 million for the hospital at home programme in this financial year to create 156 additional virtual beds.

Scottish Conservatives support any measures to alleviate the pressures on our NHS, including the SNP's delayed discharge crisis. Members may recall that our winter recovery plan contained a raft of proposals, including plans to expand the rehabilitation and assessment in the community and home—ReACH—team, which is the initiative that helps patients to rehabilitate following a hospital stay and to make adaptations to patients' homes.

The Royal College of Physicians of Edinburgh has said that, although it welcomes increased investment in efforts to get patients out of hospital sooner and those to reduce admissions, such initiatives require extra staffing.

"Hospital at home services must be developed and resourced in addition to existing services, not instead of existing services."

That is not my view; it is the view of the Royal College of Physicians of Edinburgh. That would require adequate numbers of well-trained staff in multidisciplinary teams, including medical, nursing, rehabilitation, therapy and care staff. Professor Andrew Elder of the Royal College of Physicians of Edinburgh is reported as having said:

"We do not have sufficient numbers of such staff at present, either in hospitals or in the community, and we will need to see more recruited as our population continues to age and their care needs rise."

If the hospital at home programme is to be expanded, the health secretary should fully assess the impact on informal carers. Hospital at home services should not pile unsustainable pressures on unpaid carers. It is important to get that right: the last thing that we need is another

announcement with no credible plan and failed delivery.

We know that elderly people who receive care at home have a lower risk of delirium at the one-month follow-up. We also heard from the health secretary that care at home improves muscle mass. Having patients stay in their own homes for longer without losing their independence results in better wellbeing and satisfaction.

However, we cannot consider health solutions in isolation. Silo thinking will not work. To make care at home work, we must improve performance along the whole elderly care pathway. More cash for hospital at home should go hand in hand with marked improvements in accident and emergency waiting times, because we must remember that our over-75s attend A and E at higher rates than any other age group and at twice the rate of 65 to 74-year-olds. In the week ending 14 May 2023, only 64.1 per cent of patients were seen within four hours; 11 per cent waited for eight hours and 4.4 per cent waited for more than 12 hours.

**Bob Doris (Glasgow Maryhill and Springburn) (SNP):** Sandesh Gulhane makes a very important point. Do you agree that the hospital at home initiative is also about anticipatory care? Referrals can come from GPs before a hospital admission or at A and E instead of a hospital admission. That chimes very much with the point that you are making.

**The Deputy Presiding Officer:** Please speak through the chair when making interventions and other comments. I will give you the time back, Dr Gulhane.

**Sandesh Gulhane:** Yes, I have made a referral to the hospital at home service. However, more people were waiting longer in A and E departments at the end of the First Minister's tenure as health secretary than when he started the job. A and E waiting times must improve so that our elderly are seen sooner and have better outcomes when they return home.

The SNP-Green Government still seems to be pursuing the establishment of a national care service that will centralise rather than empower local decision making, despite the criticism of the plans from SNP members, Unison, the Convention of Scottish Local Authorities and the Scottish Ambulance Service. Here is a flavour of what has been said. One stakeholder said that the NCS bill does not represent any value for money whatsoever; that it is a "blank cheque" from the public purse; and that it seems like

"a sledgehammer to crack a nut."—[Official Report, Finance and Public Administration Committee, 25 October 2022; c 24.]

A social work staff member said:

"If this proposal goes through staff are going to feel concerned about their jobs, and their wages and pensions".

As a result, they will look for jobs elsewhere.

The proposal risks the overall NHS Scotland ambition to shift the balance of care. For the hospital at home programme to work, we need a strong primary care service. However, with closures such as the closure of the general practice in Invergowrie just today, the SNP Government is failing the people of Scotland. After 16 years, the SNP-Green Government seems to be out of ideas when it comes to fixing our NHS. Although the principle of hospital at home is good, the Government is tinkering. It is devoid of strategy, we cannot see joined-up strategy and there is no vision.

Scotland needs a fresh approach that incorporates a modern, efficient and local solution into healthcare. The Scottish Conservatives would increase the primary care funding envelope to 11 per cent.

I move amendment S6M-09191.2, to insert at end:

"; emphasises that maintaining existing programmes is vital to keeping people out of hospital; highlights that some Hospital at Home initiatives are threatened by staffing shortages; asserts that these programmes are needed more than ever, as hospitals across Scotland are currently struggling with capacity, with patients being treated in corridors at peak times; notes that tackling delayed discharge is a key component of increasing capacity, and acknowledges that many delayed discharges are of older people who could be cared for within social care settings."

15:46

**Paul Sweeney (Glasgow) (Lab):** Labour supports the hospital at home initiative. We have already heard about the benefits of delivering healthcare external to hospitals and acute care settings, all of which are entirely valid and commendable. For a long time, we have been advocating an approach to healthcare that is based on prevention rather than reaction, and we have been arguing that reducing the pressure on hospitals and acute care settings is essential and will deliver better outcomes.

Everyone in the chamber is well aware of the benefits of early intervention. Equally, we are all aware of the consequences for hospitals and acute care settings when services that facilitate early intervention and prevention fail. Therefore, we support the principle of the hospital at home programme, and we will work with the Government to ensure that patients who are in a position to benefit from the programme are able to do so.

Throughout my time in this role, I have always done my best to be constructive, and I would like to continue that approach today. A cross-party approach to tackling the crisis in our national

health service will be crucial. In the interests of co-operation, we will support the Government's motion and the Conservatives' amendment. In the interest of trying to make a success of the hospital at home programme, it is important that the Government acknowledges that turning it into a sticking plaster just will not suffice. If we are to make a success of the programme, we need to recognise that, in many ways, our NHS is in dire straits and that we must address the root causes of the problems that we face today.

Those problems are found across our national health service. One in seven people in Scotland is on an NHS waiting list. The social care policy programme is in tatters. More than 160,000 bed days have been lost as a result of delayed discharge in 2023 alone, and more than a million bed days have been lost as a result of delayed discharge since the current First Minister was appointed as health secretary. One in 10 general practices in Scotland no longer accepts new patients. The vacancy rate for registered nurses in district nursing is more than 11 per cent, and it is 12.5 per cent for registered nurses in community settings.

I take absolutely no pleasure in rhyming off that list of problems. I want nothing more than for each and every one of them to be resolved immediately for the benefit of patients who desperately rely on such services, because we all have skin in the game.

However, the reality is that those problems exist today, and the harsh truth is that, for as long as they do, the hospital at home programme will fail to live up to its full potential.

Of all the problems that exist, the most egregious is the workforce crisis that is engulfing the NHS and social care. As I outlined briefly, vacancies are at a record high. Given the multifaceted and multidisciplinary nature of the hospital at home programme, there is a distinct possibility that it will fail purely because of a workforce shortage. That is why our amendment sets out the need for a long-term funding settlement for the hospital at home programme. We will happily work with the Government on that, should it desire it.

Although the workforce crisis in our NHS may take some time to resolve, given the training lead times and issues around that, there is no excuse for the workforce crisis in social care. The backlog in delayed discharge is down in no small part to the lack of a social care plan. One of my primary concerns about the hospital at home programme is that it will be used to try to mask the crisis in delayed discharge.

We can see that playing out in adjacent services such as hospice care. Just a few weeks ago, I

visited the Prince & Princess of Wales Hospice in Glasgow, where people highlighted the fact that one third of its beds are unusable due to the lack of specialist nursing staff.

Labour has therefore set out our plan to increase the pay of social care workers to £15 per hour, at a cost of approximately £150 million a year. We have also identified three areas of an opportunity-cost value of almost £300 million, from which that money could be found, which would ensure that we have a further economic multiplier effect in our wider economy, through the marginal propensity to consume. I call on the Government to back us in that commitment and to increase the social care pay to £15 an hour. That would go a long way to alleviating the pressure on hard-pressed social care staff and to resolving the workforce crisis in social care; and, fundamentally, it would ease the pressure on front-line services by reducing the level of delayed discharge that is clogging up the system.

The Labour party supports and commends the hospital at home programme. However, we are clear that there needs to be a realistic and pragmatic assessment about the extent to which it will be beneficial, given the crises that I have mentioned. Without a long-term funding settlement or a plan to fix the workforce crisis in our NHS, and without a long-term prospectus for the future of our social care sector, hospital at home risks becoming a mere sticking plaster—another initiative that is doomed to failure before it has gotten off the ground. That would be a real shame, because the need for such a programme to succeed is greater than ever—and, if done right, it has the potential to enable significant progress for public health in Scotland.

I move amendment S6M-09191.1, to insert at end:

“; notes that one in seven people in Scotland are on NHS waiting lists, delayed discharge remains too high, and thousands of NHS vacancies are unfilled; recognises that Hospital at Home requires sustained investment to bring hospital-standard care into the home using technology, in addition to retaining and recruiting the multi-disciplinary teams that are required; considers that Hospital at Home is being hindered by the Scottish Government's failure to tackle the social care crisis, which is essential in helping people to live independently, and calls on the Scottish Ministers to deliver a long-term funding settlement for this programme, to take urgent action to deliver well-funded and locally available social care services by immediately uplifting social care pay to £12 per hour, with a plan to raise it to £15 per hour, and, as recommended in the Feeley Review, to remove non-residential care charges.”

15:52

**Alex Cole-Hamilton (Edinburgh Western) (LD):** I am pleased to speak for the Liberal Democrats and I thank Michael Matheson for securing time for the debate. Liberal Democrats

are committed to improving the quality of care for patients across Scotland and believe that the hospital at home programme is a valuable way of so doing.

As we have heard, the hospital at home model of care provides treatment and support for patients in their own homes rather than in a hospital setting. It can relieve the interruption of flow that, as we know all too well, causes delays in accident and emergency departments and results in cancelled operations for people who are stuck in our main hospitals. It is a patient-centred alternative to acute hospital admission. It reduces the number of patients who are stuck in hospital wards and removes many of the challenges that are associated with admission.

It also leads to better outcomes for many people, because home is a better place to be. There are clear and obvious health benefits in allowing patients to maintain their independence and spend more time with their family and loved ones. Such programmes also reduce the risk of infection. In addition, hospital at home could save the NHS millions of pounds every year.

That is why hospital at home was in my party's manifesto at the last Scottish election and why we have consistently called for more money to be invested in rolling out the programme more extensively. I am gratified that the Scottish Government has followed our lead with the £3.6 million investment that it announced this month. That is a welcome step, but the Government needs to go much further, because there are a number of issues with the service. There have been reports of a lack of co-ordination at some points between the hospital at home team and other healthcare providers such as the doctors and nurses who work at a hospital. That is not to denigrate their work in any way but to recognise the immense pressures that they are under. The resulting confusion makes it difficult to ensure that the patients receive the best possible care.

In addition, the service also remains unavailable in a number of areas across the country, thus adding to the list of valuable services for which a postcode lottery takes place. My party wants an expansion of the service to cover more areas of Scotland and an increase in the number of staff that attend to it.

We also want more training for the staff who currently work in the service and an investment in new technology. For example, the use of more remote patient monitoring, which can help to identify problems early and assuage the need for those patients to be admitted to hospital in the first place.

**Emma Harper:** Would Alex Cole-Hamilton welcome the remote monitoring that has been

implemented by NHS Dumfries and Galloway for the monitoring of their chronic obstructive pulmonary disease and respiratory patients? That is working really well to keep folk out of hospital.

**The Deputy Presiding Officer:** I can give you the time back, Alex Cole-Hamilton.

**Alex Cole-Hamilton:** I congratulate that health board on rolling that out successfully. Any remote monitoring, particularly for long-term, chronic conditions, including those with attendant comorbidities, is to be welcomed, so I welcome Emma Harper's intervention.

It is vital that hospital at home services are "developed and resourced in addition to existing services, not instead of"

them. Those are not my words, but the words of Andrew Elder, the president of the Royal College of Physicians of Edinburgh. He also raised concerns about current staff shortages in our hospitals and communities.

Our NHS is indeed being stretched beyond its capacity. We hear that day in, day out, in debates such as this in this chamber. It is no different when it comes to hospital at home, while the Government's total failure to tackle delayed discharge is continuing to have a significant impact.

If the scheme is going to work, it needs to be valued by the Government. That is why I am calling on it to make sure that the £3.6 million investment, as welcome as it is, is just the floor—just the beginning—and that we build on it significantly and swiftly hereafter. If the Government is struggling for ideas for how to pay for that, I suggest that it scraps the multibillion-pound takeover of social care.

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

15:56

**Clare Haughey (Rutherglen) (SNP):** I refer members to my entry in the register of interests.

We all want to be in a position where as much healthcare as possible can be provided to people closer to their homes. Over the past few years, there have been sustained and co-ordinated efforts in providing community alternatives to hospital, all while maintaining and improving patient experience.

It is vital to make it easier than ever for patients to know where to go to get the right care in the right place, as was evidenced during the pandemic, when it saved patients time and freed up space in our GP practices and hospitals. Whether it was through NHS pharmacy first Scotland or the hospital at home service, those

initiatives played a key role in relieving pressure on our health and social care services.

During times of ill health, most of us would want to be with or close to our loved ones and in familiar surroundings. The hospital at home service enables people to receive treatments that would otherwise require them to be admitted to hospital, such as an intravenous drip for the administering of antibiotics, or oxygen therapy. It also provides access to hospital tests under the care of a consultant in an individual's own home.

Hospital at home as an alternative allows patients to receive high-quality person-centred care and treatment in the right place, while at the same time reducing acute admissions and supporting timely discharge. Additionally, the provision of the service has the benefit that it can help avoid some of the risks of healthcare-acquired infection.

