



OFFICIAL REPORT
AITHISG OIFIGEIL

Meeting of the Parliament

Tuesday 4 June 2024

Session 6



The Scottish Parliament
Pàrlamaid na h-Alba

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Tuesday 4 June 2024

CONTENTS

| | Col. |
|--|-------------|
| TIME FOR REFLECTION | 1 |
| TOPICAL QUESTION TIME | 3 |
| European Union Funding (Investment Projects) | 3 |
| Household Waste Recycling Target | 6 |
| CHILD POVERTY | 10 |
| <i>Statement—[Shirley—Anne Somerville].</i> | |
| The Cabinet Secretary for Social Justice (Shirley-Anne Somerville) | 10 |
| SOCIAL SECURITY (AMENDMENT) (SCOTLAND) BILL: STAGE 1 | 22 |
| <i>Motion moved—[Shirley—Anne Somerville].</i> | |
| The Cabinet Secretary for Social Justice (Shirley-Anne Somerville) | 22 |
| Collette Stevenson (East Kilbride) (SNP) | 25 |
| Jeremy Balfour (Lothian) (Con) | 27 |
| Paul O’Kane (West Scotland) (Lab) | 29 |
| Maggie Chapman (North East Scotland) (Green) | 32 |
| Bob Doris (Glasgow Maryhill and Springburn) (SNP) | 33 |
| Miles Briggs (Lothian) (Con) | 35 |
| Marie McNair (Clydebank and Milngavie) (SNP) | 37 |
| Carol Mochan (South Scotland) (Lab) | 39 |
| John Mason (Glasgow Shettleston) (SNP) | 40 |
| Maggie Chapman | 42 |
| Paul O’Kane | 43 |
| Roz McCall (Mid Scotland and Fife) (Con) | 45 |
| Shirley-Anne Somerville | 47 |
| SOCIAL SECURITY (AMENDMENT) (SCOTLAND) BILL: FINANCIAL RESOLUTION | 50 |
| <i>Motion moved—[Shirley—Anne Somerville].</i> | |
| HEALTH AND SOCIAL CARE | 51 |
| <i>Motion moved—[Neil Gray].</i> | |
| <i>Amendment moved—[Sandesh Gulhane].</i> | |
| <i>Amendment moved—[Jackie Baillie].</i> | |
| The Cabinet Secretary for Health and Social Care (Neil Gray) | 51 |
| Sandesh Gulhane (Glasgow) (Con) | 56 |
| Jackie Baillie (Dumbarton) (Lab) | 60 |
| Gillian Mackay (Central Scotland) (Green) | 62 |
| Alex Cole-Hamilton (Edinburgh Western) (LD) | 65 |
| Jackie Dunbar (Aberdeen Donside) (SNP) | 68 |
| Sue Webber (Lothian) (Con) | 70 |
| Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP) | 72 |
| Elena Whitham (Carrick, Cumnock and Doon Valley) (SNP) | 75 |
| Carol Mochan (South Scotland) (Lab) | 77 |
| Ruth Maguire (Cunninghame South) (SNP) | 79 |
| Gillian Mackay (Central Scotland) (Green) | 81 |
| Paul Sweeney (Glasgow) (Lab) | 83 |
| Tess White (North East Scotland) (Con) | 86 |
| Neil Gray | 89 |
| BUSINESS MOTION | 94 |
| <i>Motion moved—[Jamie Hepburn]—and agreed to.</i> | |
| MOTION WITHOUT NOTICE | 95 |
| <i>Motion moved—[Jamie Hepburn]—and agreed to.</i> | |
| DECISION TIME | 96 |
| CHILD SAFETY WEEK 2024 | 103 |
| <i>Motion debated—[Clare Adamson]</i> | |
| Clare Adamson (Motherwell and Wishaw) (SNP) | 103 |
| Roz McCall (Mid Scotland and Fife) (Con) | 106 |
| Jackie Dunbar (Aberdeen Donside) (SNP) | 107 |

Martin Whitfield (South Scotland) (Lab) 109
Bob Doris (Glasgow Maryhill and Springburn) (SNP) 110
The Minister for Children, Young People and The Promise (Natalie Don)..... 111

Scottish Parliament

Tuesday 4 June 2024

[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 Dr Joe Morrow.

Dr Joseph J Morrow: I am very honoured to be with you in our Parliament today. On 31 May at 12 noon, in full regalia—not a suit like this—I stood and made the proclamation for the dissolution of the Westminster Parliament. I realised that many people, including you, would now be entering a concerted effort to get their views over to the public. Today, I have this wonderful opportunity to get a view over to you. In the midst of that, I say on behalf of many people in Scotland that we are thankful for the work that this Parliament does and we wish you all well with the work that goes on. I come across a great deal of people in Scotland who are very impressed by the work of this Parliament.

Let me take you to a historic house near Dunfermline where, on 24 May, I went to celebrate young talent and their voluntary service and skills. I was in full uniform—not in this dull, striped suit, but in a big, red coat with lots of braid and gold. The young people, whose talents were magnificent—they were really talented young Scots and all under the age of 12—were very keen to know all about my uniform, and they talked very freely about it. They asked me all sorts of personal questions, which I think that we have to answer with candour when we are with young people, being as truthful as we can be.

In the middle of that, they asked me what my favourite musical group was. My answer was quite easy, because I am a product of the 1970s and 1980s, and I sprung up with it: ABBA. Next thing, I was asked what I would look like if I was in a disco, dancing to ABBA with my uniform on. I think that, with a disco ball going, I would have been the queen of the show, in terms of what went on.

It reminded me not only of my love of that music but of the fact that we can learn lessons in the least expected places. In one of the films based on ABBA's music, "Mamma Mia! Here We Go Again", there is a wonderful phrase: "There's no point in climbing a ladder if it's on the wrong wall." That is important for all of us.

Part and parcel of our whole concept of how we serve, particularly for me, is the need to get it right. Scotland will benefit from all of us working together to be on the right wall, and that involves something that I hold dear—the emergence of a real sense of what the values of Scotland are: leadership throughout the whole community, diversity and, above all, tolerance. The young people celebrated their talents with me—there was a piper, a reciter, a pianist and a harpist, all under 12—and we celebrated the values of service and hard work. So, please, work on your leadership and on keeping the ladder on the correct wall.

One of the most distressing things for me as an individual, and not because I am a softie, is to be placed in a situation where there is polarised activity. There is sometimes a lazy polarisation in how we tackle the hard jobs. I encourage you, in your wonderful jobs and in this wonderful Parliament, not only to look day by day at the demands that are placed on you and to keep the ladder on the correct wall, but to not be tempted to fall into lazy polarisation. Keep the values of inclusivity, integrity and hard work in all that you do, and from that will come the blessings of a healthy community. Thank you.

Topical Question Time

14:05

European Union Funding (Investment Projects)

1. Liz Smith (Mid Scotland and Fife) (Con):

To ask the Scottish Government for what reason it has reportedly not allocated £450 million of available European Union funding for investment projects in Scotland. (S6T-02023)

The Deputy First Minister and Cabinet Secretary for Economy and Gaelic (Kate Forbes): That allegation is simply wrong. The programme is not yet complete. By the end of the programme, most of the funding will be spent. The claims that other parts of the United Kingdom will achieve specific levels of spend are also wrong, because their schemes have not closed either. We do not expect Scotland to be markedly different from the level that was achieved in previous schemes.

Liz Smith: I am interested in the Deputy First Minister's response, which is the same response that the First Minister provided: that EU funds will be spent by the Scottish National Party Government in the future. However, according to EU data, the Scottish Government has already returned an unspent €199 million to the fund, and reports are that it is struggling to spend the other €331 million. Does the Deputy First Minister understand why those in local government—who are running enterprise and investment programmes and our cash-strapped public services—are so angry?

Kate Forbes: No. Liz Smith's question fails to understand how the scheme operates, which is through the Scottish Government paying out funds at its own risk then claiming reimbursement from the European Commission. The idea that the Scottish Government is sitting on lots of money, which it will return, completely fails to understand how the scheme operates. Even when the scheme was suspended, the Scottish Government still paid money to partners, so there was no point at which partners have not been able to claim the money from the Scottish Government, which then claims reimbursement.

Liz Smith sits on the Finance and Public Administration Committee, so she will understand how outturn data works. There is no outturn data. When it is published, it will be provided to the Finance and Public Administration Committee very shortly after it is provided to the Scottish Government.

There has been no conclusion to the scheme. It will continue, and we will endeavour to spend as much of it as possible. Sixty per cent of the

allocations are being made to local government. The rest is allocated largely to non-departmental public bodies such as NatureScot and Skills Development Scotland. There are close relationships in that. We will continue to provide that money to partners at our own risk then claim reimbursement from the European Commission, which is the way that those schemes have operated for years.

Liz Smith: The Deputy First Minister says that she will try to spend the money. Surely that money was available previously, so it should have been earmarked for spending that would help the Scottish budget.

In her recent budget statement, the finance secretary said:

“Quite simply, we cannot spend money that we do not have”.—[*Official Report*, 19 December 2023; c 19.]

Does the Deputy First Minister agree with the finance secretary? The Government had that money, which could have been spent on urgently required investment.

Kate Forbes: It is being spent. We have until 2025 in which to continue to spend it. It is being spent currently, it will continue to be spent and there has been no point at which it has not been being spent. We will continue to maximise the funding that is available.

I have looked closely at the source of the figures that were reported—I have looked at the European Commission's open data portal—and cannot in any way that is based on that data arrive at the £450 million that was quoted.

The point is that we are maximising the funding that is available. Liz Smith's party is stripping all EU funding from Scottish communities. For as long as the scheme exists, we will maximise the funding that is available. Many thousands of people, businesses and communities in Scotland have already benefited, and will continue to benefit until the scheme closes next year.

Kenneth Gibson (Cunninghame North) (SNP): In October 2021, Michael Gove awarded £23.7 million in levelling-up money—a partial replacement for EU funding—to upgrade the B714, which is a strategic necessity. Two weeks ago, I met him to point out that neither the funds nor the inflationary increase to deliver the project—in common with 60 of 71 projects across the UK—had been delivered, and Mr Gove is now retired as an MP. Will the Scottish Government press an incoming Government to honour the levelling-up commitments that were made to deliver on essential strategic projects that the outgoing UK Government promised?

Kate Forbes: We will, of course, press the incoming UK Government—whatever the party—

to honour its levelling-up commitments. However, as Mr Gibson said, levelling-up was “a partial replacement for EU funding”, and neither of the parties that are most likely to form the next UK Government want to return us to being able to benefit from that EU funding.

Michael Marra (North East Scotland) (Lab): Audit Scotland confirmed that access to the funds is available until the end of June 2024. According to the EU’s cohesion open data platform, the SNP has 27 days to spend €280 million. Even by its own standard of fiscal incompetence, that is chaos.

The SNP’s initial budget has already been reduced by €72 million due to—by the SNP’s own admission—lack of demand or lack of ability to spend it. If the Deputy First Minister does not recognise the figure of £450 million, what is her figure for the underspend? Was funding for programmes fully matched by public bodies, or were the cuts that were made by the Government multiplied? Will the Government supply the full figures at the end of June?

Kate Forbes: Much like Liz Smith did, the member fails to understand how the scheme works. When partners receive money from the Scottish Government, the Scottish Government allocates the funding and then claims reimbursement. Therefore, the risk sits entirely with the Scottish Government. It is not the case that grant funding comes to the Scottish Government and then is allocated by the Scottish Government. I appeal to members across the chamber to understand how the scheme works.

The final expenditure figures will not be known until 2025. Yes, they will be published. In fact, they will be published openly and transparently, and they will reveal to Scottish people just how much money they have benefited from by being associated with the European Union. The Scottish people will also realise how disappointing it is that no party that is likely to form the next UK Government—including the Labour Party—will in any way restore that funding to them.

Gordon MacDonald (Edinburgh Pentlands) (SNP): It is welcome that the Deputy First Minister has confirmed that the Scottish Government’s expectation is that most of the funding will be spent by the time that the programmes conclude. Can the Deputy First Minister say any more about the projects that those EU investment funds have supported in Scotland to date? Does she share my concern that the UK Government’s replacement funding programmes fall far short of the EU funding that was lost to Scotland after Brexit?

Kate Forbes: The member’s last point is indisputable.

Hundreds of projects across Scotland were supported by the last programme of European structural funds, and if we go all the way back to when they started in 1973—because that is how long benefit has been flowing to the Scottish people—we can see thousands of programmes.

In the Highlands, there are new enterprise hubs, such as the rural and veterinary innovation centre. The funding has also supported children with foundation, modern and graduate apprenticeships. On our climate change objectives, the programmes have helped with electric vehicle charging points and active travel schemes. There is also free advice and support for businesses and small and medium-sized enterprises across Scotland because of the programmes.

I hope that members can unite in recognising how critical the funds have been not only to their own constituents, but across Scotland. It remains a matter of sadness that UK Government’s replacement funding, such as the shared prosperity fund and the levelling-up fund, is not a like-for-like replacement.

Household Waste Recycling Target

2. Martin Whitfield (South Scotland) (Lab): To ask the Scottish Government whether it remains its position to have a target of 60 per cent of household waste recycled annually by 2020, in light of reports that the target is being dropped. (S6T-02027)

The Cabinet Secretary for Net Zero and Energy (Màiri McAllan): Scotland recycled 62.3 per cent of all its waste in 2022, which is the most recent year reported on. That is the highest level since records began. To reassure Mr Whitfield, I want to be clear that we are not dropping targets. Reports to the contrary are inaccurate. The Circular Economy (Scotland) Bill, which is passing through Parliament, and the draft circular economy and waste route map set out the measures that we intend to take to improve and modernise local recycling services and to drive up reuse and recycling rates. That includes a commitment, which is in line with advice from the United Kingdom Climate Change Committee, to set new circular economy targets from 2025 so that they are future proofed, support our work to tackle the climate emergency and help us to measure progress on reducing emissions.