The effects on older people of remaining in hospital too long are well documented: deconditioning, pressure sores, and a loss of independence, which can make it harder for the individual to return home. We know that frail patients tend to occupy hospital beds for a longer period of time, and alternatives to that can produce far better health outcomes. That is why admission to hospital should happen only when the patient's clinical need requires it. If that level of care and treatment can be provided at home, we should endeavour to provide it there.

Hospital at home has been in existence in a number of countries across the world for around 25 years. The first service in Scotland was introduced in 2011 by NHS Lanarkshire, the health board that serves my Rutherglen constituency. That multidisciplinary acute care service delivers specialist, co-ordinated and comprehensive assessment and care to frailer older adults in their own homes.

Although hospital at home is not a new approach, efforts to expand it are currently being ramped up. Only this month, the health secretary announced a further £3.6 million for the service.

The investment for 2023-24, which will take the total funding in the programme to more than £10.7 million since 2020, will increase by 50 per cent the number of patients who are managed through hospital at home, which is the equivalent of an additional 156 beds. From the success of the scheme so far, we can see that there is a real benefit to treating people at home where possible.

Looking at the feedback from patients and relatives, it is clear how valued the hospital at home programme has been and how beneficial it is for patients' care. From the hospital visits that the service has saved to how supported individuals have felt in their recovery, it is clear

that the service is overwhelmingly viewed as positive.

However, as was highlighted by Healthcare Improvement Scotland in 2020, the hospital at home service is not a silver bullet for reducing pressures on acute hospital care provision. As a result of the pandemic backlogs, Brexit-driven staff shortages and UK inflation costs, the Scottish Government is required to look across the wider health and social care system and implement innovative approaches to meet those on-going challenges. Hospital at home, taken together with work in tackling delayed discharge, improving A and E waits and increasing NHS and social care staffing levels, will improve patient experience and ensure better outcomes.

**The Deputy Presiding Officer (Annabelle Ewing):** Thank you, Ms Haughey. I call Oliver Mundell, to be followed by Christine Grahame. You have around four minutes, please, Mr Mundell.

16:01

**Oliver Mundell (Dumfriesshire) (Con):** Through my own, albeit limited, life experience and my work as a constituency MSP, I am well aware that, for many people, hospital is not the best place to be. Of course, no one really wants to be in hospital at all if they can avoid it, but, for some people, the disruption and change that is involved when admitted to an acute setting can teeter on the brink of outweighing the benefits of medical treatment. For those individuals, this initiative is and has the potential to be transformative.

However, if the initiative is to work, it must be promoted on that basis. It should be for the patient's benefit, not merely to serve the system. Indeed, as Professor Andrew Elder has stressed, as mentioned by Alex Cole-Hamilton, access to acute hospital care for older people has been a hard-won right and it should not just be given away because an alternative is there. That alternative must meet the needs of every patient who is pushed towards it.

Looking now beyond the individual, I have to say that I am always fearful when I hear this SNP Government promoting the expansion of relatively new initiatives. Those concerns stem from the staffing and cash crisis in our NHS, and from my experience of a persistent lack of rural proofing when it comes to policy implementation.

The chief of NHS Dumfries and Galloway, which covers my constituency, has told this Parliament that the level of financial challenge is such that

"technically, I cannot afford one in 10 of my workforce".—[Official Report, Health, Social Care and Sport Committee, 2 May 2023; c 13.]

Therefore, when I hear my colleague Finlay Carson asking about the future of cottage hospitals, it is hard to trust the decision that the health board is making because it is operating in financial circumstances in which it is making the best of the resource that it has got rather than doing what is best for its patients.

We already see patients unable to access core day-to-day services such as GP and dentistry services. We see challenges around recruiting and retaining specialist medical professionals. Who are the consultants who will be helping with patient care? Social care and care home beds are being rationed, with care deserts emerging in some parts of the region.

I set that out not because I do not support the concept of hospital at home but because many constituents, patients and hard-working staff will be questioning the capacity to pull that off at any significant scale in the current climate.

I am also concerned that, when it comes to stabilising our local health service, this SNP Government is not willing to confront the realities on the ground. All the strategies and policies that have been laid out today speak to that, as they simply do not match with the scale of the challenge that lies ahead. In place of a laser-like focus on, for example, getting people who are already in hospital home, we come up with new ideas and initiatives rather than trying to resolve the existing serious underlying issues.

I am equally worried about how the policy can be delivered in a constituency such as mine, where people live a considerable distance from the hospital that is overseeing their treatment. They may even be being treated outside the region altogether, never mind having to travel for pushing an hour from Dumfries and Galloway royal infirmary in Dumfries. Care at home should mean that they have access to good-quality local healthcare in their region. We must take account of the additional costs, pressures and time constraints that rurality brings in order to deliver projects such as hospital at home across vast and sparsely populated rural areas. Given the Scottish Government's record, I am not convinced that it has got that right.

16:05

**Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP):** I have to admit that, until recently, when I heard a news programme about it, I was unaware that the hospital at home service existed. That was my failure. I note that the Scottish Government's motion states that it is

"a cost effective alternative to acute care",

but, more importantly, that it "provides very good clinical outcomes", which is what we all want. It also frees up hospital beds and, of course, the staff to service them.

Hospital at home is a short-term, targeted intervention that provides acute-level hospital care in an individual's own home or in a homely setting. So far, it has led to a 53 per cent increase in the number of patients who are being managed by such services. It has prevented more than 11,000 people from spending time in hospital during 2022-23, thereby relieving pressure on A and E and, importantly, the Scottish Ambulance Service.

What is also important is that those patients were in the comfort of their own home, surrounded by the familiar, all of which, in my view, aids better physical and mental health. I will quote one patient, who said:

"I was delighted, it was unbelievable ... It was totally different to being in hospital. One thing I haven't mentioned is the fact that it's the personal ... between the two of us, I wasn't just a number. It makes a difference."

Midlothian's hospital at home team has the acronym MERRIT, which stands for Midlothian enhanced rapid response and intervention team. It is an acute care team, based in Midlothian community hospital, which offers an assessment of a patient's medical needs in their own home, or in a care home, by using a holistic, multidisciplinary approach during the acute phase of their illness. The service offers an opportunity to identify a potentially unwell patient, better persuade a patient to accept hospital admission as a safer place of care or direct them to a more appropriate service.

However, it should be recognised that there might be specific circumstances in which remote triage might also be appropriate, such as when the patient has been seen within the past 24 hours by a GP or another clinician; when there is a clear indication of a known recurrent or stable condition; or when examination findings are unlikely to change the appropriate place of care. In other words, as other members have said, it is about giving the right treatment in the right place, which might be either in hospital or at home.

I will give some examples of the criteria for referral to the hospital at home service. For Midlothian's service, the patient must be resident there. In addition, their personal care requirements must be able to be met in the community: that is to say that they will be safe at home, either caring for themselves, having an existing package of care or receiving the support of their family.

There is also strict guidance on not referring patients with, for example, chest pain, acute stroke, asthma, suspected deep vein thrombosis,

a suspected fracture or another suspected acute surgical emergency or, indeed, where the patient or their family is unwilling for them to stay at home. A discussion should be had with the person in their own home about what is most suitable for them.

NHS Borders' hospital at home service started admitting patients only in April 2023 and so is the newest such service in Scotland. Rurality is an issue, but such areas can still be covered. Borders general hospital is far away for many people.

I welcome the progress that has been made on hospital at home, which seems to me to be a plus all round—and, in particular, to patients if it is practicable for them to be assessed and treated in familiar surroundings, which must be good for them.

**The Deputy Presiding Officer:** I call Carol Mochan, to be followed by Emma Harper. In accordance with an agreement reached with the Labour group, Ms Mochan will have six minutes for her contribution.

16:09

**Carol Mochan (South Scotland) (Lab):** I am happy to be speaking in this evening's debate. I reiterate my party's support for hospital at home services, which we know to be vital for delivering the healthcare of the future by bringing hospital-standard care into the home using technology.

Although we agree with the benefits of the hospital at home programme, recognise its usefulness thus far and want its success to continue, it is disingenuous to suggest that investment here is anywhere near enough—we need widespread resource for our NHS, which is struggling on many fronts. We need the Government to explain its long-term investment plan for the hospital at home service.

It was right for my Labour colleague Paul Sweeney to set out the reality in our health service, which is the backdrop to today's debate. One in seven Scots are on waiting lists, delayed discharge is alarmingly high and NHS staff, despite their great efforts, are being let down by a Government that—no matter how often it tries to argue to the contrary—has undervalued and underresourced that critical workforce. Our patients are being failed by the lack of support for the staff. Initiatives and programmes such as hospital at home are welcome, but the wider picture cannot be ignored.

It is also correct that we ask the Scottish Government to set out its plan for delivering hospital at home services for the longer term as an alternative to acute hospital care, so that that is understood, rather than such services being seen

as a quick fix or a tokenistic gesture, which just allows pressure to be put back on acute services when funding falls short.

At this juncture, I wish to recognise the multidisciplinary nature of the service and the importance of various workforces within our NHS and social care services in its delivery. It is right that we commend Healthcare Improvement Scotland and NHS Education for Scotland for their work in this regard so far. I pay tribute to our allied health professionals, who make up the third-largest workforce in our NHS, who go above and beyond to deliver specialised care services for our most vulnerable people in the most challenging of times. We are all aware that, without doctors, nurses, carers and unpaid carers, and allied health professionals working together to meet the individual needs of every patient, hospital at home does not work, so it is right that we do all that we can to support them.

Therefore, it would be appropriate for the Scottish Government to listen to the concerns of, for example, the Royal College of Physicians of Edinburgh. In its comments ahead of today's debate, the college highlights concerns about a potential overreliance on unpaid carers, who are already under serious and significant pressure to look after those in their care, to provide support during periods of increased patient need. Indeed, the RCPE argues that the provision of hospital at home must be in addition to existing services, rather than a replacement for them, in order to ensure that the hard-won rights of older people to receive care in acute hospital settings—should that be most appropriate to their needs—are not lost. It would be useful for the minister to outline the long-term future of hospital at home and to address some of those important points in her concluding remarks.

Christine Grahame, who spoke before me, mentioned that she was unaware of the hospital at home service. If MSPs are unaware of the service, that gives us a sense of the extent to which people out in the communities understand the service. I see that the minister and the cabinet secretary are looking surprised—I know that they feel that the service is very embedded, but it does not feel that way to many people, and it would be useful to address that.

We need to consider the staffing challenges that we face: one in 10 GPs have formally closed new patient lists, the Royal College of Nursing Scotland confirms that community nursing teams are under extreme pressure, and AHP vacancies are causing stress, too.

That is all underpinned by a failure thus far to fully implement the safe staffing legislation that the Parliament passed years ago to protect an overworked workforce. We know that such

services need to be met with strong protections for NHS staff. We should look back at that legislation to ensure that it is implemented appropriately in our wards and in services such as hospital at home.

We have touched on social care. All community services are undermined by the crisis in social care. The Government cannot avoid that. Carers are not being paid the fair wage that they deserve, and there are serious concerns across Scotland about the provision of well-funded and locally available social care.

It is clear, as Scottish Labour's amendment sets out, that we will be able to deliver the standard of social care that is required and a strong hospital at home programme only by immediately uplifting social care pay. I mention the recommendation in the Feeley review to remove non-residential care charges. Those important issues have not been addressed by the Government.

I reiterate my party's support for the intentions and aims of hospital at home and recognise that it is an important step in encouraging the use of alternative care options. A close friend of mine who has many years of community nursing experience tells me that patients seem less anxious, which must be a good thing for care. However, it is clear that there are issues in relation to support and resources for the NHS and social care workforce, and I hope that the minister addresses that in closing the debate.

16:15

**Emma Harper (South Scotland) (SNP):** I am pleased to speak in favour of the Government's motion. I remind members that I am a registered nurse and former employee of NHS Dumfries and Galloway.

As members and the cabinet secretary have indicated, the purpose of hospital at home is to reduce hospital admissions by providing treatments in the comfort and familiarity of a person's home. Clare Haughey described the types of treatment that are received, which include intravenous infusions and oxygen therapy.

Evidence shows that those people who benefit from the service are more likely to avoid hospital or care home stays after a period of acute illness. For older patients, that means remaining at home longer without losing their independence, which has contributed to overall improvements in patient satisfaction.

I am a member of the Health, Social Care and Sport Committee, which is currently undertaking scrutiny of NHS boards, including the rural boards in my South Scotland region. The chief executive of NHS Borders, Ralph Roberts, told us about the

reablement work that is being implemented in his board. Reablement refers to the care that a person receives after experiencing an illness or injury. The main aim of reablement is to allow people to gain or regain the confidence, ability and skills that are necessary to live as independently as possible, especially after an illness, injury or deterioration in health. Reablement is a person-centred approach, and support is usually delivered in the person's home or in a care home. That work has led to an increase in people receiving hospital at home care, which is of course welcome.

Delayed discharge is one the biggest issues that health boards in Scotland face. I welcome the fact that, as the motion indicates, the Scottish Government is providing on-going support to boards in a range of areas, including discharge planning.

**Finlay Carson:** Will the member take an intervention?

**Emma Harper:** Gie me a wee sec.

Home teams is a new health and social care model of working that is being delivered in Dumfries and Galloway to help people to live happier and healthier lives in their own home and to tackle delayed discharge.

**Finlay Carson:** Does the member recognise that there are huge gaps in the provision of home care in Dumfries and Galloway, which has much to do with rurality and the lack of staff? Does she agree that step-down facilities, such as our cottage hospitals or similar facilities, are needed in our rural towns to ensure that people can be looked after close to home and that they do not add to the record-breaking figures for delayed discharge in Dumfries and Galloway royal infirmary?

**The Deputy Presiding Officer:** I will give you the time back, Ms Harper.

**Emma Harper:** Rurality is a hugely important issue for us in Dumfries and Galloway and the Scottish Borders, and I acknowledge that the health and social care partnership is consulting right now on community bed provision. I look forward to the results of that, but I agree that we need to look at whatever care can be provided as close to home as possible. I support whatever mechanism we can use to take that forward.

Similarly to hospital at home, the home teams model, as I was describing, pulls together the multidisciplinary team and other resources in the community under one team. That ensures that there are fewer referrals to acute care, that people tell their story once without having to repeat it, that reduced waiting response times are delivered and that a holistic person-centred approach is taken.

The home teams initiative has led NHS Dumfries and Galloway to redeploy 52 community staff to support 102 packages of care, which equates to 120 individuals receiving the hospital at home model, and 18 beds have been created in Mountainhall treatment centre as an intermediate care facility and a step-down from acute care. That is similar to what Mr Carson talked about earlier.

**Oliver Mundell** rose—

**Emma Harper:** I do not think that I have time to take another intervention.

**The Deputy Presiding Officer:** No. I am afraid that you should wind up.

**Emma Harper:** It would take a six-minute speech to go into the detail of the provision that is required across the whole rural area. I apologise to Mr Mundell that I cannae do that.

I am looking forward to the community bed provision consultation responses. We all know that people want their care to be closer to home.

I thank NHS Dumfries and Galloway for the innovative work that it is taking forward to make a difference to patient outcomes. As well as hospital at home, the out-patient parenteral antimicrobial treatment scheme and respiratory community response teams now offer more than 600 virtual beds to treat patients for conditions that would traditionally need hospitalisation.

**The Deputy Presiding Officer:** Could you bring your remarks to a close, please, Ms Harper?

**Emma Harper:** I welcome that support, and I look forward to decision time, when I will be supporting the Government's motion.

16:21

**Gillian Mackay (Central Scotland) (Green):** As we have heard, the hospital at home programme allows patients to receive acute care in their own home or in a homely setting. The success of the service has clearly shown that it alleviates pressure on unscheduled acute care in hospitals by reducing admissions. Between April 2022 and March 2023, 11,686 patients were supported by hospital at home services. That is a 53 per cent increase on the previous year. Healthcare Improvement Scotland has said that the equivalent emergency admissions to in-patient hospitals might have equated to significantly more occupied-bed days due to the likelihood of delayed discharges.

Furthermore, hospital at home is now growing and is the fifth-biggest hospital for older emergency in-patients, with the number of people benefiting from the service being similar to the latest published numbers of people aged 65 or over who were admitted as emergency in-patients

to Aberdeen royal infirmary or Victoria hospital in Kirkcaldy.

As I have said, hospital at home services are clearly reducing pressure on accident and emergency departments and the Scottish Ambulance Service, but they can also vastly improve the patient experience. That is what I would like to focus on in the rest of my contribution.

Hospital at home has high rates of satisfaction and patient preference across a range of measures. We can see that from the increased demand that I referred to earlier. It allows people to be cared for in their own home, where they are comfortable, where family and friends can easily visit them, and where their things are—their home comforts, pets and the other things that we all take for granted, until they are not there. That impact cannot have a price tag put on it. We often lose humanity for individuals when we talk about large-scale programmes.

In hospital at home services, care is co-ordinated in the community by GPs and district nurses, so they ensure continuity of care and the building of positive relationships between patients and healthcare staff.

**Sandesh Gulhane:** Gillian Mackay is absolutely right that GPs in primary care need to be there. Therefore the closure of GP practices, such as in Invergowrie, would make that really challenging.

**Gillian Mackay:** I can say that such closures absolutely would do that.

The programme can also positively impact on social care delivery. Patients losing their care packages due to hospital admission can lead to delayed discharges, and patients can be stuck in hospital when they do not need to be. We know that longer stays in hospital can lead to increased frailty in older patients. By preventing hospital admissions, the hospital at home service enables patients to keep existing agreements with carers who visit their home to help with essential needs. That, too, maintains continuity of care and allows people to build relationships with their carers, which can be of great comfort to vulnerable patients.

I want to read one testimony from within my region, which was posted on the Care Opinion website. It demonstrates the positive impact that hospital at home can have on patients. The testimony said:

"I would like to thank the H@H team in Coatbridge for the level of care from the team which exceeded mine and my mums expectations. The care and attention can only be described as excellent."

Not only did this prevent my mum having to go into hospital on two occasions but the communication, advice and support from the team not only helped my mum but

gave me the confidence that I was treating her to the best of my ability."

That testimony clearly shows how hospital at home and the incredible teams that work in the service can improve patients' experiences and provide comfort and stability when people are unwell.

More broadly, the Health and Social Care Alliance Scotland has said that the hospital at home service reflects a positive change in the culture of how health and social care is delivered, by focusing on shared decision making and delivering the personalised outcomes that matter to individuals and their families. It enables more person-centred care, which empowers patients to make choices about their care in an environment that is safe and familiar to them.

Although hospital at home services alone will not eliminate pressure on acute services, they will form a vital part of a wider system transformation that aims to reduce hospital admissions and ensure that more people can be treated at home or in a homely setting.

16:25

**David Torrance (Kirkcaldy) (SNP):** I welcome the opportunity to speak in this important Scottish Government debate on the hospital at home programme. The extraordinary initiative has reshaped the landscape of healthcare delivery and quality in our nation. It has touched on and transformed lives in my Kirkcaldy constituency and across Scotland.

There is widespread agreement that our health and social care system has faced a number of challenges and obstacles. We have all spoken in the chamber about complex, prolonged and relentless change. Brexit, the cost of living crisis and Scotland's changing demographics, in combination with the challenges of a post-pandemic world, have emphasised the urgent need for innovative patient-centred healthcare solutions.

In that context, the hospital at home programme is thriving and ensuring that our constituents receive the right care in the right place at the right time. I therefore very much welcome the additional £3.6 million that has been allocated to support more than 150 extra virtual beds under hospital at home.

Thousands of patients in Fife have benefited from the hospital at home service. In 2021-22, more than 1,000 patients were supported. The additional funding will help the programme to reach more of our constituents and continue to provide comfort and reduce anxiety for people across Scotland.

Hospital at home is a safe and dignified alternative to acute hospital admission. It bypasses the anxiety, disruption and disorientation that are often associated with hospital stays, while delivering the same—or better—quality of care. Whether the specialty be cardiology, geriatrics or any of the plethora of others, the programme transcends conventional barriers and opens the door to healthcare that is truly personalised and patient centred.

Last year, hospital at home offered more than 63,000 bed days for adults—more than 60,000 days when older adults could heal in the comfort and familiarity of their homes, while surrounded by loved ones, and more than 60,000 days when the dread of an acute hospital admission was replaced by compassionate care that respected people's routines, homes and dignity.

By reducing the pressure on our hospitals, the service creates a virtuous circle of care. Fewer acute admissions means more time for hospitals to focus on complex cases, less strain on our devoted healthcare professionals and more efficient utilisation of resources. The hospital at home programme is not just beneficial for patients; it is a holistic solution that aids the entire healthcare ecosystem.

None of those achievements would have been possible without the relentless dedication and concerted effort of Healthcare Improvement Scotland, NHS Education for Scotland and the clinical networks, whose tireless work has supported the development and implementation of hospital at home. I recognise the invaluable service of our dedicated doctors, nurses, therapists and other healthcare professionals who make hospital at home a reality, who navigate the complexities of individual patient needs, often at unsocial hours, and who continue to learn and evolve in order to serve their patients better.

Hospital at home is not a replacement for hospital admissions; it is only an alternative. I have full confidence that the Scottish Government and our health ministers will continue to manage the pressures that remain on services across our health and social care system.

It is vital that we build a health service that best meets the needs of the people whom it will serve, which is why the Scottish Government is committed to doing what it can to ensure that those with experience of social-care support and community healthcare have a sufficient chance to share their views. That includes patients who have experienced the hospital at home service. Anyone who uses the service, who has a loved one who relies on care or who has worked in the sector will be able to have their say on our future healthcare landscape.

Hospital at home represents a leap in the evolution of healthcare delivery in Scotland. It embodies an ethos that recognises holistically patients' needs, upholds their dignity and optimises the country's health resources. As we continue to tackle the many challenges that Scotland faces, I welcome the continuation of hospital at home so that everyone can receive the right care at the right time in the right place.

**The Deputy Presiding Officer:** I call Bob Doris, who will be the last speaker before the closing speakers contribute.

16:29

**Bob Doris (Glasgow Maryhill and Springburn) (SNP):** I am pleased to speak in this debate to acknowledge the contribution of the Scottish Government's hospital at home strategy. In Glasgow, a test-of-change pilot for hospital at home was introduced by the Glasgow city integration joint board in January 2022. By March this year, it was reported that up to 1,200 at-home bed days had already allowed many Glasgow residents who are over 65 to leave hospital earlier, or to avoid admission to hospital and instead receive enhanced care at home. That is better for patients and it takes strain off our NHS in acute settings.

Receiving the care that they need at home from nurses, advanced nurse practitioners, GPs, pharmacists, occupational therapists and consultant geriatricians with a wraparound service has allowed more than 300 Glaswegians to be at home rather than in hospital. That is a success story, but I am keen to hear about any qualitative data that has been collected regarding the views of people who have benefited from hospital at home and any changes that they have suggested could be adopted.

I am also keen to hear about whether, as part of hospital at home, patients who are required to run essential medical machines and other equipment, such as air mattresses or electric hoists, in their homes have been offered support with their utility bills. More generally, people who live at home with medical conditions long term incur more expense, which can be due to their need to wash and dry clothes and bedding more frequently, or to keep their homes at the right temperature to support their care. I would welcome any information that the Scottish Government can provide, in summing up the debate, on how it offers assistance with that.

I acknowledge, however, that hospital at home is a success and should be expanded. I also welcome the £10.7 million investment in hospital at home since 2020. Given that the initiative is funded by channelling money via integration joint

boards, and given their financial challenges, I am interested in learning more about how the Scottish Government monitors the wider budget pressures on IJBs. I have written to the cabinet secretary about concerns regarding changes to provision in my area that might impact on frail elderly people. We do not want any unintended consequences. I look forward to a detailed response on that matter from the cabinet secretary, in due course.

This week, I am sponsoring Chest Heart & Stroke Scotland's exhibit in the Scottish Parliament promoting the hospital to home service that it offers. Hospital to home is not just for the over-65s; it is for everyone, and it offers significant support. Chest Heart & Stroke Scotland states:

"Every day people in Scotland are leaving hospital feeling scared and alone. But our amazing nurses, support workers and volunteers are here to make sure you don't have to recover alone."

The service offers free practical help, support and advice, which is often face to face and one to one, through community support teams and home visits. Many people who have suffered cardiac arrest or stroke might previously have been active. Others might previously have lost the confidence to be active, or have lost the networks that enable them to be connected and active and to avoid social isolation. The work of Chest Heart & Stroke Scotland can make a real difference in that context. Its hospital to home service can lower rates of readmission to hospital and avoid unscheduled care and presentations at accident and emergency departments.

Hospital to home clearly has an important part to play and surely complements hospital at home. I look forward to further expansion of hospital at home in an iterative way that is informed by patient experience and is part of a broader range of services.

I will support the Government motion.

**The Deputy Presiding Officer:** We move to closing speeches. I advise members that we have some time in hand.

16:33

**Paul Sweeney:** It is a pleasure to close this debate on behalf of the Labour Party. There is broad consensus across the chamber on the benefits in principle of hospital at home. Certainly from personal experience, I know, as I am sure that many others do, that being in hospital is a rubbish experience. It is frustrating and deeply tedious, certainly for a younger person but, for an older person, it can also be potentially life threatening. We have heard of the potential impacts relating to frailty and acquiring an infection, which can potentially lead to a fatal spiral. Therefore, any measure that can move the

emphasis of care away from acute settings and into home settings is to be commended. That is why we all broadly support the scheme.

However, the member for Glasgow Maryhill and Springburn made an important point about that when he asked how we ensure the resilience of the home setting. There is an emphasis on hospital, but how do we emphasise the resilience of the home setting?

There is much more work to be done in that space. Mr Doris mentioned, for example, how we need to ensure that adaptations are made to homes to make a sufficient facility available for people. We need to do much more to ensure that housing associations and registered social landlords are supported.

**Edward Mountain (Highlands and Islands) (Con):** It is about not only adaptations to the home but making sure that the correct equipment follows the patient to the home. That has been a problem across the Highlands. Has that been a problem in Mr Sweeney's area and does he think that more work should be undertaken on that?

**Paul Sweeney:** I absolutely recognise that. It is a major issue and one that is not well understood. The call for extra data and understanding of that qualitative experience is essential in order for us to ensure that the system works as best it can.

There is not only the issue about facilities and the costs of running equipment—which can be quite energy intensive—particularly in a cost of living crisis; there is also the issue of the complex needs of individuals in the home setting. A very striking exhibition by a series of hospice care providers in Glasgow called “The Cost of Dying” was held at the University of Glasgow. It was quite harrowing to see some of the experiences of people who wanted to die at home—to have a good death—but were prevented from doing so because of the failure of their registered social landlords to make the necessary adaptations to their home, so they ended up languishing in hospital in their final days. That is not acceptable and we need to do much more to ensure that the rights of the patient are upheld. The member for Rutherglen also mentioned that the patient focus is essential.

Also, if someone cannot stay in their home, there may be a role for step-down services. The member for Galloway and West Dumfries mentioned cottage hospitals and how that kind of setting offers a potential opportunity for that, as does having more sheltered accommodation where there is a sort of semi-supervised activity. Certainly, some housing associations are exemplars in providing those facilities. Let us look at how we can build on that capability across Scotland to ensure that the hospital at home

concept is better embedded—a need that was recognised by members across the chamber.