Martin Whitfield: I am glad that we are not dropping targets but, in the face of the unknowns that have added instability to the industry—the moving targets, the proposed deposit return scheme and the bill’s provisions—how will the Government support our local authorities, which are at the forefront of delivering household waste recycling, to increase recycling levels?

Màiri McAllan: I am pleased to be able to address that important question head on. Co-designing our approach to improving reuse and recycling with local authorities, businesses and communities has been absolutely central to the Government's position. That has been backed up by funding support: the £70 million recycling improvement fund has already supported 25 councils to reduce waste and increase their recycling rates. The bill and the route map set out new powers and actions, including working with local authorities and households to design new statutory standards for recycling across Scotland. We will continue to work with partners in pursuit of that aim.

Martin Whitfield: One concern was that we were discussing targets that were due to be hit in 2020. National household recycling rates in Scotland have flatlined for a decade. In contrast, Wales has made steady progress and has raised its household recycling rate to a national average of 65 per cent. Its target, which is 70 per cent by next year, is expected to be met. Where is the Scottish Government's ambition and where is its drive? When will it set its sights on raising our recycling rates, which will address our problems in relation to the climate and the economy? When will the Government, for once, do the right thing?

Màiri McAllan: The ambition is there in the draft route map, the bill that is currently passing through Parliament, and the investment to support those interventions through the £70 million recycling improvement fund that I mentioned. The overall recycling rate in Scotland is at its highest since reporting began in 2011. However, we recognise that much has changed since then—not least the confirmation of a climate emergency—and so our targets should be updated, in particular on separate waste streams and carbon accounting, as per advice from the Climate Change Committee. I am pleased with the consensus that has dominated the passage of the Circular Economy (Scotland) Bill, which I hope will continue.

Maurice Golden (North East Scotland) (Con): The cabinet secretary mentioned the carbon metric, guidance on which was published on 15 March 2011. It said:

“The Scottish Government intends to use the metric to assess recycling performance for Scotland.”

What has the Scottish Government been doing for the past 13 years?

Màiri McAllan: I am happy to set out the progress that we have made against many of our targets for improving reuse and recycling in Scotland. As I said earlier, in 2022 the overall recycling rate was 62.3 per cent, which is the highest since reporting began. Official statistics

show that we now send to landfill less than a quarter of all our waste: 23 per cent, which is the lowest level on record. The total amount of waste that goes to landfill in Scotland has nearly halved over the past decade. We have also now met our target to reduce total waste arising by 15 per cent against 2011 levels for two years in a row. To top all that off, in 2021 the waste sector's carbon emissions were 76 per cent lower than the 1990 baseline. I recognise that as progress. I hope that Maurice Golden will, too.

Bill Kidd (Glasgow Anniesland) (SNP): The Scottish Government has been ambitious in its plans for a circular economy. It has taken action on problematic items to help tackle throwaway culture, and it is already introducing a ban on many single-use plastic items; most recently, it has taken action to ban disposable vapes. However, it is clear that the pandemic impacted household recycling rates. Can the cabinet secretary detail how the Circular Economy (Scotland) Bill will help us to meet our ambitions in that regard?

Màiri McAllan: The contributions from Mr Kidd and from members on all sides of the chamber make it clear that we have to make the circular option the easiest for Scottish households and our communities, and that the Government and local authorities must work together in pursuit of that aim.

That is why the Circular Economy (Scotland) Bill gives ministers and local authorities the tools that we need to help Scotland to achieve that transition. The bill will support local authorities, businesses and householders to co-design recycling services to create more consistency across Scotland. It will make a number of other interventions, not least by providing powers to bring in charges for specific throwaway single-use items and restrictions on the disposal of unsold goods.

Sarah Boyack (Lothian) (Lab): Given the importance of reducing waste in our communities and—as the cabinet secretary said—tackling our climate emergency, do we need the Scottish Government to redouble its efforts to support our councils as they co-design to deliver on the new targets that will come in next year? Welsh local authorities have received £1 million over the past decade, which is why they are now world leading in delivering on reducing waste in their communities.

Màiri McAllan: I absolutely accept the premise of Sarah Boyack's point: that funding behind ambitious Government proposals is essential. I point again to the £70 million recycling improvement fund, which—as I said in response to an earlier question—has already supported 25 councils across Scotland to reduce waste and

increase recycling rates. I have also given an on-going commitment to close working between the Scottish Government and our local authority partners on the implementation of what is a very ambitious piece of legislation.

Liam McArthur (Orkney Islands) (LD): A ban on biodegradable municipal waste entering landfill is planned from 2025, yet a Government-commissioned report has confirmed that Scotland will not have the capacity that is needed to manage the waste without landfilling.

The former Minister for Green Skills, Circular Economy and Biodiversity repeatedly refused to answer this question. Can the cabinet secretary now say whether she expects Scottish waste to be exported for landfill in England when the ban comes into force next year?

Màiri McAllan: The point is well made by Liam McArthur. First, it is important to point out that in the past decade, from 2012 to 2022, the amount of waste sent to landfill in Scotland nearly halved. That has been pursued alongside changes that we have sought to make in incineration; the balance there has to be managed carefully.

On the specific point that Liam McArthur raised, I know that the Minister for Climate Action, Gillian Martin, is considering the matter carefully, and is engaging with colleagues on all sides of the chamber as we move to stage 3 of the Circular Economy (Scotland) Bill. I will ask that she engages with Liam McArthur on that point, if she has not done so already.

The Presiding Officer: That concludes topical questions.

Child Poverty

The Deputy Presiding Officer (Liam McArthur): The next item of business is a statement by Shirley-Anne Somerville on the tackling child poverty delivery plan annual progress report for 2023-24. The cabinet secretary will take questions at the end of her statement, so there should be no interventions or interruptions.

14:24

The Cabinet Secretary for Social Justice (Shirley-Anne Somerville): Eradicating child poverty is this Government's defining mission. As the First Minister has made clear since his appointment in May, our ambition is not to tackle or reduce child poverty but to eradicate it completely. There will never be an acceptable number of children in poverty.

Today, I have published the Scottish Government's annual progress report on child poverty for 2023-24. It reflects the latest update in the implementation of "Best Start, Bright Futures: Tackling Child Poverty Delivery Plan 2022-2026" and the latest data on poverty levels, which we published in March. The Poverty and Inequality Commission has also published its annual scrutiny, for which I am grateful. We will give careful and on-going consideration to its recommendations.

Our ambition to eradicate child poverty requires each and every one of us in the chamber to work together, because, when it comes to tackling poverty, which is something that we should all have common cause and common purpose in, the past year has been one of considerable challenge. Families have continued to experience the devastating consequences of 14 years of austerity, Brexit sending prices soaring and the United Kingdom Government's economic mismanagement and harmful welfare policies. The costs of essential goods are still much higher than they were three years ago and continue to rise.

Although the Scottish National Party Government is pulling out all the stops to protect people from cruel Westminster decisions, our powers remain severely limited. We are acting with one hand tied behind our back, which prevents us from investing as much as we would like in our vital public services and going further with anti-poverty measures. Against the most challenging financial settlement under devolution, this Government is delivering almost £3 billion to support people through the cost of living crisis and £134 million in 2024-25 to combat Westminster austerity through mitigations.

Our support for children in low-income households has continued to rise, increasing to

almost £1.4 billion in the past year. To put that in context, it is more than two and a half times the amount that we invested in 2018-19, which was the first year following the passing of the Child Poverty (Scotland) Bill.

Let me be very clear. When we choose to invest, our support is consistently undermined by Westminster's punitive policies. When we choose the Scottish child payment, the UK Government chooses a two-child cap. When we choose to roll out the carer support payment, the Department for Work and Pensions forces carers to repay £250 million. When we choose to deliver the independent living fund, the UK Government plans a £4 billion cut to welfare support.

Options were limited when our budget for 2023-24 was slashed by the Tory Government. The block grant was worth 4.8 per cent less than it was in 2022-23, when the budget was set. As such, we have had to make difficult decisions to prioritise our limited resources where they can have the greatest impact.

Today's report also presents the latest data on child poverty relating to 2022-23. Poverty levels are considered to be broadly stable when looking at a three-year average, with levels remaining above the interim targets that were set. Although single-year figures show a rise in child poverty across three measures, including relative poverty, it is important to note that those figures do not yet capture the full impact of the expansion of the game-changing Scottish child payment and its increase to £25 per week from November 2022.

We know that our action is making a difference. Modelling that was published in February estimates that our policies will keep 100,000 children out of relative poverty this year, with levels of relative poverty 10 percentage points lower than they would otherwise have been.

This year's annual progress report on child poverty marks the mid-point of "Best Start, Bright Futures". Of the 108 actions reported on, 60 are complete or are delivering at scale, which is an increase of 20 on the same time last year. A further 34 actions are in progress and nine are in the early stages of development. Over the past year, our policies have continued to make a real difference to people's lives.

Throughout 2023, the SNP Government continued to provide immediate support through the likes of our game-changing Scottish child payment, awarding almost £430 million to families. More than 329,000 children had benefited from that unique Scottish support as of 31 March this year.

Having already increased our Scottish child payment in value by 25 per cent from November 2022, we increased the value of all other benefits

by 10.1 per cent from April 2023, ensuring that families keep their real-terms buying power. Of course, our Scottish child payment is part of a wider package that includes the three best start grants and best start foods, which, since launch, have provided more than £829 million in vital financial support at key moments in a child's life. In Scotland, there is no cap on the number of children in one family who can receive those payments—and, under an SNP Government, there never will be.

As a result of our decisions to protect the most vulnerable, our total investment in social security benefits and payments increased to an estimated £5.3 billion in 2023-24. That is over £890 million more than is received from the UK Government for social security.

We continue to build on the progress to date. In February, we widened eligibility for best start foods. We removed income thresholds from qualifying benefits so that an estimated 20,000 more children and pregnant women can benefit. We published new guidance to support local authorities in continuing to mitigate the benefit cap as fully as possible within the scope of devolved powers. It has been estimated that that will help more than 2,500 families with more than 8,900 children. Almost three quarters of those families are lone parent families.

Investment in front-line no one left behind employability services continued to grow, with more than 4,700 parents receiving support between April and December 2023. We continued to work to develop a system of school-age childcare to benefit around 4,400 children and support more parents to access employment. That is on top of continuing the provision of free bus travel for 727,000 children and young people.

In recognition of the importance of warm and affordable housing as the foundation for family life, we delivered a further 6,045 affordable homes across Scotland between April and December 2023, of which 4,358 were for social rent.

We have also continued our work that is focused on delivering transformational change in the longer term, including through our continued investment in the whole family wellbeing programme and through our place-based collaborations in Glasgow, Dundee and Clackmannanshire.

The First Minister has made it clear that eradicating child poverty is the Government's driving mission. In the year ahead, we will unashamedly and relentlessly focus on delivering on existing investments as well as taking new steps on change required. Our action is underpinned by our progressive approach to taxation and strengthened by the Verity house

agreement, which cements tackling child poverty as one of three strategic priorities with our local authority partners.

The report that was published today sets out priority actions that we will take to drive forward progress in eradicating child poverty, with further action to be set out in our forthcoming programme for government. However, we have already outlined some key steps.

Responding to the calls of the Aberlour Child Care Trust children's charity and others, we have announced the opening of a £1.5 million fund that is focused on removing the burden of school meal debt from families. We have committed £16 million across this year and next year to expand access to childcare services within six early adopter community projects. That supports the development of local childcare systems that are designed to meet families' needs.

The budget challenge that was faced last year has meant that it has not been possible to invest in all the action that we would have wished to invest in, and, with the UK Government's spring budget delivering yet another hammer blow to Scotland's finances, our policy ambitions face real challenges.

Last month, the Government declared a housing emergency in Scotland. Although we continue to do everything that we can within devolved powers to address levels of homelessness and deliver the supply of social and affordable housing, the reality of an almost 9 per cent cut to Scotland's capital budget coupled with the impact of high inflation and Brexit is hampering our housing sector.

We have pledged to work constructively and in good faith with the UK Government and local authorities across Scotland to consider what more can be done. However, as a first step, an incoming UK Government must commit to reversing the cut to Scotland's capital budget.

The challenges go deeper. Labour's shadow health secretary, Wes Streeting, has said:

"all roads ... lead back to Westminster".

Last month, the First Minister wrote to Sir Keir Starmer and called on him to commit to working with us in our ambition to eradicate child poverty, because the reality is that every progressive measure that is put in place in Scotland simply cannot go on being cancelled out by punitive Westminster welfare policies. We need the next UK Government, of whatever colour, to reset relations on welfare, to be bold, and to take early action to match Scotland's ambition. That includes making key changes to welfare policies, such as by introducing an essentials guarantee and abolishing the two-child limit, which could lift an

estimated 40,000 children in Scotland out of poverty overnight.

Eradicating child poverty is a moral imperative and an economic necessity. Our actions are making a difference, with modelling estimating that 100,000 children will be kept out of poverty this year through our policies. However, we must continue to go further and faster to deliver the change that is needed ahead of 2030.

The Deputy Presiding Officer: The cabinet secretary will now take questions on the issues raised in her statement. I intend to allow around 20 minutes, after which we will need to move on to the next item of business.