Hospital at home might not be as well known as ministers perhaps think it is. Some members certainly alluded to the fact that they were not aware of it prior to today, or have only recently become aware of it. While it is a relatively recent innovation, and one to be welcomed, we need to do more to disseminate the information about how it can function well. That view is often fed back to me, certainly. Particularly when it comes to palliative care, as well, people often do not know their rights and they are so stressed by the situation that they do not realise what they could have achieved for their relative or the person whose care is their responsibility until it was too late and they had already passed away. Therefore, we need to look at that.

We also we need to look at how we build resilience. Mr Doris mentioned the budget of £10.7 million since 2020, but that is set against the fact that, even in Glasgow, as the member will be aware, the integration joint board is facing £20 million of cuts in this financial year alone and has had to dip into its reserves to the tune of £17 million. That is a really shaky peg to be hanging the system on. We need to look at the underlying fragility of the integration joint boards and their ability to step it up, when we are looking at 200 jobs being lost from the IJB service providers in Glasgow alone. That is a major risk to the resilience of the hospital at home system.

We recognise the huge opportunity that presents itself, and that we have one of the most acute hospital-centric healthcare systems among the Organisation for Economic Co-operation and Development countries. We need to move the emphasis out of the hospitals and into the community. We need to look at putting serious resource into that. I would argue that the cabinet secretary has to recognise the need to ramp it up and be serious about it.

That was what my colleague Miss Mochan, a member for South Scotland, meant about the long-term plan. We really need that long-term vision for how the system will develop. We need stable budgeting and the ability for the IJBs to properly plan for the long term, to build those pathways for career development and training, and to increase staff wages, as well, because we are really having a problem with retention and morale. We have heard about the issues of hospices not being able to fully staff their beds. That is just a tip-of-the-iceberg situation; there are huge issues there.

There are also huge issues in the practicalities. Urban settings are one thing, but rural settings are another. A number of members across the chamber have mentioned the practical challenges of managing hospital at home when we are faced

with such wide geographical constraints. That needs to be looked at and is something that is essential to be fed back. What will the system look like in a city? What will it look like in a rural setting? It is not a one-size-fits-all thing and it would be good if the minister highlighted some of the challenges faced in those different geographical environments.

There is a major issue about the opportunity to free up capacity. Ms Mackay, a member for Central Scotland, mentioned that the programme is a huge opportunity to free up bed space and reduce costs in the healthcare system but how do we ensure that it does not simply displace staff capacity from other parts of the healthcare system and, thus, accentuate the problems that we have across the entire healthcare ecosystem, as the member for Kirkcaldy mentioned?

Although we all support the programme, we must be cognisant of the major practical constraints that we face. It is essential that Scotland achieves the best possible healthcare system for us all, but we must be aware of the acute problems that we face and work through them in a collegiate and co-operative way.

We are happy to support the Government's motion.

16:40

#### **Edward Mountain (Highlands and Islands)**

**(Con):** I welcome the debate. At a time when our health service is in crisis like never before, patients need smart and resourceful solutions that do not compromise their care. That is exactly why the Scottish Conservatives support the hospital at home programme, provided that care at home will free up capacity in our hospitals. Initiatives such as the programme are vital for reducing hospital admissions for elderly patients, especially those who prefer treatment in the comfort of their own homes.

I will give credit where it is due, because it is important to do that. People who benefit from the programme are far more likely to avoid hospital care and care home stays for up to six months after acute illness. That is good news. It saves our precious hospital beds and creates space for all the other patients—patients who often sit on long waiting lists—to receive the treatment that they need.

However, that is why it is disappointing that the Government failed to deliver on the promise to double the capacity of the hospital at home programme by the end of last year. I question how many patients would have benefited but have not because of that failure. We need to address that question because, although the programme can

make a difference, it is only a partial solution to the hospital backlog that has grown under the SNP.

Indeed, hospital at home services are not appropriate for every patient. Much like the roll-out of NHS Near Me, they can act as a complement to, rather than a replacement for, acute patient care. The stark truth, however, is that the programme will not solve the problems of delayed discharge. We know that 1,700 beds are still being blocked every day, that the effects on the patients involved are soul destroying and that the situation leads to increased waits at A and E, as well as lengthy delays for vital procedures.

My colleague Dr Gulhane mentioned in his speech the SNP's promise to eradicate delayed discharges in 2015. Every health secretary since has failed miserably to do that and—let us be honest—patients are paying the price. Former health secretaries who broke their promises include the First Minister and Deputy First Minister. It is not good enough.

I will make a few points on what I heard from speakers in the debate.

I appreciate the cabinet secretary's points. I wonder whether he should reflect on the fact that he and the health services should ask not whether we should do hospital at home but whether we can do it. Let us make it possible. Let us urge doctors to ask that question.

We should remember that, although there are risks to sending people home, they might not be as high as keeping them in hospital. When my father was waiting to go home, I was told clearly that there was a risk in sending him home. He was dying. We knew what the risks were. Let us make it possible where we can.

Dr Gulhane also mentioned the importance of delayed discharges. We must work harder at sorting those out and ensure that, when patients go into hospital, there are people there who ensure that their discharges happen and that they go out at the right time. That might require the patients to give them power of attorney over medical decision-making processes.

I was taken by Paul Sweeney's comments about supporting the principle of the programme and the importance of social care being there to step up when the need comes for the person to go home. It is also important to remember the point that he made that it will not be suitable for everyone. Not everyone can afford the extra cost of going home and of a sensible care package at home that might require extra heating and other use of electricity.

Alex Cole-Hamilton recognised the staff shortages. We all recognise that and understand that, to make this work, we have to recruit

additional staff on top of the staff whom we see already in the system.

I agree with Clare Haughey that high-quality person-centred care must be at the centre of all this. That is really important. She also made the point that we need to increase funds. What about the extra kit that is needed, which is a point that I raised with Mr Sweeney? It is really important that we make sure that we have the kit to follow people when they are at home.

**Clare Haughey:** The heart of all this is about being patient-centred and allowing patients to be where they need to be, whether that be at home to recover or to die surrounded by their loved ones. I mentioned funding but I referred to the funding that the Scottish Government has already committed to this.

**Edward Mountain:** I thank the member, and I accept her qualification of the point, but the point that I am trying to make is that extra funding will always be required because caring for people at home brings additional costs through extra staff and extra equipment and all that. We need to be responsive to the fact that a cost is involved.

Oliver Mundell and Finlay Carson made a point about the importance of cottage hospitals and the part that they can play in helping patients step down from hospital services and allowing them to go home.

Christine Grahame started off her speech by talking about the extra equipment that would be needed but that then dropped away. I might have misheard her, but I thought she made a point about the importance of having teams that can help people at home.

**Christine Grahame:** Will the member take an intervention?

**Edward Mountain:** I will take an intervention if I have time.

We need teams that are probably a little bit more advanced than those we have in the local community. That is why, in the Highlands, we have the pre-hospital immediate care team that can deploy if it is needed to provide care at home when local doctors are not able to. I give way to Christine Grahame.

**Christine Grahame:** I thank Edward Mountain but I just wanted to clarify and say that I did not mention extra equipment, although I said that a full assessment has to be made of whether hospital at home is the right thing in the right place at the right time for that person. By implication, that might also involve equipment.

**Edward Mountain:** That was another qualification but we got to the point that extra

equipment might be needed after a full assessment. I take that point.

Emma Harper's point was interesting. With her experience of nursing, we should be aware of what she was saying about being at home being a tonic to speed recovery and that it helps people to get through their illnesses better. There is general agreement among all other speakers on that.

I welcome the small but significant amount of progress that has been made in the hospital at home programme. However, patients still need to see some big ideas and big investment from the Government. We need to see sufficient kit to allow patients to go home, and we need to see sufficient care support to allow those people who have gone home to do so in the comfort and knowledge that they will get the best possible care. However, we have not seen the Government tackle the real problems of delayed discharges, long accident and emergency waiting times and the social care crisis. Until we see some fresh thinking on those issues, our hospitals will continue to run out of beds, despite this programme, because the Government has run out of steam on how to resolve those problems and I ask it to resolve them as a matter of extreme urgency.

16:49

**The Minister for Social Care, Mental Wellbeing and Sport (Maree Todd):** I welcome the opportunity to close the debate, which has provided members with an update on the benefits of hospital at home and the action that we are taking to support the development and expansion of the hospital at home programme. I take the opportunity to recognise the hard work and commitment of our partners who have worked to establish and expand this crucial service.

The services are, by their nature, both personal and person centred. They are delivered by highly skilled and valued health and care staff who are intently focused on delivering for the needs of the individual in their own environment.

I thank Healthcare Improvement Scotland for the support that it has been giving local areas since 2020 to grow an active learning network of health and social care partnerships. That support has enabled the expansion of hospital at home from seven to 21 HSCPs, but I would like us to go further and have an even wider geographical spread.

I also thank NHS Education for Scotland for its work in developing training materials for the hospital at home programme, and I thank our health boards and HSCPs for their on-going support and commitment to delivering more acute care in the home.

I thank members from across the chamber for their input and reflections in today's debate. There is clear consensus here today that providing person-centred care that takes full account of an individual's wishes and balances those with safety and clinical need is a priority.

**Finlay Carson:** The minister touched on the views of the patient. In areas such as Dumfries and Galloway, hospital at home will not always be the ideal situation. Some patients would prefer to be in surroundings similar to a cottage hospital or—where there are services that a cottage hospital would traditionally deliver—to be right at home instead of having to travel potentially 50 or 60 miles to an acute hospital or, as Emma Harper said, 50 or 60 miles to 18 beds that are being delivered in Dumfries. Can you tell us what role step-down facilities such as cottage hospitals should play as part of the package in rural areas?

**The Deputy Presiding Officer:** I remind members that they must speak through the chair.

**Maree Todd:** As the cabinet secretary said in response to Finlay Carson's intervention on him, those decisions are best made by local health boards, which are well aware of the needs of local communities.

Let me put to bed the issue around rural areas. A number of members have raised the challenges of delivering hospital at home in rural areas. As a rural representative—I am the member for Caithness, Sutherland and Easter Ross—I am well aware of those challenges, and it could be argued that it is even more important to deliver hospital at home in rural areas because hospital admission is much more disruptive for patients and their families in those areas. NHS Highland is delivering hospital at home in Skye, and it is being delivered in the Western Isles by NHS Western Isles. If it can work in Skye and the Western Isles, it can work anywhere.

I will turn to the specific questions that have been raised during the debate. To respond to Carol Mochan's point, I note that we have been using hospital at home for more than a decade. It started in December 2011 and we have expanded it recently. It is here to stay, because

"people are at the heart of the Hospital at Home programme; they value the flexibility and security that being in a home setting brings, and particularly for elderly people, familiar faces and spaces reduce the potential for adverse incidents. Ultimately, it's about creating the options that best suit people and communities, and ensuring access to the right care in the right place."

That is a direct quote from ALLIANCE director, Irene Oldfather.

The ALLIANCE also spoke to hospital at home patient Stephen Green, who said:

"If you fancy a cup of tea or you fancy a sandwich, it's there, you know. If you fancy a chat with your wife or with someone on the phone, it's there. For something like what was ailing me, hospital at home is ideal. This has done me a lot of good, I know, and I would recommend it to anyone it suits."

We have talked a little bit about the number of people who are benefiting from hospital at home. The latest published data on the number of people aged 65 and over admitted as emergency inpatients are 12,262 people at Aberdeen royal infirmary and 10,999 people at Victoria hospital in Kirkcaldy. Those numbers are pretty similar to the number of people who are benefiting from hospital at home. It makes hospital at home the fifth biggest hospital for older people who are emergency in-patients.

A number of members raised the impact on unpaid carers, and it is essential that our valued unpaid carers are supported and are not overwhelmed, particularly when their loved one is in crisis. Feedback from ALLIANCE Scotland indicates that hospital at home transfers control back to patients and carers and that they value that because it is providing care on their terms and in their environment. As many members have said, that obviously indicates that patients recover faster and feel more involved in decisions along the way.

Some members mentioned the impact on GPs and primary care. There has been some concern that hospital at home places a burden on an already overburdened area of our health and care system. Professor Graham Ellis, our deputy chief medical officer, was asked about that and said:

"I know this was a concern when I met with GPs prior to starting in Lanarkshire, but there is no evidence that hospital at home creates additional work to routine hospital admission and in reality it is about partnership between primary and secondary care in the patient's interests. It should be recognised that routine hospital admissions can create potential work for GPs and that, arguably, the debate is about what patients need, not about whose workload is affected."

**Oliver Mundell:** Does the minister accept that there are now parts of Scotland where primary care has completely broken down and people are unable routinely to see a GP? How can a programme like this one work without that key linchpin?

**Maree Todd:** I agree that GPs are a linchpin. They are the front door of our NHS and are key, which is why we are investing in general practice and value it so much.

We are addressing the issue of delayed discharge, and we have a hospital occupancy action plan. Addressing delayed discharge is of absolutely critical importance and, although more than 97 per cent of all discharges happen without delay, we have already made available up to £8

million of funding this year to support HSCPs in purchasing around 500 interim care beds to increase interim capacity. Those are in addition to the around 500 interim beds that are already in the system and helping patients.

There is a delayed discharge and hospital occupancy plan that builds on best practice to address the issues that were experienced last year. I can also tell the member that we are already well into planning for next winter and are working at pace to deliver the actions that we know work. A whole-system oversight and planning group is in place to assess progress in the implementation of that action plan and to plan for future peaks. So, a lot of work is going on, right across the board, in a system that we all acknowledge is under pressure.

Christine Grahame made a point about Midlothian. I had the delight of visiting the Midlothian community hospital recently. I met multidisciplinary teams, mainly of allied health professionals such as physiotherapists and occupational therapists, and was inspired. They were working in an incredibly flexible, patient-centred and holistic way to ensure that people got the right care in the right place and at the right time. They were keen to emphasise to me how much better it was to be able to assess people's abilities in their own homes, where their wider needs were far more visible than they would have been if the assessments had taken place in hospital.

Hospital at home is a tried and tested concept that is deployed across the globe, and Scotland is, in many ways, at the forefront of that growing movement. International evidence of the benefits of the approach has accumulated across a range of clinical specialties, including older people, respiratory care, cardiology, paediatrics and infectious diseases. It offers care that is comparable to that provided in an in-patient bed but with reduced risk of the harms that the cabinet secretary set out in his opening remarks.

Beyond the benefits to the patient of providing care at home and reducing pressures on the NHS, we know that it can reduce the need for all the people to be admitted to care homes. The evidence from a large study that was conducted across the UK found that hospital at home for older people reduced nursing home admissions by as much as 42 per cent. Being able to stay safely in their own home when they are unwell or receiving treatment matters hugely to many people. We also know that hospital at home is able to deliver the best hospital care to people who are in nursing homes, minimising the disruption for some of the most frail in our society.

As the cabinet secretary noted, since 2020 we have pledged a total of £11.2 million to develop

and expand the hospital at home service. Given our firm commitment to offering the service to more people across Scotland, we will regularly review our funding for the programme to assess whether it matches our ambition. We are committed to the continuing expansion of the hospital at home service across a range of specialty areas, and I would be very happy to return to the Parliament with an update on that work in due course.

For the reasons that have been set out during the debate, I do not support the Opposition amendments to the motion. Instead, I commend the motion that was lodged by the Cabinet Secretary for NHS Recovery, Health and Social Care.

I look forward to working with our partners to continue the expansion of the hospital at home programme and to ensure that the public is aware of its benefits. We remain committed to patient safety and the highest quality of care. By taking an approach that puts the person and their needs and wishes firmly at the centre, we will provide the type of careful and kind care that we would wish to exemplify in all our services, and we will help more people to receive acute care in a familiar setting in their own communities.

## Decision Time

17:01

**The Presiding Officer (Alison Johnstone):** There are three questions to be put as a result of today's business. The first question is, that amendment S6M-09191.2, in the name of Sandesh Gulhane, which seeks to amend motion S6M-09191, in the name of Michael Matheson, on the hospital at home programme in Scotland, be agreed to. Are we agreed?

**Members:** No.

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

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

17:01

*Meeting suspended.*

17:05

*On resuming—*

**The Presiding Officer:** We come to the vote on amendment S6M-09191.2, in the name of Sandesh Gulhane. Members should cast their votes now.

The vote is closed.

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

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

**Daniel Johnson (Edinburgh Southern) (Lab):** On a point of order, Presiding Officer. My app said that there was an error in connecting, but it is now saying that I voted yes. I want to confirm that my vote has been recorded.

**The Presiding Officer:** It has been recorded.

### For

Baker, Claire (Mid Scotland and Fife) (Lab)  
 Balfour, Jeremy (Lothian) (Con)  
 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)  
 Clark, Katy (West Scotland) (Lab)  
 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)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Greene, Jamie (West Scotland) (Con)

Griffin, Mark (Central Scotland) (Lab)  
 Gulhane, Sandesh (Glasgow) (Con)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Hoy, Craig (South Scotland) (Con)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Kerr, Liam (North East Scotland) (Con)  
 Kerr, Stephen (Central Scotland) (Con)  
 Leonard, Richard (Central Scotland) (Lab)  
 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)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 O'Kane, Paul (West Scotland) (Lab)  
 Rennie, Willie (North East Fife) (LD)  
 Ross, Douglas (Highlands and Islands) (Con)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 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)  
 Whitfield, Martin (South Scotland) (Lab)  
 Whittle, Brian (South Scotland) (Con)

### 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)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Brown, Siobhian (Ayr) (SNP)  
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)  
 Chapman, Maggie (North East Scotland) (Green)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Constance, Angela (Almond Valley) (SNP)  
 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)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (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)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAllan, Mairi (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)  
 Sturgeon, Nicola (Glasgow Southside) (SNP)  
 Swinney, John (Perthshire North) (SNP)  
 Thomson, Michelle (Falkirk East) (SNP)  
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)  
 Torrance, David (Kirkcaldy) (SNP)  
 Tweed, Evelyn (Stirling) (SNP)

**The Presiding Officer:** The result of the division on amendment S6M-09191.2, in the name of Sandesh Gulhane, is: For 47, Against 65, Abstentions 0.

*Amendment disagreed to.*

**The Presiding Officer:** The next question is, that amendment S6M-09191.1, in the name of Paul Sweeney, which seeks to amend motion S6M-09191, in the name of Michael Matheson, on the hospital at home programme in Scotland, be agreed to. Are we agreed?

**Members:** No.

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

The vote is closed.

**Carol Mochan (South Scotland) (Lab):** On a point of order, Presiding Officer. My device did not seem to connect. I would have voted yes.

**The Presiding Officer:** We will ensure that that is recorded.

**Jamie Greene (West Scotland) (Con):** On a point of order, Presiding Officer. I voted no. I am not sure whether that was registered.

**The Presiding Officer:** I can confirm that your vote has been recorded.

**Pam Gosal (West Scotland) (Con):** On a point of order, Presiding Officer. I do not know whether my vote was registered. My app froze.

**The Presiding Officer:** I can confirm that it has been registered.

**Fiona Hyslop (Linlithgow) (SNP):** On a point of order, Presiding Officer. Can I confirm that my vote has been registered? I voted no.

**The Presiding Officer:** I can confirm that your vote has been recorded.

**Ariane Burgess (Highlands and Islands) (Green):** On a point of order, Presiding Officer. I am not sure whether my vote was recorded. I would have voted no.

**The Presiding Officer:** I can confirm that your vote has been recorded.

#### For

Baker, Claire (Mid Scotland and Fife) (Lab)  
 Boyack, Sarah (Lothian) (Lab)  
 Clark, Katy (West Scotland) (Lab)  
 Duncan-Glancy, Pam (Glasgow) (Lab)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Griffin, Mark (Central Scotland) (Lab)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Marra, Michael (North East Scotland) (Lab)  
 McNeill, Pauline (Glasgow) (Lab)  
 Mochan, Carol (South Scotland) (Lab)  
 O'Kane, Paul (West Scotland) (Lab)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 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)  
 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)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 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)  
 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)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAllan, Mairi (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)  
 Mountain, Edward (Highlands and Islands) (Con)  
 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)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Collette (East Kilbride) (SNP)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Stewart, Kaukab (Glasgow Kelvin) (SNP)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Sturgeon, Nicola (Glasgow Southside) (SNP)  
 Swinney, John (Perthshire North) (SNP)  
 Thomson, Michelle (Falkirk East) (SNP)  
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)  
 Torrance, David (Kirkcaldy) (SNP)  
 Tweed, Evelyn (Stirling) (SNP)  
 Webber, Sue (Lothian) (Con)  
 Wells, Annie (Glasgow) (Con)  
 Whittle, Brian (South Scotland) (Con)

#### Abstentions

Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 McArthur, Liam (Orkney Islands) (LD)  
 Rennie, Willie (North East Fife) (LD)

**The Presiding Officer:** The result of the division on amendment S6M-09191.1, in the name of Paul Sweeney, is: For 17, Against 94, Abstentions 3.

*Amendment disagreed to.*

**The Presiding Officer:** The final question is, that motion S6M-09191, in the name of Michael Matheson, on the hospital at home programme in Scotland, be agreed to. Are we agreed?

**Members:** No.

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

#### For

Adam, George (Paisley) (SNP)  
 Adam, Karen (Banffshire and Buchan Coast) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Balfour, Jeremy (Lothian) (Con)  
 Boyack, Sarah (Lothian) (Lab)  
 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)  
 Clark, Katy (West Scotland) (Lab)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 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)  
 Duncan-Glancy, Pam (Glasgow) (Lab)  
 Ewing, Annabelle (Cowdenbeath) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)  
 Findlay, Russell (West Scotland) (Con)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 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)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Neil (Airdrie and Shotts) (SNP)  
 Greene, Jamie (West Scotland) (Con)  
 Greer, Ross (West Scotland) (Green)  
 Griffin, Mark (Central Scotland) (Lab)  
 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)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Kerr, Liam (North East Scotland) (Con)  
 Kerr, Stephen (Central Scotland) (Con)

Kidd, Bill (Glasgow Anniesland) (SNP)  
 Leonard, Richard (Central Scotland) (Lab)  
 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)  
 Marra, Michael (North East Scotland) (Lab)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAllan, Màiri (Clydesdale) (SNP)  
 McArthur, Liam (Orkney Islands) (LD)  
 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)  
 McNeill, Pauline (Glasgow) (Lab)  
 Minto, Jenni (Argyll and Bute) (SNP)  
 Mochan, Carol (South Scotland) (Lab)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)  
 O’Kane, Paul (West Scotland) (Lab)  
 Regan, Ash (Edinburgh Eastern) (SNP)  
 Rennie, Willie (North East Fife) (LD)  
 Robertson, Angus (Edinburgh Central) (SNP)  
 Robison, Shona (Dundee City East) (SNP)  
 Roddick, Emma (Highlands and Islands) (SNP)  
 Ross, Douglas (Highlands and Islands) (Con)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Simpson, Graham (Central Scotland) (Con)  
 Slater, Lorna (Lothian) (Green)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Collette (East Kilbride) (SNP)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Stewart, Kaukab (Glasgow Kelvin) (SNP)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Sturgeon, Nicola (Glasgow Southside) (SNP)  
 Sweeney, Paul (Glasgow) (Lab)  
 Swinney, John (Perthshire North) (SNP)  
 Thomson, Michelle (Falkirk East) (SNP)  
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)  
 Torrance, David (Kirkcaldy) (SNP)  
 Tweed, Evelyn (Stirling) (SNP)  
 Villalba, Mercedes (North East Scotland) (Lab)  
 Webber, Sue (Lothian) (Con)  
 Wells, Annie (Glasgow) (Con)  
 Whitfield, Martin (South Scotland) (Lab)  
 Whittle, Brian (South Scotland) (Con)

**The Presiding Officer:** The result of the division on motion S6M-09191, in the name of Michael Matheson, is: For 114, Against 0, Abstentions 0.

*Motion agreed to,*

That the Parliament recognises the value of the Hospital at Home programme in ensuring that people receive the right care in the right place at the right time; highlights that it offers a safe, patient-centred alternative to an acute hospital admission across a range of specialty areas, providing a better outcome for many people, without some

of the challenges associated with an acute admission; welcomes that Hospital at Home has eased pressure on acute hospitals, with over 63,000 bed days provided last year by Hospital at Home for older adults; notes research showing that Hospital at Home is a cost effective alternative to acute care and provides very good clinical outcomes, and acknowledges the excellent work done to date by Healthcare Improvement Scotland, National Education Scotland and dedicated clinical networks to support the development of Hospital at Home.

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

## Protecting Devolution and the Scottish Parliament

**The Deputy Presiding Officer (Liam McArthur):** The final item of business today is a members' business debate on motion S6M-08885, in the name of Keith Brown, on protecting devolution and the Scottish Parliament. The debate will be concluded without any question being put.

### *Motion debated,*

That the Parliament expresses alarm at what it sees as the UK Government's escalating disrespect for the devolved settlement; highlights the report of the Parliament's Constitution, Europe, External Affairs and Culture Committee, *The Impact of Brexit on Devolution*, which identified "increased tension within the devolution settlement" since the UK's departure from the EU; believes that the Sewel Convention is now regularly breached by the UK Government; underlines that legislative consent was withheld by the Scottish Parliament in relation to the European Union (Withdrawal) Act 2018, the United Kingdom Internal Market Act 2020, the Environment Act 2021, the Subsidy Control Act 2022, the Elections Act 2022, the Nationality and Borders Act 2022 and the Trade (Australia and New Zealand) Act 2023; considers that the Procurement Bill, the Retained EU Law (Revocation and Reform) Bill, the Northern Ireland Protocol Bill, and the Levelling-up and Regeneration Bill are all proceeding without heed to the devolved legislatures; expresses profound disappointment in the use of an order under section 35 of the Scotland Act 1998 to, it considers, veto devolved legislation; expresses alarm at what it sees as the Secretary of State for Scotland's apparent unilateral rewriting of the agreed rules regarding requests for exemptions from the market access principles contained in the United Kingdom Internal Market Act 2020; considers all of these actions to be part of a pattern of undemocratic behaviour of attacks on the devolution settlement and the Scottish Parliament, and believes that these actions demonstrate the vulnerability of the Scottish Parliament while constituencies like Clackmannanshire and Dunblane, and Scotland as a whole, are under what it sees as UK Government control.

17:15

**Keith Brown (Clackmannanshire and Dunblane) (SNP):** I offer many thanks to those members who have supported the motion and allowed me to bring this important issue to the chamber, and to those members who have stayed behind to listen to the debate.

To be frank, it is a disgrace that we even have to debate this issue, but debate it we must, because this chamber and this institution—this Parliament of ours—are under attack. Sadly, there are those within these walls who are complicit in that attack—some explicitly and others by their silence, or even by their absence.

There is a phrase that is often trotted out about the Scottish Parliament and that predates its existence; it was part of the argument that was

made during the referendum campaign that brought the Scottish Parliament into being. It is that devolution and the Scottish Parliament are "the settled will of the Scottish people". For me, that is a bit

"thus far ... and no further".