Miles Briggs (Lothian) (Con): I thank the cabinet secretary for advance sight of her statement.

We all agree that the levels of child poverty in Scotland remain stubbornly high. That is why, across Parliament, we have all supported actions and policies to help to direct support. As the cabinet secretary mentioned, the Scottish Government has declared a housing emergency, but I am disappointed that the statement contains very little reference—in fact, no reference—to the fact that, under the SNP Government, record numbers of children are trapped in temporary housing. The latest statistics suggest that almost 10,000 children are living in temporary accommodation across Scotland, with the most recent figures showing an increase of 735—8 per cent—on the previous year. That is a national scandal, on which ministers are failing to achieve any progress. Average temporary accommodation stays in most local authorities now exceed 100 days, the number of children in temporary accommodation is at a record high, and the SNP Government has cut the overall housing budget.

One aspect that the cabinet secretary did not mention is where local authorities are struggling to achieve any action. Why are local authorities saying that they cannot deliver their statutory duties because of this Government?

Shirley-Anne Somerville: I thank Miles Briggs for the question. I hope that there is an opportunity for us—albeit perhaps not today—to come together and achieve some consensus on how we tackle child poverty. I would have hoped that that consensus would include the fact that we cannot have a 9 per cent cut to the capital budget and a reduction of almost 60 per cent in financial transactions for 2024-25 and not see an implication for how we would like to spend our money. I would be more than happy to work with Miles Briggs and others on what the Scottish Government is doing, but we have to see that financial context.

I also point out to Miles Briggs the money that we have to take out of our budget to mitigate Westminster welfare policies, including the £90 million in discretionary housing payments to mitigate the UK Government's bedroom tax and the benefit cap. I would love to be able to have a conversation with Miles Briggs about what other anti-poverty measures we could implement with £90 million if we were not mitigating Westminster.

I say to Miles Briggs, and indeed to everyone else who will be taking part from the Conservative and Labour parties, that my door is open to hear how they would wish to spend the money. I wish and I hope that they can collaborate with the Scottish Government to ensure that there is an end to the cuts in our budget, both capital and revenue.

Paul O'Kane (West Scotland) (Lab): I thank the cabinet secretary for advance sight of her statement.

When Scottish Labour left office in 2007, we had brought down relative child poverty after housing costs, from 31 per cent to 24 per cent, and the previous UK Labour Government lifted 1 million children out of poverty. After 17 years of an SNP Government since then, the relative child poverty rate is still at 24 per cent—it is static—yet the figures appear to be hailed as a success in today's statement. That is a particular indictment on the party in government, which has made a virtue of bold rhetoric on eradicating child poverty, yet has failed to make progress under successive leaders.

Members will not hear any complaint from me on the point that the Tories have been a disaster for working families. It is clear that people will have a chance to pass their verdict on the Tory Government in a number of weeks, but the Scottish Government must answer for its policies here today.

The number for in-work poverty has risen from 51 per cent to 70 per cent in the past 17 years. Would the Government therefore recognise that we need a new deal for working people? We need to make work pay. We need to ensure that people have their rights at work, so that we can lift more children out of poverty. On the poverty targets, which I did not hear very much about from the cabinet secretary today—

The Deputy Presiding Officer: Briefly.

Paul O'Kane: Are those targets non-negotiable? Is the cabinet secretary still committed to meeting those child poverty targets?

Shirley-Anne Somerville: On the poverty targets, yes—we are absolutely committed to the interim targets and the final targets.

Again, I offer to work with Paul O'Kane and the Labour Party. With the greatest of respect,

however, there are trade unions that now have the fear that Labour is backing away at a UK level about its fair work policies, because it is tacking to the right. Rachel Reeves and others continue to insist that they will hold to the fiscal plans of the Tories.

With the best will in the world, I am not entirely sure what the change will be, because if any new Labour Government is not going to show up with an emergency budget with some real change in it, the Scottish Government will once again be protecting families here in Scotland while Labour does nothing.

I am afraid that, as night follows day, every Labour Government is followed by a Conservative Government. Mr O'Kane might wish to go back to the past, when Labour was last in charge. However, after that period, we then had austerity, Boris Johnson and Liz Truss. We need independence in order to make a real difference in tackling child poverty.

The Deputy Presiding Officer: For the remainder of this item, I ask that members listen to the questions and the responses with equal respect.

Bob Doris (Glasgow Maryhill and Springburn) (SNP): The Social Justice and Social Security Committee has heard that those living in persistent or deep poverty have been helped greatly by the Scottish child payment, but it has also heard that that is not necessarily being monitored. Given that the Joseph Rowntree Foundation has indicated that, at a UK level, millions of people are in poverty and that millions more are teetering on the brink, does the cabinet secretary agree that it is important that the Scottish Government gathers the evidence base on the positive impact of the Scottish child payment to inform the tackling child poverty delivery plan? Does she agree with those who have suggested that a comparative UK study into tackling child poverty would also be welcome?

Shirley-Anne Somerville: Bob Doris raises an important point. We have heard directly from families, and I hear on the visits that I attend—in fact, the First Minister and I were at a nursery in Bonnington this morning—about the difference that the Scottish child payment and other policies have made.

However, we know that it is important that we look at that independently and using academic sources. I am pleased that, for example, Professor Danny Dorling is demonstrating through his work the real difference that the Scottish child payment has made. He has said that it is one of the biggest changes in tackling child poverty in Europe in the past 40 years.

We would very much welcome independent analysis of the impact of the Scottish child payment, so that we can show the UK Government, of whatever persuasion, that impact in the hope of demonstrating to it why it should be following our lead.

Roz McCall (Mid Scotland and Fife) (Con): The cabinet secretary will be aware that supporting more parents to access employment is a tried and tested route out of poverty, but it is sadly lacking from the statement, with only a brief comment about employability services, which this Government has cut to the tune of £53 million. I note the single line on school-age childcare and young people's bus travel. Based on the cabinet secretary's recent press release in the *Dunfermline Press*, she is well aware of the limitations of suitable transport to our colleges. With funding cuts to colleges and reduced courses, and now the possible closure of the University of the Highlands and Islands' Perth nursery, how can the Scottish Government claim to be eradicating child poverty when it will not address the three barriers to parental employment?

Shirley-Anne Somerville: It was only a 10-minute statement, so I am more than happy to go into detail in a future meeting with Roz McCall about the work that we are undertaking on employability, fair work and early learning and childcare. The member is absolutely right to point out that we need to support families not just through social security, important though that is; we also need to ensure that people are supported to get into the labour market, and, when they do so, that they have work that pays the real living wage.

With the best will in the world, that is the second Conservative MSP to take part and I have already been asked to spend more on housing, further education and transport. I will endeavour to get back to every MSP who wants me to spend more money, and I look forward to working with them in the run-up to the next budget about how we take up that challenge together.

The Deputy Presiding Officer: We need a little bit more brevity with the questions and, indeed, with the responses.

Marie McNair (Clydebank and Milngavie) (SNP): The two-child limit on benefits is one of the biggest policy drivers of child poverty, according to Barnardo's chief executive, Lynn Perry. However, Keir Starmer, the next expected Prime Minister, will not scrap that, despite former Labour Prime Minister Gordon Brown recently noting that there are "obscene" levels of child poverty in the UK. Will the cabinet secretary outline how that damaging policy continues to hinder the Scottish Government's efforts to tackle child poverty, and

how much further we could go if we were an independent country?

Shirley-Anne Somerville: The member is quite right to point out that that policy is causing real damage across the country. It is estimated that families in Scotland have lost £341 million since the policy's inception in 2016-17.

When Sir Keir Starmer is further to the right than Suella Braverman is on the issue, we really are through the looking glass. We have been able to demonstrate that we have lifted 100,000 children out of poverty through the Scottish Government's actions. The Child Poverty Action Group has said that ending the two-child limit and providing an essentials guarantee would lift a further 40,000 children out of poverty—if only there was someone inhabiting number 10 who would take that forward.

Martin Whitfield (South Scotland) (Lab): There are, of course, symptoms and causes of child poverty. Has the Scottish Government modelled the impact of local authority funding on the tackling child poverty delivery plan?

Shirley-Anne Somerville: As I said in my statement, we work very closely with local authorities, because responsibility for tackling child poverty lies not only with the Scottish Government but with our local authority partners and, indeed, the UK Government. As we have gone through difficult budgets over the past few years, we have still provided local authorities with a fair settlement to ensure that they can carry out their statutory obligations. As I said in my statement, through the Verity house agreement, I look forward to continuing that work with local authority partners.

Bill Kidd (Glasgow Anniesland) (SNP): Increasing family incomes from work and earnings is a key component in achieving a balanced and sustainable approach to breaking the cycle of child poverty in Scotland. Does the cabinet secretary agree that the devolution of employment law to the Scottish Parliament is vital in enabling us to address child poverty through parental employment?

Shirley-Anne Somerville: Bill Kidd makes a very fair point. He will be aware of the work within the Scottish Government's control that we have been undertaking. For example, there is conditionality in relation to public sector grants, and, through Scottish Government support, up to 100,000 staff in social care, children's services and early learning and childcare have benefited from a wage uplift to at least £12 an hour since April, which could make a difference of more than £2,000 a year for some staff, mostly women.

However, when we have the challenge of employment law being reserved to Westminster, with the action that is needed on that front not being taken, that makes the situation more

difficult. We will continue to do what we can, with the powers that we have, to work with employers, because they can also see the benefit of fair work in relation to growing the economy.

Maggie Chapman (North East Scotland) (Green): Scottish Government figures show that take-up of benefits such as the Scottish child payment is lower in rural areas, including Aberdeenshire in the north-east. Ruth Boyle from the Poverty Alliance recently highlighted that fact at a meeting of the Social Justice and Social Security Committee, and she noted that the cost of living is 15 to 30 per cent higher in those areas, too. What action is the Scottish Government taking to tackle that rural premium and to ensure that take-up of benefits in those areas improves, so that we can tackle rural child poverty?

Shirley-Anne Somerville: It is important that our policies work for all of Scotland. Maggie Chapman has raised very important points on benefit take-up and other aspects of tackling poverty. We are the only country in the UK to have a benefit take-up strategy and to have action leading from that, because we need to ensure that everyone who is eligible for a benefit is encouraged and supported to take it up. The strategy details some of the on-going work, including the funded projects to ensure that people take up benefits in greater numbers, and we are seeing increased take-up through the Scottish child payment and the automation of best start grants. As always, I am happy to work with Maggie Chapman to see what more can be done in that area.

Elena Whitham (Carrick, Cumnock and Doon Valley) (SNP): Through modelling, the Scottish Government has found that devolved interventions such as the Scottish child payment and free school meal provision might be keeping an estimated 100,000 children out of poverty this year. Do the findings of the progress report support that estimate? Is the cabinet secretary confident that Scottish Government policies are changing hundreds of thousands of lives for the better and that that would not be happening if those measures were not in place?

Shirley-Anne Somerville: The progress report makes it clear that children are benefiting from a wide range of action. For example, 97 per cent of all three and four-year-olds are benefiting from funded childcare, which would cost families about £5,500 a year if they had to pay for it themselves. Earlier, I mentioned the number of children who are benefiting from the Scottish child payment. Those policies are making a real difference. Indeed, the Child Poverty Action Group estimates that families in Scotland will be about £28,000 better off by the time their child turns 18 as a result of the more generous support and lower childcare

costs in Scotland. However, we are not complacent, because we know that more still needs to be done.

Beatrice Wishart (Shetland Islands) (LD): The cross-party group on poverty's recent report on rural poverty highlighted that access to childcare is a significant challenge for rural and island families. It is both a driver of poverty and a source of stress for families experiencing poverty who require childcare in order to work. The report concluded that key rural policy needs to be

"developed with an anti-poverty lens".

In light of that and in addition to the early adopter community projects, what action can the Scottish Government take in tackling child poverty to improve access to childcare in rural and island areas?

Shirley-Anne Somerville: Beatrice Wishart raises a very important point that is in a similar vein to the question that Maggie Chapman asked in that it is about ensuring that the policies work for the whole of Scotland, but this time particularly around childcare. We are keen to ensure that we achieve flexibility. Local authorities have a great deal of responsibility to ensure that they are delivering in their areas, but there is also a responsibility on us. I am sure that Ms Wishart will be interested in the work that is being done on, for example, increasing the number of childminders, because that work, particularly in rural and island communities, might be beneficial. I am happy to ensure that we provide Beatrice Wishart with further updates on the work that is going on in relation to childminding, on which there will be announcements in due course.

Jeremy Balfour (Lothian) (Con): For the past eight years, I have seen cabinet secretaries come and go, and they keep promising that we will have free school meals for all children in Scotland, but the date keeps getting pushed back further and further. When will that be delivered?

Shirley-Anne Somerville: I am sure that Mr Balfour will be pleased to have me back in the social justice area, so that he can once again hear from me the Government's commitment to free school meals. As Mr Balfour is well aware, we have the most generous provision in the United Kingdom. In the 2024-25 budget, there is £43 million of capital support to ensure that we are delivering on the next part of our expansion, which will be for those who receive the Scottish child payment and who are in primary 6 and primary 7. I look forward to hearing Mr Balfour's congratulations when we move forward with that policy.

Emma Harper (South Scotland) (SNP): In addition to the points about benefit take-up, will the cabinet secretary comment on how the

delivery plan is working to tackle the specific issues of hidden poverty for children and young people in rural areas, including Dumfries and Galloway and the Scottish Borders, given that research, including the “10,000 Voices” report by the D and G youth council, has shown that young people in rural areas are disproportionately impacted by poverty?