Like Parnell, I am more inclined to insist that

"No man has a right to fix the boundary of the march of a nation".

Indeed, all the parties in the chamber signed up to the Smith commission, which said that nothing should prevent the Parliament from moving on to become independent if that was what the people of Scotland voted for. There was certainly a very broad consensus in 1999 that a wide range of issues were best dealt with here in Scotland's Parliament rather than down the road in Westminster, and I do not see any sign of a shrinking back from that view among the people of Scotland. On the contrary, support for extending the powers of the Scottish Parliament has grown substantially, and support for independence is regularly the majority option in frequent opinion polls—as recently as last week, in fact.

However, what I also see is hard-line unionists—those who were not part of the 1999 consensus and have resented the very existence of this place ever since—emboldened perhaps by their experience with Brexit and fuelled by dewy-eyed reminiscences of an empire on which the sun never set and a golden age that never existed, trying to claw back powers to Westminster and to Whitehall.

The long list of legislation that is detailed in the motion shows that this is not a one-off issue. Those people are working to a template and with scant regard for democracy. We could easily add to that list the blocking of an independence referendum and the refusal to recognise the overwhelming opposition in Scotland to Brexit and being dragged out of the European Union.

We also see the phenomenon of the craven Conservatives who will never defend anything that might represent the interests of the people of Scotland if it conflicts with what the Government in London is doing. One example of that was the Liz Truss fiasco, which cost Scotland perhaps £6 billion, with not a word of criticism from the Conservatives.

Let us be clear: this is not just the view of the "bolshie Jock grievance-mongers", as people such as Jacob Rees-Mogg might describe us. For example, the former Labour First Minister Henry McLeish—who would, I think, be appalled at the absences on the Labour benches tonight—has branded Tory moves to curtail Scottish ministerial engagement abroad as an attack on devolution and has highlighted "the contempt, the disrespect"

and the “political control and coercion” of the United Kingdom Government. He highlighted the Scottish Government’s “absolute democratic right” to pursue international engagement, and he warned that

“This Tory government does not recognise the spirit of devolution”.

Looking at the UK Government’s intention to use a section 35 order for the first time to stop the Scottish Parliament implementing a piece of devolved legislation—one with cross-party support, and majority support from MSPs of all parties—the current Labour First Minister of Wales, Mark Drakeford, who, again, is more concerned about devolution than some members in this chamber, said that the move to block the law sets a “very dangerous” precedent, and that that could be

“a very slippery slope indeed”.

When the unelected Tory peer Lord Frost, who served as Boris Johnson’s failed Brexit negotiator, argued that “no more powers” should be given to the Scottish Parliament and that some powers should be snatched back by Westminster, there were Tory members, such as Murdo Fraser, Stephen Kerr and Donald Cameron, who is in the chamber tonight, who rightly condemned the column and sought to distance themselves from the proposals. I promised Donald Cameron that I would mention the fact that his relative Michael Ancram was one of those members who spoke up in the House of Commons against the clause that became section 35. Where is that strain of Tory these days?

The Tories now avidly support Westminster’s section 35 veto, and they frequently call on their Westminster bosses to ignore the democratic will of the Scottish Parliament. Just this weekend, it emerged that the UK Government is blocking the deposit return scheme, which was approved by the Scottish Parliament, because glass is included in it. The Welsh Government has also included glass in its scheme, and it will no doubt be told “No”, as well. The odd thing is that, as we know, the Tories here supported the inclusion of glass in the scheme. I am looking at Maurice Golden—or I would be looking at him if he was in the chamber—who, as long ago as 2019, tweeted:

“Scotland’s new deposit returns system should include glass. It’s just common sense”.

The move to block the scheme can only be a macho exercise in flexing constitutional muscle on the part of Westminster.

Britain is financially broke and constitutionally broken, but even with the limited powers of devolution, the Scottish Parliament has been able to make a difference. We have been building a fairer Scotland with the Scottish child payment,

which is the most ambitious anti-poverty measure anywhere in the UK and which increased by 150 per cent in 2022. We have been creating a healthier Scotland, with record high staff levels in our national health service—over 28,800 more staff under the Scottish National Party. We are forging forward with a greener Scotland; our climate targets, for a 75 per cent reduction by 2030 and net zero by 2045, are among the most ambitious in the world. We are supporting a smarter Scotland, with, for example, £1 billion for the Scottish attainment challenge to support our most disadvantaged children and young people. We are promoting a wealthier Scotland, with a progressive income tax system to ensure that the majority—52 per cent—of Scottish taxpayers pay less than is paid elsewhere in the UK, while delivering extra support for our public services.

That is only scratching the surface of the benefits that devolved government—and, in particular, the SNP’s policies, in my view—has brought to Scotland. I could go on and list many more, or I could highlight the ways in which Scotland is outperforming the rest of UK—for example, on teachers’ pay, police officers’ pay and crime reduction. I do not have time to list all the benefits—the list is long and impressive—but perhaps other members will pick up that baton when they speak.

The Scottish Parliament, the Scottish Government and the Scottish people need more powers, not fewer powers. The attacks by the Tories on devolution and the failure of Labour and the Liberal Democrats—I see no Lib Dem members at all in the chamber tonight—to oppose them will not be unnoticed, forgiven or forgotten by the people of Scotland.

The former Tory member of Parliament and minister Enoch Powell—not somebody whom I have ever quoted with relish—said that power devolved is power retained. The UK Government wants to go further and see Westminster’s power regained. It wants to take back control. We will not let it do that. I end with a call to members on all sides of the chamber, at least to those who are here tonight, and certainly to all those who have believed in devolution from the start and still do, to unite and repatriate the power that has been stolen from this Parliament and from the people of Scotland.

17:23

**Donald Cameron (Highlands and Islands) (Con):** It is commonplace in a members’ business debate to congratulate the relevant back bencher on securing chamber time for the debate. Such debates are often on issues that are pertinent to back benchers’ constituencies, health campaigns, or something similar. On this occasion, however, I

struggle to do so. A motion that has been signed only by SNP members and by one Green MSP tells us everything.

I have only four minutes, so I will be concise. Following all the hyperbole that we have just heard, I will address three specific issues that are mentioned in the motion.

First, section 35 is intrinsic to the Scotland Act 1998—it is part and parcel of the devolution settlement. Members cannot complain that devolution is under threat when the section at issue was explicitly included by Donald Dewar and the founders of devolution in the Scotland Act 1998 itself.

The use of section 35 in January was justified. Whatever members' views on the substance of the Gender Recognition Reform (Scotland) Bill, there is a powerful argument that the bill poses adverse consequences for UK-wide equalities policy. The SNP Government was warned about that fact during the passage of the bill. However, instead of working with the UK Government to resolve that issue amicably, the Scottish Government is heading for the courts.

Secondly, on levelling up, I have made this point previously, but I will reiterate it. At no point during the decades in which we were a member of the EU did the SNP ever complain about the EU injecting funds into local communities. However, now that the UK Government is doing the same, it is appalled. The SNP knows fine well that the devolution settlement allows direct investment from the UK Government in devolved policy areas. That is replicated in federal or quasi-federal systems across the world. Look at Australia, Canada and Germany. Far from undermining devolution, that strengthens it.

Thirdly, I have no doubt that the Sewel convention is under strain and needs rethinking, but is it on the point of collapse? We regularly pass legislative consent motions in the Parliament without a division; we did so only last week or the week before. The Scottish Government has consented to a raft of post-Brexit legislation—on fisheries and animal welfare, for example—that the UK Government has passed.

Do we still pass legislation on Scotland-only matters week after week and year after year? Of course we do, but let none of that get in the way of the predictable SNP hysteria about a constitutional crisis and loose talk about a full-frontal attack and a scorched earth policy when it comes to devolution. That is all that the SNP has left. The sound that we can hear is the noise of empty rhetoric and the resounding gong and clanging cymbal of nationalist grievance.

Does any of that help the people of Scotland? Does any of it help the person who is waiting at

the pier on Mull for a ferry that does not arrive? Does it help the teenager who has waited for months on end for a mental health appointment that does not happen? Not one bit.

If SNP members want to use members' business debate time to drag up old grievances or to put a spin on new ones, they can do so, but the voters are watching and wondering. They know that this is a tired and directionless Government that has no new ideas, even with a new First Minister. They know that the SNP, which was first elected in 2007 with so much promise and hope, has let them down in the past 16 years. They know that this Government, which controls the most powerful devolved legislature in the world, is not making full use of the powers that it already has. They know that, if the SNP concentrated on what matters to people in their everyday lives just for once, much could improve and much could be achieved. As a result, they know that, when the question about why devolution is failing is asked, the answer is to be found sitting on the benches to my right.

17:27

**Stuart McMillan (Greenock and Inverclyde) (SNP):** I first want to say to Mr Cameron that it is fair to say that the Scottish Government has not consented to every LCM.

This members' debate is timely and I thank Keith Brown for securing it, but I encourage the Scottish Government to use some of its time for a full debate on this critical issue. As Keith Brown touched on, there are no Liberal Democrats in the chamber—apart from yourself Presiding Officer, although you are clearly not speaking today.

**The Deputy Presiding Officer:** To correct the record, I am not a Liberal Democrat; I am the Presiding Officer, Mr McMillan.

**Stuart McMillan:** Okay. There are certainly no Lib Dems sitting in the chamber and that is the party that claims to defend devolution.

Every party in the Parliament has its own position on the constitution and I doubt that those positions will change any time soon. I have been an independence supporter for as long as I can remember and that will never change. It will come as no surprise that I want the Parliament to have the full range of powers of independence so that we can make a positive difference to the lives of present and future generations. Other members will disagree with my position, and that is their right, but, while we have a Parliament with limited devolved responsibilities, there should be respect for it from all quarters. However, the respect agenda that Douglas Ross previously talked about has been shredded.

More than 30 years ago, John Major used the word “subsidiarity” to help him to secure Tory support for the Maastricht treaty. Ultimately, he helped to secure enough anti-European supporters in his party by selling the message of UK decision making within the EU. Over the years, it became clear that Maastricht was never going to be enough and the internal divisions over Europe raged in the Tory party until the Brexit referendum in 2016. Since 2016, Scotland and Wales have witnessed the erosion of the already limited powers of devolution.

The Tories made many arguments against remaining in the EU, including that it was costly, centralising, undemocratic and removed decision making from the UK Parliament. They now seem to have forgotten those arguments and are effectively gaslighting the people of Scotland when we dare to make the same arguments against this failed union.

The United Kingdom Internal Market Act 2020 was always a ruse to get the Tories back into a position of control over Scotland—we could have our devolved powers as long as they agree with them.

In November 2020, at the Policy Exchange, Douglas Ross pitched his thoughts to save his union. Here are just a few of his quotes from that day:

“The UK is a partnership of nations just like the European Union”,

and

“Scotland has two governments and in contrast to international comparisons, there is no rigid hierarchy between the different tiers of government. They both have areas of responsibility and management. They both have a role.”

He also said:

“We will not strengthen the Union by turning back the clock. We will only strengthen support for independence ... the UK Government needs to do more to involve the Devolved Administrations in delivering our new international role. They will have to implement trade deals so should have a role in producing their terms. And with the end of freedom of movement we will need to see more flexibility in our immigration system to account for the needs of different parts of our country, which the Devolved Administrations are well placed to represent ... Key to this working will be a restatement of the ‘respect agenda’ in engagement and communication.”

Despite all that from Mr Ross, Scotland is now seeing an erosion of the powers of this Parliament. The UK Government is trying to turn back the clock and remove, piece by piece, the limited powers of devolution. It is not even attempting to hide it anymore. It is brazen.

Scotland has a choice to make: are we happy to be subsumed back into the pre-devolution years, where the sole decision maker comes from the

Westminster-based elite? The EU integrationism that the Tories fought against is now a UK integrationism approach to dismantle devolution. That will continue unless Scotland uses its voice to defend this Parliament and everyone who lives in Scotland.

17:32

**Collette Stevenson (East Kilbride) (SNP):** I am very grateful to Keith Brown for securing this important debate today.

This Parliament might be only 24 years old, but, in the years since 1999, Scotland has made many great strides, thanks to devolution. That includes free university tuition, building more social housing per capita than the UK Government, record high health funding, the creation of Social Security Scotland, free personal care and driving forward on fair work.

When Scotland voted for this Parliament, the Conservative Party was overwhelmingly against it. Some would argue that it has resented the existence of this Parliament ever since. I would like to think that my colleagues who have been lucky enough to be elected to this Parliament all support this institution and want—at the very least—to protect devolution. I would like to see devolution enhanced, and the clear majority of us in the chamber want to see Scotland become an independent country so that this Parliament is free from the threats of Westminster vetoes and interventions.

In recent months, we have seen a Tory Westminster Government, which has been rejected by the people of Scotland, use, for the first time ever, a section 35 order to veto legislation that was approved by more than two thirds of this Parliament. A couple of years ago, this Parliament unanimously voted to incorporate the United Nations Convention on the Rights of the Child into Scots law, but the UK Government raised a court action to stop it.

The United Kingdom Internal Market Act 2020 paved the way for a power grab on Scotland’s Parliament, and the Tories are now using it as a cover to veto another policy that was supported by a majority of MSPs: the deposit return scheme. Other countries can make such things work, even under devolution. The Tories might not like to hear that, but that is just the way it is. The state of South Australia has had a deposit return scheme for more than 45 years, although there will not be a nationwide scheme until 2030, and glass is included in the scheme there.

I should say that Labour Governments were not immune from vetoing the wishes of the Scottish people, or indeed those of their own representatives from Scotland. For example, they

ignored the democratic verdict of the people of Scotland in the 1979 devolution referendum. Nowadays, we have Keir Starmer's Labour joining the Tories as born-again Brexiteers, yet again ignoring the wishes of people in Scotland.

That pattern makes it pretty clear that, while Scotland tries to make progress within the UK, Westminster will intervene when it disagrees with policies, even though Scotland voted for the members of this Parliament and rejected the UK Government. Whether it is measures to help the environment, to make life that bit easier for minorities or even to protect the rights of our children, the UK Government has no shame and seems to veto things just because it can. That is not democracy. This Parliament is having its powers restricted.

If that is what a so-called union of equals looks like, more and more people will realise that the only way for us to ensure progress in building a fairer, greener and more prosperous country is for Scotland to become independent, so that we can chart a better path.

17:35

**Sarah Boyack (Lothian) (Lab):** When I saw Keith Brown's motion, I thought that I could predict what the debate would be like and, thus far, it has lived up to my expectations. In my view, the debate has focused on the constitution rather than on delivering for the people of Scotland.

Scottish Labour is the party of devolution. We campaigned for it, we introduced the legislation that made it a reality and we used its powers to the max from day 1.

Two decades on, we need better government—I agree with previous speakers on that—but we also need stronger accountability in Scotland. I say to my SNP colleagues in the chamber and, indeed, to the Tories that—whether it relates to our NHS, access to mental health support, the two-tier dental system, failures in educational attainment, or the delays in using our social security powers, setting up a Scottish energy company or, most recently, the DRS—the people of Scotland are clear that they want both of Scotland's Governments to work together. That is what grown-up Governments do in Europe, even when they have totally different politics. [*Interruption.*] I do not think so.

I will comment on the section of the motion with which I agree. I recognise that the Tories have put massive pressure on the devolution settlement, particularly following Brexit. Through its work, the Constitution, Europe, External Affairs and Culture Committee explained that tension and made a powerful case for change. Scottish Labour is focused on rebuilding our relations with our

European neighbours, and providing a replacement for the Erasmus scheme would definitely be a start. [*Interruption.*] No, thank you.

I, too, express disappointment about the section 35 order in relation to the Gender Recognition Reform (Scotland) Bill, because such an order was supposed to be an enabling mechanism, not a blocking mechanism. That principle was agreed by all parties. It is interesting that, in 1998, the Tories moved an amendment to the Scotland Bill to require UK ministers to publish legal advice in such circumstances. However, the UK Government has so far refused to publish its legal advice. If it did so, that would make life a little more interesting.

Collette Stevenson mentioned the DRS. The UK and Scottish Governments should have been working together quietly to carry out the necessary work to secure an exemption for the DRS under the United Kingdom Internal Market Act 2020. Single-use plastics have been exempted, for example. However, it is clear even from the Scottish Government's publications that months went by without the heavy lifting happening. Those months were wasted, and the chickens are now coming home to roost. That is not the case just for the SNP-Green Government; businesses are under massive pressure in planning ahead, and the situation is a huge disappointment for those of us who want a workable scheme. In her statement today, the Minister for Green Skills, Circular Economy and Biodiversity took absolutely no responsibility for the Scottish Government's action—or lack of it in some cases. In the past few weeks, I have met stakeholders who, despite repeated requests, have not been given the opportunity to meet the minister responsible for the scheme.

Therefore, we need to improve devolution and to have better-quality government in Scotland. Crucially, we need the UK and Scottish Governments to work together, even though they disagree with each other, for the betterment of Scotland. They should not just grab headlines by having a fight with each other. [*Interruption.*] No, thank you. I have less than a minute to go.

I totally agree with the point in the motion about the cliff edge that the Retained EU Law (Revocation and Reform) Bill would have created. I am proud of the work of that our Constitution, Europe, External Affairs and Culture Committee did to make the case for change. Labour argued strongly for a U-turn from the Tory Government, which it eventually delivered, but it took not only a lot of campaigning from us but cross-party lobbying and lobbying by businesses and stakeholders.

We delivered devolution and we appear to be the only party that is still interested in transforming

the settlement to make it work. As colleagues have said, we have been here for two decades and we need to transform the UK. On that point, I appreciate the opportunity of the debate.

We need to move power out of the centre to strengthen democracy in Westminster and Holyrood and to empower our local authorities and communities. That has not been mentioned, but it—not leaving our councils cash strapped for more than a decade without the resources to provide the basic services that our constituents need—is core to devolution. That is the transformative change that people throughout Scotland need.

We need Scotland's Governments, whether or not they agree, to co-operate where it matters in the interest of Scotland's people and businesses. We need to elect a UK Government to get on with that job and the constitutional transformation that we need, which will not be delivered by the Tories, the SNP or the Greens.

17:40

**John Swinney (Perthshire North) (SNP):** With great pleasure, I thank my friend and colleague Keith Brown for bringing this important debate to the Parliament. It is timely, given the events of the weekend and the undermining of this Parliament's legislative competence by the Secretary of State for Scotland's actions over the deposit return scheme.

I find myself as the only member of this Parliament who legislated for its establishment, having been a member of the House of Commons from 1997 to 2001. I had the privilege of listening to every debate on the floor of the house during the passage of the Scotland Act 1998. I listened to the long, long, long contributions that Mr Cameron's relative Michael Ancram made to that debate.

I also listened to contributions from the late Secretary of State for Scotland and our first First Minister, Donald Dewar, and to Henry McLeish, who did all the heavy lifting on the implementation of the act. I cannot let Sarah Boyack's speech pass without saying that they would be horrified by what has now become the Labour Party's opinion in Scotland.

I listened not only to their and Michael Ancram's contributions but those of distinguished Liberals in the House of Commons, such as Jim Wallace, Ray Michie and Michael Moore, all of whom conveyed the importance of the concept of self-government being at the heart of the project for Scottish devolution. That attitude ran through their speeches. Even though I sat there as a Scottish nationalist, I could hear in all the contributions from those Labour and Liberal members—Mr

Ancram did not take the same view—a commitment to the concept of self-government within Scotland. That is being shredded in front of our eyes.

The United Kingdom Internal Market Act 2020 and the Subsidy Control Act 2022, to mention only two acts, are devastatingly damaging pieces of legislation. They do not try to confront the concept of the Scotland Act 1998 by the front door; they do it by the back door. They use the excuse of Brexit to undermine this Parliament's legislative competence and we are now living with the consequences.

To everybody in Scotland I say that we had better wake up to what is happening to the Parliament for which we all voted in the 1997 referendum. I campaigned enthusiastically for a yes-yes vote in 1997 and that concept is being shredded in front of our eyes by a malicious United Kingdom Government. My colleagues in other parties know how seriously I take these questions. I say to them that we have to act collectively to try to resist it.

When I sat with Maggie Chapman on the Smith commission in the aftermath of the 2014 referendum, we pleaded for the cementing of the Sewel convention so that we could go further than the concept that was put on the record by Lord Sewel that the UK Parliament would not normally legislate on devolved matters in Scotland without the consent of the Scottish Parliament. We got some token words in the Scotland Act 2016 that Westminster would not normally legislate over the head of the Scottish Parliament. However, I ask members to look at what has happened since: it has happened as frequently as any statutory instrument process that goes through this building. It is now commonplace for the United Kingdom Government to ignore this Parliament's views.

That was not the settlement that was crafted in 1998 and if we do not wake up to the threat that is coming our way as a consequence of all of this, we will witness the dismantling of the effective competence of the Parliament.

I will close on one of the points that Donald Cameron made, although I apologise for mentioning him in my final minute because I should allow him the opportunity to intervene if he wishes, but he can do it some other time. Mr Cameron accused us of not making full use of the powers that are available to us. However, we did so on the deposit return scheme: the Parliament made use of the full powers that are available to us and our powers and our competence were shredded by a malicious United Kingdom Government. All parties in this Parliament need to resist that.

17:45

**Karen Adam (Banffshire and Buchan Coast) (SNP):** I congratulate Keith Brown on bringing the motion to debate this evening. I also echo the calls of my colleague, Stuart McMillan, that this should be the subject of a Government debate. We should be highlighting the issue to the Scottish people.

I draw members' attention to the silver mace that lies in front of us. Without its presence in the chamber, the Parliament cannot lawfully sit, debate or pass any legislation. Carved into the silver are the words "There shall be a Scottish Parliament". At the reopening of the Scottish Parliament in 1999, Scotland's first First Minister called the mace:

"a symbol of the great democratic traditions from which we draw our inspiration and our strength".

On the founding words of our Parliament, he said:

"Through long years ... those words were first a hope, then a belief, then a promise. Now they are a reality."

That reality, which we call devolution, has delivered us free tuition, record high health funding, a new social security system delivering 13 benefits including the Scottish child payment, free prescriptions, free bus travel for the over-60s and under-22s, free school meals for all children in primary 1 to primary 5, public ownership of ScotRail, free eye tests, free NHS dental care for under-26s, free period products for all who need them, better gender balance on public boards and world-leading climate targets. Those are just a handful of the achievements of this Parliament.

That brings me to the very purpose of the debate today. Why, after more than two decades of devolution, are we having to debate protecting it? Four minutes is nowhere near enough time for me to catalogue the litany of threats that the UK Government has made to Scottish democracy, but it is important that we remind ourselves precisely why Scotland must be vigilant to the quickening creep of authoritarianism, the on-going dilution of Scotland's powers and growing disrespect from the UK Government with regard to Scottish democracy.

We do not need to look far to find cause for great concern. Only a few weeks ago in the English council elections, local election observers claimed that more than 1 per cent of voters, half of whom appeared to be from minority ethnic backgrounds, were turned away from polling stations.

**Alasdair Allan (Na h-Eileanan an Iar) (SNP):** Does the member share my confusion that some parties in this Parliament—I am thinking of the Labour Party—seem not to be overly bothered by the issues that she raises, despite the fact that the

last time this Parliament was subjected to vetoes to its legislation to this extent, Queen Anne was on the throne?

**Karen Adam:** I agree with my colleague that it is extremely concerning and I would have hoped that colleagues across all parties would have taken it a lot more seriously by showing up in the chamber today.

Not content with restricting voting rights, the UK Government has also set its sights on other tenets of our democracy, including the right to protest. Protests that are deemed by the UK Government to be too noisy can now be shut down as a result of Tory legislation.

What does all this point to? An overbearing governing party at Westminster seeking to circumvent the foundations of democracy. Deep down, the Tories know that they are losing their grip on power and the only way that they can cling on to even the remotest suspicion of electoral success is to remove the rights of voters and restrict the voices of those who oppose them.

Although those might be shocking revelations south of the border, in Scotland we have sadly come to know all too well the dictatorial tactics of those who simply cannot accept that the Scottish people have roundly rejected their vision of Scotland at every single election for the past seven decades.

In their desperation, the Tories have turned to interfering with our democracy, through culture wars and wedge issues. They are criminalising asylum seekers who are fleeing war through the Illegal Migration Bill; they have blocked legislation that received a supermajority of support in this Parliament and that aimed to make the lives of trans people just a little bit easier; and they have blocked our efforts to tackle climate change with the deposit return scheme.

It is clear that we must not only retain the devolved powers that we already have but accelerate the pace at which we diverge and, ultimately, break away from this Westminster Government—a Government that is as morally corrupt as it is democratically bankrupt. What we need is independence.

17:50

**Maggie Chapman (North East Scotland) (Green):** I thank Keith Brown for giving us the opportunity to discuss this important issue.

Back in 2016 during the European Union referendum campaign, when Tory Brexiteers claimed that they were going to take back control, few of us thought that our Parliament would be in their sights, but that is where the disastrous Brexit project has headed. It is not enough to withdraw

from the collaborative cross-national politics of the EU; we must now also unpick the progressive politics of devolution, apparently.

Centralising power in the corridors of Westminster, where anyone can have a say as long as their pockets are deep enough and they have friends in high places, was the logical next step. We therefore find ourselves being blocked from introducing a policy—the deposit return scheme—that was once supported by all parties in this chamber and was legislated for back in 2020, before the United Kingdom Internal Market Act 2020 had passed, and which is wholly within the devolved competencies of this Parliament. It sounds absurd and, indeed, if you asked our European colleagues, for whom deposit return schemes are a long-standing part of public life, they would say that it is indeed absurd that such a constitutional crisis should be caused by a simple recycling scheme.

However, let us be honest: we all know that this is not about glass bottles or recycling; it is about the Tories' fundamental and long-standing opposition to the principle of devolution. That same principled opposition led to the section 35 challenge to the Gender Recognition Reform (Scotland) Bill. We explicitly wrote into our legislation that it would not affect the Equality Act 2010, yet that was not good enough. Making life a bit simpler for marginalised people is clearly less important to the Tories than taking back control from democratic devolved Governments.

At least the Tories have mostly been open about their opposition to devolution, so their behaviour is not entirely unexpected. Labour members, on the other hand—the self-proclaimed architects of devolution—are just sitting back and watching as the UK Government rides roughshod over this Parliament. Labour's encouragement for all sides to use a common frameworks approach to resolve the GRR dispute is utterly disingenuous, when we know that Westminster routinely bypasses those frameworks whenever that suits it.

**Keith Brown:** I thank Maggie Chapman for taking an intervention. I tried to intervene on Sarah Boyack, because I wanted to make the point that, although she is the only Labour member in the chamber, I believe her sincerity when she says that she supports devolution. That goes back to the time when I campaigned with her father and ran a marathon to raise money for a Scottish assembly, as it was called.

Is Maggie Chapman, like me, utterly dismayed that the strongest Labour voice in defence of this Parliament is the First Minister of Wales?

**Maggie Chapman:** That is pretty shocking and a betrayal of everyone who fought so hard to

ensure that Scotland had a Parliament of its own in the first place.