Shirley-Anne Somerville: That is another very important point about ensuring that our policies impact well on rural and island communities. Emma Harper will be well aware of the £5 million of capital funding to local authorities to improve local bus services, with greater levels of funding allocated to rural areas. She will also be aware that, in rural and island areas, the Scottish Government has delivered 10,000 homes to ensure that we are supporting families right across the country.

Kenneth Gibson (Cunninghame North) (SNP): The Scottish child payment, which is now £26.70 a week per child, has helped to reduce child poverty by 100,000 this past year. Has Labour indicated whether, if it wins the general election, it will mimic the payment elsewhere in the UK? That policy would lift children across the UK out of poverty and deliver Barnett consequentials to enable the Scottish Government to do much more.

Shirley-Anne Somerville: Not only has Labour not said that it would deliver a Scottish child payment or anything like that; it has not set out one change that would happen to welfare policies, whether for children, lone parents or the disabled. That is one area where there is real concern that, although the Government may be changing, the narrative and the script are not, which is why the First Minister wrote to Sir Keir Starmer earlier this month to invite him to work together. I absolutely stand by that, and I have made that invitation directly to the Labour Party, too—we will work with anyone. It is unfortunate that, as far as I am aware, the First Minister has received no reply.

The Deputy Presiding Officer: That concludes this item of business. There will be a brief pause before we move on to the next item of business, to allow members on the front benches to change.

Social Security (Amendment) (Scotland) Bill: Stage 1

The Deputy Presiding Officer (Liam McArthur): The next item of business is a debate on motion S6M-13464, in the name of Shirley-Anne Somerville, on the Social Security (Amendment) (Scotland) Bill at stage 1. I invite members who wish to participate in the debate to press their request-to-speak buttons.

14:55

The Cabinet Secretary for Social Justice (Shirley-Anne Somerville): Although the chamber has cleared somewhat after my statement, I thank all the members who are staying and will contribute to the debate. This is an important, although technical, debate on the development of the Social Security (Amendment) (Scotland) Bill.

I am grateful for the productive contributions that have arisen from the Parliament’s scrutiny, which resulted from the evidence that was given by knowledgeable and engaged stakeholders. That process added to the engagement that the Government had already undertaken in the co-facilitated events and the work with people on our experience panels and client panels.

The bill is part of the on-going development of a radically different social security system of which we can rightly be proud. That system is built from the ground up and delivers 14 benefits, seven of which are available only in Scotland. The bill maintains our person-centred and rights-based approach, in which people are treated with dignity, fairness and respect.

We recognise that it is important that we continuously seek to make improvements that build on the track record of successful delivery, as our experience grows. The bill will enhance the Scottish system of social security in line with our social security principles, which are set out in the Social Security (Scotland) Act 2018. Those principles were supported by the entirety of the Scottish Parliament.

The principles that are particularly relevant to the bill are that

“opportunities are to be sought to continuously improve the Scottish social security system in ways which ... put the needs of those who require assistance first, and ... the Scottish social security system is to be efficient and deliver value for money.”

The bill will improve the experience of people who use Scotland’s social security system and ensure that it continues to deliver value for money. In particular, it will introduce new rights for people, save money by increasing efficiency, improve

scrutiny of social security, take powers to improve existing benefits and introduce a power to create assistance for care-experienced people.

The bill represents an essential collective investment in a system from which we might all need help and which is expected to generate savings of about £3.5 billion each year.

I am grateful to the convener and all the members of the Social Justice and Social Security Committee for the work that the committee undertook in producing its stage 1 report. I am similarly grateful to the Delegated Powers and Law Reform Committee and the Finance and Public Administration Committee for their respective contributions.

I am pleased that the Social Justice and Social Security Committee agrees that work on the improvements that are intended from the bill has been

“undertaken in a way that takes account of the ethos of the 2018 Act”,

and that it

“recommends to the Parliament that the general principles of the Bill be agreed to.”

Parts of the bill are technical in nature. I am aware that the committee says in its report that it found it

“difficult at times to ensure that the social security principles are upheld throughout the Bill.”

I reassure the committee that the principles remain front and centre of the design of each provision in the bill. In the bill’s technical context, that has sometimes required that a careful balance be struck between principles, but I am confident that that balance has been achieved.

I am aware that particular concerns have been raised about the provisions in part 6 of the bill. I make it clear that nobody will lose their entitlement simply as a result of failing to provide information for an audit exercise. The provisions in the bill compare favourably with the approach that is taken elsewhere in the United Kingdom, where simply failing to respond to a request can result in benefits being terminated. The powers that are being taken through part 6 are required in order to identify trends in case loads to support effective audit processes, not to identify specific instances of benefit fraud. Any fraud that is detected during an audit exercise will be dealt with using existing tools and processes that have been agreed by the Parliament.

The provisions contain a number of safeguards that are intended to avoid unnecessary intrusions. They take a power to make regulations that will exempt some groups entirely from participating. Those that are not exempted will have an

opportunity to ask, when they have a good reason, to be withdrawn from the sample. Anyone who participates in the exercise will have the right to an advocate or a supporter, and the power to suspend an award of assistance will be exercised only as a last resort. An award will only ever be suspended when multiple attempts to obtain the information through a variety of communication channels have been unsuccessful.

I am, however, alive to the concerns that have been raised and we have taken concrete steps to address them in the bill. I note that the committee welcomes our undertaking to amend the bill at stage 2 to require that a public consultation be held in advance of making regulations under part 6, and to require that those regulations be sent to the Scottish Commission on Social Security for scrutiny. We are happy to continue our engagement with stakeholders to ensure that any processes that are designed to implement the provisions centre on the values of dignity, fairness and respect.

We have already acted to improve the bill in other ways, in the light of what we heard during stage 1 evidence. The Delegated Powers and Law Reform Committee’s suggestions at stage 1 will shape the bill. Its invaluable technical expertise has informed the drafting, and we have committed to lodging a number of amendments at stage 2, as a result.

We have worked closely with the insurance industry on developing the provisions on compensation recovery, and we have agreed to clarify the limits of insurers’ liability under the provisions, in the light of that constructive engagement.

We have listened to stakeholders who have called for the introduction of late applications in exceptional circumstances, and we will lodge an amendment at stage 2 to ensure that Scottish social security remains as accessible as possible.

We have continued to work closely with the Scottish Commission on Social Security since the bill was introduced to ensure that we continue to make the most of its important contribution to the Scottish system of social security. We have agreed with its board to expand, by way of an amendment at stage 2, the range of regulations that will be subject to its formal scrutiny.

In closing, I suggest that support for the social security principles remains strong among members. I have spoken to the ways in which the Government has sought to work constructively to improve the legislation in the light of the valuable contributions that have been made so far, and I stand ready to continue that dialogue with members and our stakeholders as we move through the process.

I therefore urge members to support the bill so that this important set of improvements can be implemented and we can ensure that this vital public service remains robust in the future and plays its part in the Government's on-going missions to reduce child poverty and to ensure sustainable and excellent public services.

I move,

That the Parliament agrees to the general principles of the Social Security (Amendment) (Scotland) Bill.

The Deputy Presiding Officer (Annabelle Ewing): I call Collette Stevenson to speak on behalf of the Social Justice and Social Security Committee.

15:03

Collette Stevenson (East Kilbride) (SNP): On behalf of the Social Justice and Social Security Committee, I am pleased to contribute to the debate on the Social Security (Amendment) (Scotland) Bill. I thank the individuals and organisations that responded to the committee's call for views and attended meetings to inform our scrutiny.

The bill, which continues the journey to build, enhance and improve Scotland's social security system, was introduced by the Government to make changes to the Social Security (Scotland) Act 2018, which established the devolved social security system. As the cabinet secretary highlighted, the 2018 act includes the principles that

"opportunities are to be sought to continuously improve the Scottish social security system in ways which ... put the needs of those who require assistance first"

and that

"the Scottish social security system is to be efficient and deliver value for money."

The amendment bill follows on from that, aiming to enhance Scotland's benefits system and improve the client experience but also to deliver increased efficiency and value for money. Overall, during our scrutiny, we heard that the amendments that are made by the bill take account of the ethos of the 2018 act.

Witnesses saw many of the proposed provisions as positive and they shared constructive ideas that would further improve the system. For example, they welcomed changes to the legal footing of the Scottish child payment that would make it a stand-alone benefit instead of one that is linked to reserved benefits. They also welcomed the introduction of a new category of assistance to help care-experienced people, with the Health and Social Care Alliance Scotland—the ALLIANCE—saying that the proposed care leaver payment would be

"a good opportunity to provide further support to people who face quite unique challenges compared with others in society, and it shows the positive change that is possible with the devolution of social security powers".—[*Official Report, Social Justice and Social Security Committee, 14 March 2024; c 21.*]

We heard calls for the Government to make good use of its regulation powers to maximise the impact of those benefits, including by widening the eligibility criteria for the Scottish child payment to include families in receipt of carer benefits and those with parents living apart; introducing measures to prevent parents from losing their entitlement as soon as they earn too much to receive universal credit; and extending the right to independent advocacy to people who are applying for care experience assistance. The committee will monitor the development of the benefits and we hope that the Scottish Government will consider those suggested improvements to maximise their impact.

Three key themes—accessibility, simplicity and consistency—were brought up throughout our scrutiny. Those themes arose most prominently when we reviewed the proposed provisions for people to challenge decisions about the level of benefits that they have been awarded. The committee heard that the redetermination and appeal journey is complex and can be daunting. The Royal National Institute of Blind People told us that claimants should not feel pressurised into accepting a new decision on their entitlement straight away but should be offered a cooling-off period to seek advice. On the requirement for a redetermination stage prior to an appeal, Citizens Advice Scotland highlighted the endless loop that some claimants face and asked for a streamlined process.

The committee believes that those witnesses made valid points, informed by the experience of the people who they support and advise. I am pleased that the cabinet secretary wrote to the committee last week, confirming that the Scottish Government will embed client choice and flexibility in the redetermination process. The Scottish Government has confirmed that it will lodge amendments at stage 2 and the committee encourages the Government to consider our recommendations to improve the process for challenging decisions on entitlement.

Throughout our scrutiny, we have been mindful to keep at the forefront of our consideration the Scottish Government's social security principles of fairness, dignity and respect. Of course, those different principles must be weighed against one another to reconcile upholding the needs of individuals with achieving efficiency and growth in the system, while ensuring value for money.

That is true when deciding whether an individual, or their representative, is responsible

for a mistake when they receive an overpayment. It is important to ensure that liability is established to protect public money, but those processes must come with safeguards so that people who have neither claimed assistance in bad faith nor misused funds are treated fairly and compassionately.

We look forward to hearing how the processes that the Government proposes will work in practice to prevent often difficult financial circumstances from being further exacerbated. Part of that revolves around audit requirements, which my colleague John Mason will discuss further. Witnesses told us that there must be processes in place to prevent social security payments from being suspended if people fail to provide information for audit. The committee has some reservations about that area and we ask the Government to ensure that the provisions do not conflate error with fraud.

The cabinet secretary told us that the Government recognises the importance of continuous improvement, building on a track record of successful delivery. The committee welcomes that sentiment, and we look forward to scrutinising the bill further to ensure that fairness, dignity and respect are at its heart and that the rights of the most vulnerable people in Scotland are protected.

Social security is a human right that is crucial to tackle poverty and build a fairer society. The bill will continue that journey. The committee therefore recommends to the Parliament that the general principles of the Social Security (Amendment) (Scotland) Bill be agreed to.

15:10

Jeremy Balfour (Lothian) (Con): I thank the clerks and everyone who gave evidence to the committee at stage 1, which has helped us to form our report. I confirm that members on the Conservative benches will vote in favour of the bill at stage 1.

Eight years ago, social security was devolved to the Scottish Government and the Scottish Parliament. It was a hopeful time and a fresh opportunity to create a uniquely Scottish system. The system would be well equipped to address the specific issues of poverty that we have in this country. It was a chance for decisions to be made at local level by local people.

Unfortunately, eight years on, we have not done what we had hoped to achieve. We have a system that, basically, is a carbon copy of the Department for Work and Pensions system in every way, other than in efficiency and price tag. Social Security Scotland has been administering a system that has slow processing times, a high level of

complaints and a very high number of applications being denied. I think that members will agree that that does not show dignity, fairness and respect to those in Scotland who need our help.

John Mason (Glasgow Shettleston) (SNP): Will Jeremy Balfour give way?

Jeremy Balfour: For Mr Mason, absolutely.

John Mason: I thank Jeremy Balfour for his generosity. Does he accept that we now spend about £1 billion more on social security than would be the case from direct consequential? That says something positive about the Scottish system.

Jeremy Balfour: Under the system, we are giving a couple more benefits, but the process behind it is identical to that of Westminster.

The Government likes to hide behind the mantra of safe and secure transition. Opposition politicians have bought into that, the third sector has bought into it and those who are claiming benefits have bought into it. However, we are now at the point at which that excuse no longer flies. We have had almost a decade to make the transfers; now is the time for us to take responsibility and for the Government and the Parliament to share where they see social security going in the next decade.

I am pleased that we have an opportunity through the bill to make meaningful changes to social security in Scotland. I am glad that, as a committee, we have unanimously recommended the general principles of the bill. However, there are much-needed improvements that can and should be made during the parliamentary process. It is a technical bill, but technicalities affect people's daily lives. I am pleased that the cabinet secretary has indicated in her speech that she is willing to co-operate to achieve changes to the bill.

I do not have time to talk to all the amendments that I think should be made to the bill, so I will give a few highlights.

As a Parliament, we should be demanding that all benefits in Scotland are inflation proofed. We should be ensuring that Social Security Scotland performs at a much higher level and that the taxpayer gets value for money. All of us in the chamber can agree that SCOSS plays an important role in the scrutiny of legislation; it should be given a greater role and, with that, greater responsibility. As we have already heard from the two previous speakers, we need to look at the audit process.

I am sure that committee and other members, including me, will want to lodge amendments.

Bob Doris (Glasgow Maryhill and Springburn) (SNP): The member spoke about all the benefits that are delivered in Scotland being

inflation proofed every single year. How would Mr Balfour fund that if our budget, which comes from the UK to Scotland, is not inflation proofed, given that we are looking at a £1.2 billion deficit? I think that Mr Balfour has called in the committee for additional investment to be made in Scotland to benefit vulnerable people, compared with what we get from the UK Government.

Jeremy Balfour: As the member says almost every week in the committee, it is all about political choices. I think that this is a political choice that we, as a Parliament, should make. We should make sure that people in Scotland are getting inflation-proof benefits. That is a priority.

Shirley-Anne Somerville: Will the member take an intervention?

Jeremy Balfour: I am afraid that I am running out of time.

The Deputy Presiding Officer: There is a bit of time in hand this afternoon. Should the member wish to take the intervention, he can, but it is up to him.

Jeremy Balfour: You are too kind, Deputy Presiding Officer.

Shirley-Anne Somerville: I am grateful to the member for taking the intervention. I wonder whether he would support the DWP doing exactly the same. In that way, we could have parity between the systems, with everybody increasing the benefits. Otherwise, he is making a call on the Scottish Government that he is not willing to make on his own party.

Jeremy Balfour: I think that we have seen that the DWP has done that.

As I mentioned, the bill presents us with a welcome opportunity to make a real difference to the lives of the poorest in Scotland. To some, the exercise can seem tedious, technical and boring. On the contrary, however, the decisions that we make in the process can make a real difference to real people's lives. They can speed up processing times, increase the accountability of Social Security Scotland and move us towards the system that was envisaged back in 2016—one that treats people with dignity, fairness and respect.

The bill is very important and we on the Conservative benches are ready and willing to work constructively with others in the Parliament to ensure that it can have the maximum possible impact on the lives of those who rely on social security. After all, it is the least we owe them.

15:16

Paul O'Kane (West Scotland) (Lab): I am pleased to open the debate on behalf of Scottish

Labour and to confirm that we will support the general principles of the bill at decision time.

It is important that we acknowledge at the outset the principles of the bill, which are to improve people's experiences of Social Security Scotland, to ensure value for money in the system and to ensure that the system evolves and does not become stagnant. We welcome many of the actions in the bill, including those that will ensure that the Scottish child payment is on a statutory footing and those that develop the framework for new benefits such as care experience assistance. We will support changes to our social security system in Scotland that continue to support people to live in dignity and free from poverty, because that aspiration is shared across the Parliament.

It is no secret that I and my colleagues have often been persistent in our critique and in holding the Government to account for many of the challenges that have been experienced in the roll-out of social security in Scotland. It is five years since Social Security Scotland was created and there have been a number of issues, including overspends on information technology infrastructure, the unacceptably long processing times for claims for many benefit payments and the long waiting times for clients who have called Social Security Scotland. As we have recognised in the chamber, long waiting times have meant, tragically, that more than 100 people have died while waiting for their adult disability payment claims to be processed. They were denied the payments that they were entitled to.

It is clear to me that there are many lessons to be learned and many improvements that we can make. We will continue to scrutinise every detail and action of the Government and the relevant bodies in the devolved social security system as they continue to evolve and develop.

In the vein of being constructive in my criticism, and in the spirit of the partnership working that the cabinet secretary said in her opening speech that she aspires to, I also want to highlight the successes of Social Security Scotland. The Scottish child payment has been a welcome evolution in the landscape, and Labour members have been proud to support it from its inception and through its development. Recently, the Social Justice and Social Security Committee has been taking evidence on its impact, and I am pleased to see the qualitative reports on the impact that it is having on some families, while recognising that there are calls for caution on the quantitative analysis, with the Joseph Rowntree Foundation and others pointing out that we still need more data. I hope that the Scottish Government has heard those calls for better data so that we can continue to scrutinise and make improvements in the system.

I also hope that, in her concluding remarks, the cabinet secretary will be able to say something about the improvements that we can make to the Scottish child payment. As I have said, we welcome its being put on a statutory footing, but it would be good to understand what further work the Government is doing as we move to put it on a statutory footing. That also goes for any potential new benefits, such as care experience assistance. We want to get a sense of where, potentially, the Government will consult in the future and what plans it has to develop that benefit.

On the other provisions in the bill—which is as imperfect as all bills are at stage 1—I know that the cabinet secretary will seek to work across parties to make improvements throughout stages 2 and 3. Indeed, the committee’s stage 1 report highlighted some of the concerns that we heard in evidence and some of the challenges that were put to the Government. We have already heard the cabinet secretary speak about section 6 of the bill and many of the challenges that were raised on how the audit process might affect more vulnerable individuals. It is welcome that the Government has taken cognisance of the evidence that was heard. As the bill progresses, we will continue to work to ensure that we improve those provisions.

We also heard about new regulations that are still not within the scope of scrutiny of the Scottish Commission on Social Security. That is of concern. We all know that SCOSS provides a vital body of expert scrutiny on the development and implementation of new payments and regulations, so it is important that we continue to empower it to scrutinise and to ensure that the right decisions are made for those who access social security payments.

Other changes to the bill will be needed. Many of our third sector and anti-poverty organisations have outlined those in the briefing material that they provided in advance of the debate. I know that the cabinet secretary and her officials also have thoughts on amendments that are required. It would be helpful to know the direction of travel and the areas of priority for the Government as soon as possible, so that we can work together.

Scottish Labour will engage with all ideas for the bill that can further enhance social security in Scotland, to ensure that it will live up to the promise of dignity, fairness and respect. I hope that the bill is a positive development that will move us in the right direction and ensure that our systems continue to bed in. Assuming that its general principles are agreed to at stage 1 this evening, I look forward to its development as it progresses.

15:22

Maggie Chapman (North East Scotland) (Green): I thank everyone who has worked on the bill, in particular the Social Justice and Social Security Committee. I also thank the Child Poverty Action Group, the Poverty Alliance and the Law Society of Scotland for their briefings for the debate and for the ministerial statement earlier today.

The bill deals with a range of important issues and lays the ground for care experience assistance, including a care leaver payment, which I and other Scottish Greens very much welcome and hope will not be long delayed. We are supportive of the bill, although we have some remaining questions—in particular, on the provision of information for audit. I will return to that issue later. For now, I want to focus on what is, for us, one of the most significant and potentially transformative aspects of the bill: the provisions that relate to the Scottish child payment.

We are proud of the role that the Scottish Greens have played in the development of the Scottish child payment to what it is today, on both the level of the payment and the number of families who are able to receive it. We know that it is already making an immense difference to the lives of those families, as was recently detailed by academics and policy experts in their evidence to the Social Justice and Social Security Committee. If anyone still doubts the efficacy of the payment, I urge them to read the *Official Reports* of those meetings. As Professor Ruth Patrick pointed out, the system of cash payments not only reduces the stigma that is associated with other types of assistance; crucially, it recognises and values parents’ own expertise.

Sadly, in practice, the Scottish child payment is not operating as it was originally intended to operate—as an extra payment that allows parents to give their children something more than the bare essentials for survival. Instead, very often—too often—it has to meet those bare essentials, to mitigate the effects of other events and policies.

One such event was the pandemic and what Jack Evans of the Joseph Rowntree Foundation described as the erosion of financial security that that produced. However, far more devastating was the epidemic that came afterwards—the crisis of greed that translated into unaffordable prices for the basic costs of living.

That oppression still continues, because as Stephen Sinclair of the Poverty and Inequality Commission explained to the committee, although inflation as a whole is lower than it was, the rate for essentials such as food and fuel, which account for a higher proportion of spending for

low-income families, is higher than the headline figure.

The third factor—and the most destructive of all—is the UK Government’s social security system. As Ruth Boyle of the Poverty Alliance explained, that system

“is pulling people into poverty”,

with

“90 per cent of people who are in receipt of universal credit ... going without essentials”.—[*Official Report, Social Justice and Social Security Committee*, 30 May 2024; c 10.]

Ruth Patrick spoke of the way in which the two-child cap represents

“a divorcing of the relationship between need and entitlement.”—[*Official Report, Social Justice and Social Security Committee*, 23 May 2024; c 13.]

That relationship is fundamental to the working of a decent and just society.

Professor Danny Dorling described the UK as

“appalling in comparison with every other country in Europe”.—[*Official Report, Social Justice and Social Security Committee*, 23 May 2024; c 8.]

Last year’s UNICEF Innocenti report found that the UK had the largest increase in poverty out of the 39 countries that it surveyed, and that the rate of child mortality—the grief of generations—is now once more rising in the UK.

We welcome the space that will be created by the bill to place the Scottish child payment on a new footing, which will potentially make it not only a top-up that is dependent on other entitlements, but a stand-alone payment. It could be made available to those who cannot receive it at present, including families in the asylum system and young people over 16. As the Poverty Alliance highlighted, it could also be a vital step towards the implementation of a minimum income guarantee and all that that means for dignity, financial security and wellbeing for everyone in Scotland. We welcome the bill as a step along that journey.

15:26

Bob Doris (Glasgow Maryhill and Springburn) (SNP): I am pleased to contribute to the stage 1 debate on the Social Security (Amendment) (Scotland) Bill. As Deputy Convener of the Social Justice and Social Security Committee, I echo the thanks to all of those who supported us to gather evidence for our stage 1 report and to support the general principles of the legislation that is before us this afternoon. I echo the comments of our committee’s convener, Collette Stevenson.

The Scottish Parliament unanimously passed the Social Security (Scotland) Act 2018, and the

SNP Government has always sought to base social security in Scotland on dignity, fairness and respect—an endeavour that the whole Parliament can be proud of. That is absolutely true of one aspect of the bill, which sets up a legal framework to allow new benefits for care-experienced people and families with children. In particular, it will pave the way for the proposed care leaver payment.

However, I want to highlight the power in the bill to change the legislative footing of the Scottish child payment. The Scottish child payment is currently designed as a top-up for families with children who are on a qualifying UK benefit. For instance, it addresses the lack of adequate financial support for struggling families who are on universal credit from the UK Government. It does so without a two-child limit or a rape clause. We should be proud that this Scotland-only benefit is keeping 100,000 children out of poverty.

Paul O’Kane spoke about some of what I am about to speak about. We need to get better data on a lot of this. The Government should embrace that, because it will show a lot of good news for the Scottish Government. Our committee heard that there are lots of children who might not make it over the poverty line but whose families have been in deep and persistent poverty for generations and who can still see their lives transformed. That is the point that I was trying to make earlier to the cabinet secretary. It would be great to get some of that data.

The evidence base in support of the Scottish child payment is so strong that we should be evangelical about it to the rest of the UK. It is why academics such as Danny Dorling were keen to see a comparative study on approaches to child poverty in Scotland and elsewhere in the UK. As the representative for Maryhill and Springburn, I want to see how the life experiences of young people in Maryhill compare with those of young people in Merseyside because of the existence of the Scottish child payment. That could make a compelling evidence base to persuade any incoming UK Government that it should do likewise.

Because of the direct link with UK benefits, there is a potential issue with the Scottish child payment. If a person who moved off universal credit had been claiming the Scottish child payment beforehand, they would lose all their entitlement to the latter. That represents what we might call a cliff-edge drop in income, which is why the stand-alone nature that the bill would create for the Scottish child payment is so important. If—and I stress the word “if”—resources were to allow it, we could introduce a benefits taper or run-on to support families in Scotland who move off UK benefits. That would require direct partnership working with the UK Government, but it could get

many families into well-paid, meaningful employment in the longer term. The current legislative framework does not allow for that, so I welcome the changes contained in the bill.

If I have time, I will say a little about the bill's provisions on changes to redeterminations and appeals. They include allowing requests for those procedures to be submitted after a year, in exceptional circumstances. Another example would allow individuals to withdraw their redetermination requests. The reason that I am putting only two changes on the record is that some of the most interesting evidence that the committee heard was about what is not in the bill. The examples that I have just read out might sound relatively technical, but we heard suggestions that included having a cooling-off period for the withdrawal of a redetermination or an appeal, which would be beneficial to the people I represent.

There was also an interesting discussion among various witnesses from third sector and voluntary organisations about whether we should remove the redetermination mechanism altogether and move straight to an appeals process. Some of them thought that the mechanism could be swifter and could avoid having a two-stage process, which might deter some people. However, others said that the appeals process put some of their clients off, so the redetermination process was incredibly important. The Scottish Government reflected that it could overburden the tribunal service.

I will finish on this point. The committee's convener said that the Scottish Government is seeking to lodge amendments to offer clients choice within the redetermination process. However, our approach should be not so much about processes as about making those support people who are entitled to claim benefits in order to meet their needs. We have to get that right, and I believe that the bill does that very well.

15:32

Miles Briggs (Lothian) (Con): I am pleased to take part in the debate. I pay tribute to and thank the organisations that provided helpful briefings ahead of this debate, as well as the committee's clerks and all the witnesses who gave welcome evidence ahead of stage 1.

The bill represents an opportunity to take stock and improve people's experience of Social Security Scotland by making what the cabinet secretary has described as technical changes. However, it is important to remember that those are changes that people have helped to shape.