The current situation raises serious and fundamental questions about the future of this Parliament. I am deeply concerned that the behaviour of the UK Government and the blanket powers that it has granted itself through the United Kingdom Internal Market Act 2020 will lead us into a deadlock that will make much of this Parliament's work impossible. The Green and SNP Government has a democratic mandate to deliver the shared programme of policies on which we were elected but, as it stands, between the IMA and the ultimate veto of section 35, there is a real doubt that we will be able to make much progress that the UK Government will not try to block.

Just this week, a UK Government source told the media—not the Scottish Government—that the UK Government may withhold permission for greater marine protections, despite the fact that it is already rolling out that policy in English waters. So what will be next? Will the UK Government try to take back free bus passes from our young people because it wants a single internal market for public transport? Will it block our plans for rent controls because it puts the profit of private landlords above the right to a decent affordable home? Will it challenge our proposal to end abusive conversion practices, because that, too, would supposedly impact the Equality Act 2010?

It is increasingly clear that the Tory UK Government is on borrowed time, and it knows it. Rishi Sunak, Alister Jack and their colleagues seem determined to burn the place down on their way out. Members in this chamber, from across all parties, should unite to defend the democratic mandate of this Parliament and the democratically cast votes of our constituents, because right now devolution faces an existential threat.

**The Deputy Presiding Officer:** Before I call the next speaker, I should say that, due to the number of speakers who want to participate in the debate and given the time, I am minded to accept a motion without notice under rule 8.14.3 to extend the debate by up to 30 minutes. I invite Keith Brown to move the motion.

*Motion moved,*

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

*Motion agreed to.*

17:55

**Jim Fairlie (Perthshire South and Kinross-shire) (SNP):** I congratulate my colleague Keith Brown on lodging the motion, which so clearly identifies the assault on the powers of this

Parliament by a UK Government that is led by a party that never wanted any kind of Scottish control over Scottish affairs and which is now clearly doing everything in its power to neuter our ability to govern, as we have been asked to do, by the people of Scotland, for the people of Scotland.

Historically, the process of the attacks laid out in the motion has been in play since the leave vote in 2016, but rather than have some abstract consideration of a principle, I want to focus on one area in particular to give some context to what all of this means in reality. As important as principles are, the direct effect is more important to folk in their day-to-day lives.

As a hill sheep and cattle farmer with a diversified catering business, I was at the Royal Highland Show at Ingliston on the day that the vote to leave was confirmed. There was a palpable feeling of shock around the ground, because nobody in the farming community actually thought that it was possible. It was possible in England, but not in Scotland.

However, my concerns in this respect went back to the Scottish referendum, when my biggest fear for the farming sector was that the very strong rural voices of French and German farmers in advocating for the sector EU-wide would be lost to us, and we would then be at the mercy of a UK Government that had long espoused the theory that food was a global commodity that was easily enough acquired. Domestic production was not its priority, and the sector would be betrayed in the same way that the fishing industry was when we entered the common market.

In fact, I was so concerned that I attended the National Farmers Union autumn conference, where a certain David Mundell was the guest speaker. When I asked him where the powers over agriculture would lie now that England had overridden the people of Scotland's desire to stay in the EU, he obfuscated and said that we would now have even more powers.

When I went to the spring conference, I asked the same question of the Conservatives' Scottish leader Ruth Davidson. I have to say that she was far more ebullient, but she essentially said the same as Mundell. When, in my follow up, I asked whether the same amount of money would be available and whether the Scottish Government would have full powers over agricultural policy to deliver the needs of the Scottish people, her response was more telling. She said, "Well, he who pays the piper calls the tune." The intent was therefore clear from day 1.

Since then, we have had the New Zealand and Australia trade deals, which will harm our agricultural sector; the United Kingdom Internal Market Act 2020, which will harm not only

agriculture but, as we have heard, many other areas; and the Subsidy Control Act 2022, which will limit our powers to support sections of our community such as hill and upland farming, if the UK Government chooses to use it as it has used the UK Internal Market Act 2020. All those major issues in agriculture are tiny parts of the overall move to stifle our right as a Government and the will of our people to be governed by the people whom they elect to do so.

Devolution was designed from the start to halt Scotland's inevitable and irreversible move towards being an independent country, and now that the confidence and self-belief of the people of Scotland are becoming evident, they—the Westminster parties—are flexing their muscles to try to contain and control it. The Labour Party was always terrified of this day coming—so much so that it set the trap that is now being sprung by the Tories. The Scotland Act 1998 was Labour's method of giving what it believed was just enough power to Scotland to quell any feelings of nationalism that was not British nationalism. It was for that reason that it wrote into the Scotland Bill the clause that allowed the power over constitutional affairs to be reserved. How many people who voted in the election to establish this Parliament knew that the price that we would have to pay for that to Labour paymasters was the very inalienable right to self-determination?

It is that alone that ties the hands and makes obsolete the votes of the Scottish people when it comes to where our constitutional future lies. Those in the Labour Party are the modern sellers of Scottish rights "for English gold", in the mould so abhorrent to Burns. They were wrong to do it, and it must be reversed.

The Scotland Act 1998 should be amended to repatriate the powers of the sovereign will of the people to be exercised in the normal democratic manner by the people of Scotland alone, without needing approval from the governor general. The denial of that right to the people belies the fact that this United Kingdom is a democracy. If it is not a democracy, why should the rest of the world—or the people of Scotland—pretend that it is?

18:00

**Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP):** The Scottish Parliament reconvened on 1 July 1999, 300 years after it was abolished, as part of the process of union with England. For the benefit of the sole occupant of the Labour benches, the two occupants of the Tory benches and the deserted Liberal Democrat benches, I quote the words of Donald Dewar, who was the first First Minister:

"There shall be a Scottish Parliament. Through long years, those words were first a hope, then a belief, then a

promise. Now they are a reality. ... Today, we look forward to the time when this moment will be seen as a turning point: the day when democracy was renewed in Scotland, when we revitalised our place in this our United Kingdom. This is about more than our politics and our laws. This is about who we are, how we carry ourselves. ... The past is part of us. But today there is a new voice in the land, the voice of a democratic Parliament. A voice to shape Scotland, a voice for the future. Walter Scott wrote that only a man with soul so dead could have no sense, no feel of his native land. For me, for any Scot, today is a proud moment; a new stage on a journey begun long ago and which has no end."

I was there; I heard those lyrical words at the rebirth of this ancient Parliament.

I repeat:

"A journey begun long ago and which has no end."

Many of us were then inexperienced, taking our first steps into formalised politics and learning how to be effective—in my case, as an Opposition back bencher and committee convener.

Twenty-four years on, this Parliament has matured and defined its Scottishness, social democratic values and distinctive priorities. I am proud of free personal care, which the Labour-Liberal coalition brought in, and the SNP's minimum unit pricing, free prescriptions, concessionary fares, free childcare and the more recent child payment.

I have observed six Governments in my six sessions here. Not one of them has been perfect, but they have all been accountable at the ballot box to the Scottish electorate, which has spoken loud and clear for the second time and delivered an overall majority that is indisputably committed to Scottish independence.

Now, a Government that we did not vote for—there are only six Scottish Tory MPs to the SNP's 45—denies and even defies devolution, let alone the democratic right of the people to a referendum, as it interferes in devolved areas. What next? What will happen around, for example, nuclear power, against the will of Parliament, which controls planning law, and against the will of the Scottish people? Power devolved is, indeed, power retained; for the current Tory Government, it is power regained, which is a red alert to all who support devolution, if not independence.

We have, as a nation, travelled so far in nearly a quarter of a century, regaining our Scottish voice. The remedy lies where it must—with the Scottish people, who are sovereign, and not with Westminster. Let people use their voice loud and clear at the next election. Only independence gives them the Government and the policies that they vote for. To this chamber, that is democracy.

18:03

**The Minister for Independence (Jamie Hepburn):** I join other members in thanking Keith Brown for initiating this debate, and I agree with John Swinney that it is important to have it.

Many members—Christine Grahame, from whom we have just heard, Collette Stevenson, Karen Adam, Stuart McMillan and others—have talked about the advances that we have secured through devolution, and Maggie Chapman talked about those that are yet to come. It is important that we have this debate because, if the Scottish Parliament cannot stand up for the advances of devolution, who will? In that regard, I am very grateful to those members who have taken the time to participate.

However, I genuinely regret that participation in the debate has been limited in some quarters. In a sense, we would have expected the Tories not to have taken part in it with gusto. However, I agree with Donald Cameron, who said that looking at who signed the motion that we are debating tells us all we need to know. I could not agree more with that sentiment. That does tell us all we need to know.

The absence of Labour's participation has been more disappointing. Only one of its 22 MSPs elected to the Parliament has sought to contribute. That is no slight on Sarah Boyack. I agree with Keith Brown, who talked about her sincerity in her defence of devolution. At least she took the time to participate in the debate. However, I have to say that her sense of regret that we debate the constitution rather than how we deliver for the people of Scotland seems to be based fundamentally on a false premise, as those things are inextricably interlinked.

It is of genuine regret that not a single Liberal Democrat has participated in the debate. I say that on the basis that we can expect that from the Tories, but the Labour Party, the Liberal Democrats, the SNP and the Greens fought hard for the establishment of this institution, and we would expect those parties to stand up when threats to it have to be taken into account.

I say to Stuart McMillan that the Scottish Government would be very happy to bring forward a debate on the matter, because the issue is, sadly, unlikely to go away any time soon.

The Scottish Parliament and the Scottish Government have maintained a high level of trust and support from the people of Scotland. The latest social attitudes survey showed that three times as many people trusted the Scottish Government to work in Scotland's best interests as those who trusted the UK Government to do so.

Sarah Boyack talked about the two Governments working together. I say to her that that is not for lack of trying. I can tell her that there are many instances in which I have sought to engage with the UK Government, as have many of my colleagues. However, that is not often reciprocated.

Fundamentally, people in Scotland want decisions to be taken in Scotland, but that principle is under attack. Decisions that the UK Government has taken, especially since 2016, have highlighted the inherent vulnerability of devolved institutions within the UK's constitutional system. There have been fundamental changes in the relationships between the Governments and Parliaments at Westminster and Holyrood. As we have heard, the UK Government has undermined the Sewel convention, and it appears intent on continuing to do so. What was unheard of prior to Brexit has been normalised.

Keith Brown quoted Mark Drakeford, who is no supporter of independence for Scotland or, indeed, independence for Wales. He said:

"When it became inconvenient for the UK Government to observe Sewel, they just went ahead and rode roughshod through it."

That is not how devolution is supposed to work. As Keith Brown said, we have the absurdity of a Labour First Minister of Wales standing up for Scottish devolution more than the Scottish Labour Party is prepared to.

The UK Government is increasingly using novel methods to block some of the Scottish Parliament's legislation. It has referred the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill to the Supreme Court, and it has blocked royal assent for the Gender Recognition Reform (Scotland) Bill using parts of the Scotland Act 1998 that had not been used before. On the latter, one of our number said something to the BBC that was quite telling. They said that that move

"feels like a politically malicious act, and I think it's about time that Viceroy Jack got back in his box."

That was not said by any member of my party or the Green supporters of independence—it was said by Paul Sweeney. It would have been nice if he had been here to take part in this debate.

I will address the issue of the section 35 order, which Donald Cameron commented on. Although that may be in the Scotland Act 1998, it is meant to be used as a last resort. The UK Government has not followed the memorandum of understanding in avoiding the use of that provision through negotiation and engagement. That goes back to the point that I made about Sarah Boyack's remarks. It is not as simple as the

Scottish Government and the UK Government working together.

As we have seen with the Sewel convention, once the UK Government has set a precedent, it finds it easier to justify using a power repeatedly, to erode our hard-won settlement. Its disrespect for devolution can be seen in other ways. In relation to the Retained EU Law (Revocation and Reform) Bill, ministers received a request for legislative consent on a Friday afternoon, only to hear on the following Monday in the House of Lords that the UK Government would proceed without that consent. We can also see that disrespect through the UK Government's disregard for the mandate that the people of Scotland have given the Scottish Parliament to hold an independence referendum. Again, the UK Government's convenience supersedes Scotland's democratic principles.

That dismissive approach to devolution and democracy has already had real-world effects. The United Kingdom Internal Market Act 2020—which was imposed on Scotland—demonstrates how damaging overriding the Scottish Parliament can be to the devolution settlement. We have seen what has happened in respect of the deposit return scheme. On the notion that the two Governments should work together, there have been attempts over the past two years to engage to try to secure that arrangement. On Friday night, the UK Government made an 11th hour attempt to sabotage that scheme, which we have legislated for.

The 2020 act has also given UK ministers new powers to spend directly on devolved services in Scotland. That is similar to the Levelling-up and Regeneration Bill. In relation to levelling up, I thought that Donald Cameron was either ill informed—although I have never found him to be a man who is ill informed—or disingenuous when he suggested that the Scottish Government has never complained about the EU providing funding for the people of Scotland. The key difference, which he knows, is that that funding was provided via the Scottish Government, which enabled a coherent policy approach, rather than via a UK Government that is riding roughshod over the elected Government of Scotland.

That is not what the people of Scotland voted for, which is why we need to take another constitutional path. The Scottish Government remains committed to the belief that decisions about Scotland are best made by the people who live in Scotland. Although we will always stand up for the gains made by devolution, the process of its erosion by Westminster underlines its limitations. Only independence would secure Scotland's democratic future, whereby decisions

about Scotland are taken by the people who live here through this elected Scottish Parliament.

*Meeting closed at 18:12.*

**The Deputy Presiding Officer:** That concludes the debate. I close this meeting of Parliament.



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

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