The Scottish Conservatives welcome many aspects of the bill, but, as my colleague Jeremy

Balfour stated, it does not provide a vision of how Social Security Scotland can and will change in the future. As the bill progresses through Parliament, we need to look at how we can do things differently in Scotland. Across the parties, that is what we all agreed to when powers to legislate for the benefits were transferred to the Scottish Parliament, but we have seen very little change.

In the limited time that I have available, I will touch on a few areas in which I can see welcome progress, although the devil will be in the detail at stage 2. For example, the changes on appointees will be important. I wrote to the cabinet secretary about allowing parents and carers to become appointees for the purpose of claiming child disability payment. I wanted to see change in that area, so I welcome the fact that that idea will be implemented.

A number of members have touched on the framework for delivering the Promise as regards welfare proposals and changes. I welcome the proposed assistance for care-experienced people, but we need to see more detail of its scope. There is one aspect that the cabinet secretary could perhaps touch on in her closing remarks. For some time, I have been asking the Scottish Government about tenancy deposit schemes, which are meant to fall within the scope of the Promise. I have not had an answer from ministers, but I hope that provision for such schemes could be made in the bill, as they would otherwise seem to sit outwith its scope. I would be interested in finding out whether there is any information on what that would look like.

As other members have done, I very much welcome the changes that are proposed to childhood assistance, to position it as a stand-alone payment rather than a top-up benefit.

In conclusion, the Scottish Conservatives want to see a distinctly Scottish approach taken to social security. The Scottish National Party Government has received extensive devolved benefit powers, but it has consistently failed to maximise or change them. I hope that the bill will present an opportunity for it to do that, and that is why we will work constructively to lodge amendments to the bill.

For example, I would like to see carers allowance payments made for up to six months after a bereavement, to allow carers who are in full-time education to continue to receive the allowance. I think that there is cross-party support for that. Certainly, Ben Macpherson, when he was Minister for Social Security and Local Government, pointed to that as something that the Scottish Government wanted to deliver before the end of the current session of Parliament. I hope

that we will see an amendment to the bill to bring that about.

Although these changes are welcome, it is important to remember that Social Security Scotland has been facing growing problems, including slow processing times. High numbers of complaints are now being recorded, and a larger proportion of applicants are now being denied benefits. We need to take stock of that and of where Social Security Scotland, as an institution, currently is.

Nevertheless, the Scottish Conservatives will support the bill at stage 1, to ensure that dealing with Social Security Scotland is a bit easier and that there is a framework to take forward the changes that we all want. I look forward to stages 2 and 3, when we can—I hope—get the bill to a place where we all want it to be.

15:36

Marie McNair (Clydebank and Milngavie) (SNP): I speak in the debate as a member of the Social Justice and Social Security Committee. I thank the committee clerks for their assistance with the production of our report.

The committee received very helpful evidence from across the third sector and from local authorities and those representing the insurance sector. I thank CPAG and the Poverty Alliance for their helpful briefings, in which they welcomed the bill and made suggestions for further consideration.

The Scottish Government has already made significant progress with the social security system by delivering 14 benefits that tackle poverty and reduce inequality. However, we can always make improvements, and that is what the bill aims to do. The bill's main policy objective is to enhance the social security system in line with the principles that are laid out in the 2018 act. Those principles underpin our social security system, to ensure that it is based on fairness, dignity and respect. In particular, the principles require that

“opportunities are ... sought to continuously improve the Scottish social security system in ways”

that

“put the needs of those who require assistance first, and ... advance equality and non-discrimination”.

In addition,

“the Scottish social security system is to be efficient and deliver value for money.”

Throughout stage 1, I and the committee as a whole have kept those principles at the forefront of our minds in considering and reviewing the bill. It is welcome that, in general, witnesses agree that, overall, the bill aligns with those principles, with

the exception of the provisions on information for audit. I welcome the cabinet secretary's assurances on further work in that regard.

The bill has nine parts, the first eight of which are dealt with in the committee's report. For the sake of time, I will touch on two important parts. On determinations and redeterminations, I have always been mindful of the fact that the benefits process can be confusing. The committee noted that there was scope to make

“changes ... which could help to streamline the redetermination and appeal processes for clients.”

The committee also noted that, by simplifying and streamlining the system, we can build on and better incorporate the principles, ensuring that it

“embodies fairness, dignity and respect, as well as ... providing”

better

“value for money.”

However, the committee asked that

“the Scottish Government ... consider ... suggestions made by witnesses for creating consistent deadlines for redeterminations, removing the need for an error to be identified before an appeal can be lapsed, providing a ‘cooling off’ period for withdrawing requests for redeterminations and appeals”

and

“removing the need for a redetermination stage after an appeal has lapsed”.

As a result of Covid-19, provision was introduced to allow for late applications. That is no longer needed, but it flagged important points around the need for greater flexibility to deal with late applications. The committee and I welcome the cabinet secretary's plans to take forward investigations at stage 2 to extend the flexibility of the provision to accommodate late applications from claimants who face challenging situations. We would also appreciate the cabinet secretary's consideration of whether further provisions for backdating could be looked into.

Overall, it is felt that the amendment has been undertaken in a way that takes account of the ethos of the 2018 act while considering developments in the social security system. It was, at times, hard to ensure that the social security principles were upheld, so the committee and I welcome further reassurance that the core principles of fairness, dignity and respect are at the heart of the provisions, including regarding information for audit.

I am glad that the committee supports the general principles of the bill, and I welcome it as a step forward in ensuring that our social security system meets our high standards and upholds our principles of fairness, dignity and respect.

15:40

Carol Mochan (South Scotland) (Lab): I thank the committee, the clerks and witnesses for the stage 1 report, and I thank members for their contributions in the debate. I did not sit on the committee, so I have found this a very interesting debate. I know from my colleagues Paul O’Kane and Katy Clark that this was a technical and very detailed piece of work, but the way that it has to progress and many of the technicalities are very meaningful to our constituents on the ground and to the people who rely on social security.

We all know that social security provision is the cornerstone of a society that cares. Of real interest to me is that one in four children in Scotland currently grows up in poverty. We need solutions to ensure that children have a fair chance to live free from hardship and with opportunities. We need a good social security system to allow children and families to have an opportunity to flourish. If we can do that for children and families, the ripple will help people right across society. I hope—and I think that I have heard today—that all members agree that we may all rely on the welfare state at some point in our lives. That is an important contribution to the debate.

As someone who did not sit on the committee, it was worth my while to review the general aims of the bill. It will enhance the Scottish system of social security, including by improving the experience of people using the services that are provided by Social Security Scotland, delivering increased efficiency and value for money, implementing the findings of an independent review into the remit and operation of the Scottish Commission on Social Security and revoking the emergency provision from the 2018 act that was used at the height of Covid. Those are all absolutely essential in order for us to move forward with social security provision in Scotland.

The Scottish Government stated that the aim of the legislation is:

“To create efficiencies and enhance the administration of the Scottish social security system, with a focus on measures to improve the client experience and to deliver value for money.”

That is what members have discussed in the debate. As we heard from my colleague Paul O’Kane in his contribution, Scottish Labour broadly supports the aims of the bill, particularly the move to ensure that users of the service have a better experience and that the service is welcoming and is provided in a way that meets users’ needs. We know that, if we can support and help families to find ways out of poverty, and provide social security systems with a compassionate, dignified and person-centred approach, people will live in dignity and be free from poverty.

That is certainly reflected in the committee report, particularly in point 239, towards the end of the report. Many of the committee’s points demonstrate how changes to the system that initially appear to be straightforward could have unintended consequences for the people whom the system is there to serve. A couple of members mentioned that that has made it difficult to ensure that social security principles are upheld throughout the bill.

The committee looks forward to receiving further reassurances that fairness, dignity and respect are at the heart of the bill’s provisions. I know that the cabinet secretary mentioned that in her opening remarks.

We know that there are delays in the system. The Government has been hesitant to take on powers over the past few years, and some costs in setting up the provision of services rather than the actual provision for individual clients have spiralled. I would welcome some reflections on that from the cabinet secretary in her summing up.

Time is very short. I thank members for their contributions. In particular, I support making the child payment a permanent benefit, as members have spoken about.

15:45

John Mason (Glasgow Shettleston) (SNP): As other members have suggested, much of the bill is uncontentious and makes a lot of sense to all of us. For example, part 7 deals with compensation payments where there is an insurance receipt. Part of those should rightly be recovered by Social Security Scotland, just as happens with the DWP. That seems fine.

On the Scottish child payment, the committee is currently carrying out a review, and witnesses have been very positive about the impact that that payment has made. However, there seems to be a desire to break the link to UK benefits so that entitlement to the Scottish child payment could be more closely linked to need. The bill will make it possible for that to happen in the future.

From a financial perspective, there is expected to be a cost of some £7 million to £17 million in the first few years, but there are then expected to be savings because of compensation recovery.

I had slightly more concerns about part 6 of the bill, on audit—the convener of the committee referred to that. The proposed changes are coming about because Audit Scotland challenged Social Security Scotland to measure better the levels of error and fraud. That, in turn, would help to ensure that official statistics are reliable. That is certainly a fair expectation. However, we start to have problems when we jump from the big picture

to individual cases. It all comes across as a bit harsh in comparison with the overall direction of Social Security Scotland, which emphasises dignity, fairness and respect.

In my thinking, audit or even estimating an overall figure of error or fraud at the national level should be all about the big-picture stuff and assessing how well Social Security Scotland has been doing. There might be a comparison with the audit of a company, in which the auditors might write to banks or other third parties to confirm balances at the year end. Audit is largely an administrative process that focuses on the organisation, and it would not be expected to negatively impact on clients or customers.

To go from that to removing social security payments from clients who do not respond seems very harsh. Those people would already have gone through the system in order to receive adult disability payment, the Scottish child payment or whatever. There would be no evidence that they had done something wrong or even that they had received the wrong payment by mistake, yet based purely on their refusal or inability to answer yet more questions—including ones that they have already answered—they could have their benefits stopped. Something feels wrong about that.

The next question is how we can improve that part of the bill. I accept that some sanctions need to be available if error or fraud is found to have occurred. I also accept that some safeguards are already in place—for example, with a right to advocacy. I also note the Government's response to our stage 1 report. Some of that is reassuring—for example, individuals with particular vulnerabilities will never be asked to participate in the audit process. I also note the comparison with an inventory system in a retail environment that is aimed at verifying stock levels and not at catching shoplifters. That is a very good point. It is exactly the point that has caused me concern. Therefore, I think that we are in more agreement about the aims of all this; it is a question of how we do it.

It seems to me that, if there are weaknesses in Social Security Scotland's system of awarding payments in the first place, the answer is to improve that awarding system rather than to go back and ask the same people more questions. On the other hand, if someone's circumstances have changed and they have not told Social Security Scotland about that, that is definitely more difficult to pick up. I am not sure whether that is really part of the audit process, but I accept that it is important and that we need to have something in the system to check on such cases.

Having said all of that, I am in full agreement that we should agree to the general principles of the bill, as the committee's report says, and we

should vote for it at stage 1. The developing Scottish social security system is an exciting part of the landscape of Scotland, and I hope that the fact that the budget in that area increased by some £1 billion for 2024-25 shows that the whole Parliament supports it.

The Deputy Presiding Officer: We now move to closing speeches.

15:49

Maggie Chapman: I have been encouraged this afternoon by the range of important issues that have been discussed. I am particularly reassured to hear that our concerns about the audit provisions are shared and to hear about what steps might be taken to address those concerns. John Mason outlined those very clearly in his speech.

Westminster's punitive sanctions culture has embedded a well-grounded fear of investigation, and we need not only to take a different path here but to actively resist and transform that culture. I am grateful to Bob Doris and Marie McNair for their comments about the importance of getting the redetermination process right. It must meet the needs of those who will rely on it to work for them.

I look forward to working with members across the Parliament on amendments to strengthen the bill to ensure that it meets the real needs of the people of Scotland. As I outlined in my opening speech, we are particularly keen for the Scottish child payment to be expanded in terms of eligibility and level, and we support the calls by the End Child Poverty coalition for an increase to £40 per week. We recognise that, as Dr Juliet Stone testified, the current level is not enough to mitigate the "devastating effect" of the two-child cap—a savage policy that, it seems, a substitution of Westminster Government will not be enough to change.

We have heard this afternoon, and in evidence brought to the Social Justice and Social Security Committee, that there are gaps in the data about the Scottish child payment, and we would be interested to know whether amendments to the bill might help to address some of those problems. Although uptake is generally very good, there are rural areas where that could be improved, including Aberdeenshire in the North East Scotland region.

Our vision for the Scottish child payment and for the wellbeing of families across Scotland has to be ambitious, generous and transformative. As the committee heard from Danny Dorling and others, it is not enough just to nudge children over an arbitrary poverty line. We need to improve the lives of families existing just above that line, too.

Crucially, we must take families out of deep poverty.

Bob Doris: I am delighted that the member is following the work of the Social Justice and Social Security Committee so closely. Would the member accept that Danny Dorling was making the point that there will be lots of people who are being lifted out of deep and enduring poverty, albeit not above the poverty line, which is having a dramatic improvement in their lives, yet that has not been captured by the data?

Maggie Chapman: Yes, I accept that point. We need to recognise and acknowledge that, and we then need to think about how we go beyond that and address issues, such as the failure to improve the physical wellbeing of children who sit just above the poverty line, that have not been dealt with in the past 20 or 30 years.

Our vision for the Scottish child payment has to be ambitious, generous and transformative. We need to fulfil the statutory principles laid down in the 2018 act, but we must also go much further by making social security a means of co-production, liberation and real redistribution.

Danny Dorling told the committee that the UK's

“economic inequality between families did not alter one iota in the years from 1997 to 2010.”—[*Official Report, Social Justice and Social Security Committee*, 23 May 2024; c 8.]

We have to do better than that, by addressing the causes of poverty and inequality, as well as their consequences. It is a question of justice, of human rights and of humanity, but it is also foundational for everything else that we aspire to do in this place—in this Parliament and beyond, as Carol Mochan has described. Whether it involves climate and environmental action, peace building, equality for the oppressed, growing a thriving economy that prioritises people over profit, achieving reductions in crime, especially violent crime, or reaching the sustainable development goals in Scotland and throughout the world, the success of all that work depends on today's children growing up in good health and in good housing, happy, well educated and confident—children who are free from the trauma of poverty and all that follows in its wake. The bill starts us on that journey, and we have more to do.

15:54

Paul O’Kane: I want to take time to reflect on the debate that we have had this afternoon, which has helpfully shown the consensus on the bill, as well as pointed to some of the challenges that exist and the work that will need to be done at stage 2 and stage 3 to ensure that we have the best possible bill. The bill will amend the Social Security (Scotland) Act 2018, and we need to take

the opportunity to progress the shared ambition of treating people with dignity and respect.

Colleagues have recognised the technical nature of the bill. In evidence to the committee, we heard it reflected that people often found it difficult to engage with some of the bill's principles, because of their technical nature. Collette Stevenson, the committee convener, clearly outlined that in her speech, helpfully covering what we heard in evidence and the areas in which people want further work to be done. She reflected the need for accessibility and consistency that we heard from a number of people, particularly those who have lived experience of the system, which has been useful in focusing our minds before we come to the later stages of the bill.

I take this opportunity to thank all those who contributed evidence during stage 1, particularly people who use the system. They all had something to contribute to our process, and I know that they will be keen for amendments to be lodged as the bill progresses.

A number of speakers have raised the importance of the statutory footing of the Scottish child payment and the framework that will be created for new benefits for care-experienced people, particularly care leavers. Maggie Chapman spoke about that in her opening contribution. It is important that people who are care experienced have their voices heard in relation to not just the framework but the processes that we will take forward in order to develop the benefits. That has been true of the Scottish child payment and it will be true of the work on childhood assistance.

It has been helpful for organisations such as the Child Poverty Action Group to provide briefings and give evidence on what more could be done to improve the Scottish child payment. Some of the arguments that Bob Doris prosecuted on issues such as tapering and avoiding cliff edges, and on what further work we can do to enhance the benefit, were well made and very much reflect what we heard in evidence.

CPAG's suggestions in advance of stage 2 cover issues such as how we define a child who would be in receipt of payments and the backdating of payments. It is important that all parties look at those issues in some detail ahead of stage 2 and beyond.

It is important to reflect on some of the contributions that were made on determinations and redeterminations of assistance. Marie McNair brought to the fore some of the issues that we heard in committee. A number of organisations across Scotland have thoughts on how we might improve that process to ensure that everyone has

their redetermination carried out in an appropriate and fair way.

We heard quite a number of important points about audit and about supporting vulnerable people to be protected and taken out of audit processes. The cabinet secretary might have more to say on that in her summing up.

As I have said already, Scottish Labour will support the bill at stage 1. We see this as an opportunity to push forward to ensure that fairness is at the heart of social security in Scotland. We look forward to the scrutiny that will come at stage 2 and stage 3 to ensure that we get the best possible bill.

15:58

Roz McCall (Mid Scotland and Fife) (Con): I am happy to close the debate on behalf of the Scottish Conservatives. I add my thanks to those of pretty much every previous member in the debate to everyone who has participated in the process so far. As a member of the committee, I echo the committee convener's comments regarding the valid points that many of the witnesses made. The evidence was robust and informative.

As has already been mentioned by the cabinet secretary and others, the bill is mainly a technical one, but we have an opportunity to look at how we can make social security in Scotland better. We should not shy away from in-depth scrutiny of it. We should look at our processes and structures and do what we can to improve them. I recognise the cabinet secretary's positive engagement in that regard, and I thank her for her early response to the committee's recommendations. I note the points that the cabinet secretary highlighted, and I am sure that the committee will discuss them at length as the bill continues through stages 2 and 3.

There will be little surprise in the chamber that I want to single out the responses on the proposals for payments for care-experienced people, which were mentioned by Paul O'Kane and Maggie Chapman. The responses to the public consultation that concluded in January are currently being independently analysed, and I look forward to additional information coming to the Parliament soon. Who Cares? Scotland currently receives funding for advocacy and support services, and it does a spectacular job in assisting thousands of care-experienced young people and school leavers every year. I look forward to advancing the issue in detail.

I will highlight a couple of other points—I would love to highlight more, but time is short. Paul O'Kane commented that 100 people have died before getting their adult disability payment, which

starkly highlights why it is important that we make changes and continue to improve processes. I am glad that that was mentioned, because it should be highlighted.

It is also important to echo Bob Doris's comments on the Scottish child payment and the calls for fuller data collection. Those calls were succinctly but forcefully made at committee, and more analysis of that is essential.

Bob Doris: I think that the motive behind some of the calls for additional data to be gathered was that some of the academics were quite hopeful that that evidence base would lead to future UK Governments studying it, analysing it and introducing a similar payment. Is it reasonable to say that?

The Deputy Presiding Officer (Liam McArthur): I can give you the time back, Ms McCall.

Roz McCall: It is very reasonable for Governments to look at any analysis that is carried out, so I thank Bob Doris for that intervention.

I echo the comments that were made by my colleague and friend Jeremy Balfour about shaping social security in Scotland in the future. We should embrace that; we should not have any fear about setting out the shape of things to come.

As I have stated, the bill provides an opportunity to look at how we can make social security in Scotland better, and that must come from objectively looking at what is working well, what is going wrong and what must be adapted and changed. I applaud Social Security Scotland for its diligence and hard work, but it would be remiss of us not to recognise that its performance is not as perfect as the Scottish Government makes out. In just one year, the number of complaints has increased by an alarming 174 per cent. In the first half of 2023-24 alone, Social Security Scotland received 1,560 stage 1 complaints, which compares with 570 complaints during the same period in 2022-23. That is a sharp rise, and it clearly indicates that there are systemic issues that need attention, which is why it is important that we analyse such issues through the bill process.

Shirley-Anne Somerville: I hope that, at the same time, we will analyse the massive increase in the number of cases that Social Security Scotland was dealing with at the same time as it was taking on responsibility for adult disability payment, which is the largest benefit.

Roz McCall: I accept that there has been a rise in the number of cases, but we need to ensure that all systems are robust and can do the job that they need to do. That is why it is important to

mention such issues as we go through the bill process.

We are constantly told that surveys show that satisfaction levels are in the high 90s, so it was interesting to hear charities raising concerns recently that not everyone who goes through the process is put forward to answer the survey; it is only those who are approved. I highlight that, if you poll only people who agree with you, you would expect to have a high positive rating.

Slow processing times and high volumes of complaints are not mere statistics. They represent the struggles and frustrations of individuals who are not receiving the support that they need when they need it. It is important to add that the Scottish Government's choices will result in a forecasted £1.5 billion overspend above the block grant adjustment in 2028-29, so that only adds to the urgent need to address any inefficiencies in the process, in line with the ethos of the Scottish social security system.

The Scottish Conservatives will support the bill at stage 1, as it introduces necessary amendments. However, although the bill introduces several positive changes, including new benefits for children and care-experienced individuals, those measures alone are not enough. We need a comprehensive approach that addresses the root causes of inefficiencies and ensures that the system is equipped to handle the needs of all applicants fairly and promptly.

16:05

Shirley-Anne Somerville: I welcome today's debate and the suggestions from members from across the chamber. I have already met some of those members, including Jeremy Balfour and Maggie Chapman, and I believe that we are still trying to set up meetings with Paul O'Kane and others. I very much look forward to that.

A number of members, including in particular John Mason, have mentioned the audit process. I dealt with that in large part in my opening remarks, but I of course stand ready to meet Mr Mason and others to discuss the issue, particularly because I recognise that there are continuing on-going concerns. We have tried hard to strike a balance on the issue, but I am more than happy to work with others across the chamber to see what more can be done.

I want to push back a little on the narrative that some members are attempting to set about social security overall. It is important to have some context. Jeremy Balfour and others have suggested that the system is the same as the DWP system. I am not sure who Mr Balfour is meeting if he is getting that feedback. I recently met carers in Motherwell and parents in

Grangemouth who talked about the real and genuine difference that they have felt under the system because the agency has taken away stress from them and they have reassurance through the support that they have been given.

I also point to the fact that Social Security Scotland is now administering 14 benefits, seven of which are available only in Scotland. We have £1.1 billion more expenditure on social security than we get from Westminster. Just under half of that—£0.5 billion—is for the Scottish child payment, and the rest goes on other benefits. That demonstrates that, even only in financial terms, the systems clearly cannot be the same, because we are investing £1.1 billion more. Just one small example is the carer support payment, for which we have increased eligibility to include those in full-time education.

I also point to the satisfaction rates for Social Security Scotland. Clients' rating of their overall experience with the agency is at 92 per cent for disability benefits, which is much higher than the figure for the DWP. On the application process, 93 per cent of respondents said that the process was very good or good. On decisions, 92 per cent of respondents agreed that the decision on their application was explained clearly. We are making real change.

The costs are not spiralling. Rather than being criticised, the programme has, rightly, received a number of awards. Any changes to the timetable were undertaken because of Covid or the development of the Scottish child payment.

A number of members have mentioned the Scottish child payment. It was delivered in the way that it was for speed. From policy formation to implementation, it was introduced in 18 months, which is the fastest that any benefit has been delivered anywhere in the UK. We should rightly be proud of that delivery in Social Security Scotland. However, it is time to move on and to consider a different base for that payment. I look forward to working with members on their suggestions on what that might look like, although, as Bob Doris rightly pointed out, that has to be in the context of the current financial reality.

Other members mentioned SCOSS. For example, Paul O'Kane talked about the vital scrutiny that SCOSS has undertaken, and I absolutely agree with him. The bill was based on an independent review, but, as I said in my opening remarks, we are keen to empower SCOSS, as we all benefit from its deliberations and recommendations. That is why, as I said in my introductory remarks, we are happy to look at expanding, through amendments at stage 2, the types of regulations that go to SCOSS. I am happy to discuss with members what more we can do to

give SCOSS the footing that it should have as an integral part of our system.

Bob Doris and other members mentioned the proposals for a cooling-off period. That is one of the many technical parts of the bill. I am happy to discuss that with Bob Doris, but we do not feel that a cooling-off period is needed, simply because clients can already resubmit requests. However, if there are concerns, we are happy to discuss them and see whether anything can be done or whether further work needs to be done to reassure stakeholders about what is already in the system and their ability to take advantage of that. I use that as an example of what we can take forward.

Miles Briggs mentioned the tenancy deposit scheme. I offer up Mr McLennan to have a meeting on that issue. I have already asked him, and he would be delighted to take up the opportunity to discuss that issue with Mr Briggs.

The bill is a technical one, as many members have mentioned, but there is a real opportunity to ensure that we embed the principles of fairness, dignity and respect in our social security system. I am proud of the system that we have in Scotland. I am not complacent about there being opportunities for improvement and things that we can do better. I hope to work with members across the chamber to take that forward, whether in the technicalities of the bill or in our policy discussions as we progress.

Social Security (Amendment) (Scotland) Bill: Financial Resolution

16:11

The Deputy Presiding Officer (Liam McArthur): The next item of business is consideration of motion S6M-13176, in the name of Shona Robison, on a financial resolution for the Social Security (Amendment) (Scotland) Bill.

I call Shirley-Anne Somerville to move the motion.

The Cabinet Secretary for Social Justice (Shirley-Anne Somerville): I apologise, Presiding Officer. I forgot about this bit.

The Deputy Presiding Officer: So did I, almost.

Motion moved,

That the Parliament, for the purposes of any Act of the Scottish Parliament resulting from the Social Security (Amendment) (Scotland) Bill, agrees to—

(a) any expenditure of a kind referred to in Rule 9.12.3A of the Parliament's Standing Orders arising in consequence of the Act, and

(b) any charge or payment in relation to which Rule 9.12.4 of the Parliament's Standing Orders applies arising in consequence of the Act.—[*Shirley-Anne Somerville*]

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

Health and Social Care

The Deputy Presiding Officer (Liam McArthur): The next item of business is a debate on motion S6M-13466, in the name of Neil Gray, on a vision for health and social care 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.

16:12

The Cabinet Secretary for Health and Social Care (Neil Gray): We have reached a critical point in our country's health. We are seeing growing demand on our health and social care services, which needs to be addressed, alongside an improvement in service performance. The growing demand, which is based on our poor population health, reduces the wellbeing of Scotland and impacts on the sustainability of our services.

The Government is clear that the institution of the national health service in Scotland and the values that underpin its work are a matter of national pride. I also recognise the vital role of the social care system in supporting people to manage their health in their communities and to live well. The principles of a health service being for everyone, owned by the people and free at the point of delivery are sacrosanct. Any consideration of abandoning those fundamental values lies beyond a red line that we will not cross.

However, although those principles will not change, Scotland has changed. The NHS was established 76 years ago to address the health challenges of its time. Now, we live longer, medicines can do much more, technology has transformed the way that we live and our lifestyles have changed. The treatment of people in hospitals when they are ill is only a small part of modern healthcare.

Although the Government is making progress in addressing the challenges of waiting lists, our health and social care services are hard pressed to meet service demand. Today, in good faith, I seek to open a debate of openness on how we can reform and improve our health services and on how we can collectively deliver a transformed system that is fit for the health challenges that we face.

I am a pragmatist. We have a clear vision for the direction of reform, which we will shortly outline, and a programme of improvements that is already under way.

Pam Duncan-Glancy (Glasgow) (Lab): One way in which the health service can be prevented from being overburdened is to introduce the audit of fracture liaison services, which the Government

committed to in April 2023. Will the Government confirm whether it still intends to carry out and publish that audit? If so, when will it start?

Neil Gray: There are areas that we should develop in the details of the service delivery that we can achieve, such as the one that Pam Duncan-Glancy mentions. That is why I want the debate: so that we can take forward the ideas that we think can help on prevention, improve our population health and improve our public health measures.

I am willing to consider fresh ideas. I am here today asking the Parliament to consider how we can work together to seize the opportunity to reform health and social care for present and future generations. I have already outlined to my Cabinet colleagues an overarching vision that will guide our work. I believe that no one here could argue with a vision of a Scotland where people live longer, healthy and fulfilling lives.

That vision is supported by four key areas of work: improving population health; a focus on prevention and early intervention; providing quality services; and maximising access. All those areas are underpinned by giving due consideration to the people at the heart of those services.

In the short term, we must ensure that our services are delivered in the best way that we can within our current arrangements. In the medium term, we need to begin to transform how we work. We must keep our eyes on the horizon because, in the longer term, we also need to fundamentally change how we think about the delivery of health and care by driving investment in prevention and early intervention.

Our vision also reveals the complexity of the task that is before us. If we do not improve our nation's general health, no service improvements, clinical strategies or refined operating models will be able to make us a healthier nation in the long run. That is why prevention is key. We want to shift the balance of care closer to people's homes and drive a proactive approach of early intervention and prevention. That will be underpinned by the principles of accessibility, addressing health inequalities, maximising outcomes and promoting innovation, as well as value for money.

A lot has already been done in urgent and unscheduled care, working with the Scottish Ambulance Service, NHS 24 and through the creation of flow navigation centres, to manage demand. Our continued investment in hospital at home will help to increase the provision of acute care at home and ensure that patients receive personalised care.

We also need to look at the long-term reforms that will be required. We are developing a

population health framework, taking a cross-Government and cross-sector approach to improving the key building blocks of health.

We must also recognise the vital role of social care and unpaid carers in supporting people to remain in their own homes for longer. That is a cross-Government preventative approach. We are supporting low-income households, delivering the Scottish child payment, delivering the “Best Start, Bright Futures” plan to tackle child poverty and expanding free school meals. We will continue minimum unit pricing and take radical action to reduce the harm that is caused by smoking.

I am also clear that, as a nation, we all need to take personal responsibility and do what we can to mind our own health by paying due attention to nutrition, our mental health and exercise, whatever form it may take.

Our service reforms must take a whole-system approach, including social care and the planned national care service. Primary care, which is the crucial bedrock of the NHS and the key to driving sustainable, effective and good value-for-money healthcare, has a well-established collaborative programme of reform and improvement already under way. Primary care reform is focused on seeing the right person at the right time in the right place and is key to realising a community-first approach. Improving access to primary care and shifting care to the community is and must be a key focus of reform. That includes our NHS dental payment reform, free universal NHS-funded eye examinations, our NHS pharmacy first service and signposting people who have common conditions to local pharmacies for advice and treatment.

To support general practice, we have significantly expanded the primary care multidisciplinary team workforce, with more than 4,700 staff working in services including physiotherapy, pharmacy and phlebotomy. We are supporting development of those teams through investment of £190 million in the primary care improvement fund this year, as well as continuing to support practice learning time.

There are on-going issues that we need to continue to address. People whose discharge from hospital is delayed are not receiving the best care that they need, and that can have significant consequences for them as well as for the entire system. We have already put in place the delayed discharge and hospital occupancy action plan to help to create the necessary capacity, but we still need to improve the flow of patients through our hospitals, and we will work closely with all stakeholders to achieve that.

In 2021, the independent review of adult social care showed the clear need for change and recommended the reform of social care in

Scotland and the strengthening of national accountability for social care support. The National Care Service (Scotland) Bill, which will ensure greater transparency in the delivery of community health and social care, improve standards, strengthen the role of the workforce and provide better support for unpaid carers, is the biggest public sector reform since devolution.

We will put people at the heart of reform, ending the inconsistencies in care provision across Scotland, ensuring that those who need it have access to consistently high-quality care and support and embedding fair work principles for our workforce.

Reform is also taking place within our mental health services, which we will continue investing in. We will shortly publish the delivery plan for the new mental health and capacity reform programme, which will be the first important step in making sure that the law, our policies and our practices will ensure that anyone who requires support is treated fairly and with dignity. That is just one aspect of our work to improve mental health support at all levels and we will continue working closely with the Convention of Scottish Local Authorities, health boards and other partners to implement the delivery plans that we published last year.

Our valued healthcare workforce is a key part of our vision for reform. In addition to the on-going implementation of agenda for change, we are working with the British Medical Association on reform of junior doctors’ contracts and have launched a ministerial task force on nursing and midwifery, with a remit that covers attraction, education and training, retention and staff wellbeing.

Finlay Carson (Galloway and West Dumfries) (Con): Last week, we heard from midwives about the struggles that they face during training. What consideration has been given to apprenticeships for midwives and other healthcare workers, which might help them to transition from one career and into supporting rural areas such as Dumfries and Galloway?

Neil Gray: Finlay Carson touches on the important issue of attraction and retention, which is being worked on by the nursing and midwifery task force. We need to see an expansion of routes into the profession and want to ensure that we do that equitably across Scotland, so that services in rural areas can be improved.

The Health and Care (Staffing) (Scotland) Act 2019 was the first comprehensive, multidisciplinary workforce planning legislation in Scotland and is the most comprehensive of its kind in the United Kingdom. We have recognised the vital role of the social care workforce with a

pay uplift to £12 per hour for adult social care workers in commissioned services.

Alongside that support for workforce wellbeing, productivity and moving into service, our reforms can and must be accelerated and enriched by the transformative potential of scientific innovation. Last week, the Deputy First Minister and I co-chaired a round-table meeting on game-changing technologies. That event brought together key leaders from the life sciences industry, academia, the NHS and Government to discuss advances in science and technology that can transform lives and the implementation of services.

Medical research is moving faster than ever. New preventative technologies are supporting people to manage their own health better and to prevent and mitigate disease. Wearable devices are helping people to take ownership of their own health, while new diagnostic and screening methods can support the NHS in identifying and treating disease before symptoms appear.

There is huge potential in personalised and precision medicine, gene therapies and robotic surgery, so we will proceed with a new partnership between Government, the NHS, our academic institutions and the life sciences industry to focus on seizing the opportunities to empower patients, liberate clinicians, drive efficiencies and prevent ill health. I am pleased to announce today that five Scottish institutions—the universities of Aberdeen, Edinburgh, St Andrews and Strathclyde, along with Public Health Scotland—have each been awarded £1 million of funding, through the chief scientist's office, to conduct major research programmes into population health in Scotland. The five programmes that have been awarded funding have the potential to make a significant impact.

I am aware that some in this chamber have already called for structural change, but the urgent focus of change must be on transforming services within the current structures and maximising our current assets. I will work to implement an NHS Scotland approach that will harness greater levels of collaboration in our health boards and partners, resulting in better value, quality and outcomes for patients and staff.

There will be Government-led national engagement. We must ensure that we are fully committed to the engagement that can inform our plans, which will take a person-centred approach, ensuring that we utilise our incredible workforce.

We have established a primary and community health steering group to bring together a range of health stakeholders and an expert reference group will be convened this autumn to provide independent input, advice and an additional independent and international perspective. A

stakeholder advisory group will also bring together a cross section of professional associations, including COSLA, the Health and Social Care Alliance Scotland, regulators and others that are in service delivery. I look forward to hearing directly from them to translate the vision into delivery across the system. We will listen to all voices and, by the end of the year, I hope to have brought them to bear on the actions that we will take.

There is no more important issue to a nation than the health of its people. I am not looking to publish another strategy. Our work is already being guided by multiple plans—notably, the national clinical strategy of 2016. Our task now centres on listening and delivery.

I am pleased and privileged to open the debate, and I welcome all contributions.

I move,

That the Parliament recognises the urgent and critical need for health and social care reform within the context of an ageing population, persistent health inequalities and fiscal pressures, whilst ensuring that the founding principle that the NHS in Scotland remains in the hands of the public and is free at the point of use will not change; agrees that reform must focus on a more sustainable healthcare system, performance improvement, prevention, providing quality services and maximising access, with a foundation of due consideration for the people at the heart of Scotland's health and social care services, including the workforce; recognises the importance of continuing to invest in mental health and GP services, including the investment of £190 million in 2024-25 for multi-disciplinary teams to support general practice and the new support for protected learning time in GP practices, and supports the Scottish Government's commitment to a national engagement that will inform and inspire the reform programme.

16:25

Sandesh Gulhane (Glasgow) (Con): I draw members' attention to my entry in the register of members' interests: I am a practising NHS general practitioner.

The future of our national health service is of the utmost importance to the people of Scotland and to the more than 180,000 serving NHS Scotland staff. In fact, healthcare professionals and patient groups have been calling for a national conversation on the NHS for years, and we know why.

As our population ages; as more people suffer from chronic diseases, from mobility issues and from poor mental health; as life expectancy in Scotland falls; and as arthritis and musculoskeletal problems affect one third of our population, this debate is long overdue. With Scots in our most deprived areas being twice as likely to die from cancer; with one in seven Scots on an NHS waiting list; with accident and emergency waiting targets unmet in four years; with cancer referral

standards unmet in a decade; and with the number of whole-time equivalent GPs decreasing at a time when the number of registered patients is growing, this debate is long overdue.

Ideally, the debate should transcend politics. The Scottish Conservatives were prepared for this crucial conversation early in February, when we published our paper, “Modern, Efficient, Local”. Since then, the Scottish National Party Government has been conspicuously silent and has yet to bring a coherent vision to the table. The SNP is devoid of any substantive proposals. That is not just disappointing—it is a neglect of duty. Instead of stepping up to the plate, either by publishing a plan before the Opposition did or—at least—responding to our call for a national conversation, the Scottish Government chose to bide its time.

I appreciate that the Government was somewhat distracted by the forced change of health secretary. However, if the SNP spent more time and energy thinking about the NHS than about its own travails, a colleague’s bill for data roaming or its politics with the Greens, then maybe—just maybe—we could get serious about NHS reform.

So, here we are. In the midst of a heated general election campaign, the SNP has suddenly decided to bring this crucial debate to the chamber. However, the timing is no accident: it coincides with the SNP’s general election headline on the NHS. Despite the clear reservations of the two largest Opposition parties, the SNP has chosen to manipulate Scottish parliamentary time in order to serve its UK general electioneering purposes. That is an affront to every Scot who relies on the NHS and to every healthcare professional who dedicates their life to serving others.

This is not the time for crafty manoeuvres or underhand tactics. This is the time for honest, robust and urgent dialogue about how we ensure that the NHS can continue to provide world-class care.

Despite the SNP and its political chicanery, we come today armed with ideas and with a willingness to engage in constructive dialogue. Our vision is for an NHS in Scotland that is modern, efficient and local, and one that is accessible for all of our population—urban, rural and island.

Ruth Maguire (Cunninghame South) (SNP): Does the Conservative vision for healthcare include its remaining in public hands?

Sandesh Gulhane: It does, 100 per cent. As an NHS GP, I will always want the NHS to be free at the point of care. In fact, if you listen a little bit

longer, you will hear some of our great ideas and, if you read “Modern, Efficient, Local”—

The Deputy Presiding Officer: Speak through the chair.

Sandesh Gulhane: —which is our vision for the NHS, the member will be able to understand our 26-page policy document.

To achieve that, our country will need to truly embrace innovation and change—plus take the strain off our health service and its staff. In that way, we can maintain them and universal healthcare as we know it.

To start with, we want to strengthen primary care so that practices can handle the volume of demand and carry out the types of clinical interventions that can safely and practically be delivered in the community. That includes backing our community pharmacies, optometrists, audiology services, physiotherapists and link workers, all of whom have expertise that can support community-based care. That should have happened under the GP contract, but the SNP has, as with all things, broken its promise and failed to deliver. To achieve that, we would reprioritise resources. In plain speak, we would radically increase the percentage of the NHS budget that funds primary care.

Our vision of a modern and efficient health service also embraces innovation. We want to see clinicians, university researchers, data scientists, artificial intelligence technologists, Government and industry in lockstep to develop monitoring, diagnostics and advanced therapies. We need to use technology to predict problems, because if we can predict we can prevent—and so protect people. We must also deploy technology to reduce inefficiencies.

Neil Gray: I really want to focus on ideas on how we will move forward. I agree with Sandesh Gulhane’s suggestion on refocusing and prioritising some funding for prevention and primary care services. However, is not how we do that, at a time of constrained public finance, the conundrum that we are all facing? I would welcome Sandesh Gulhane’s suggestions about how, while there is continued spending restraint from the UK Government, we can ensure that we would not see acute services and the secondary care sector suffering as a result of that reprioritisation.

The Deputy Presiding Officer: I can give you the time back for interventions, Dr Gulhane.

Sandesh Gulhane: What we seek is a reduction in demand for secondary care, which is far more expensive than the work that we would undertake in primary care. We also need to be cognisant of the fact that, over the 17 years of

SNP Government, £17 billion-worth of Barnett consequentials have not been spent on the health service.

We would adopt more data science and artificial intelligence solutions in order to become more efficient at handling surgery schedules, managing staff rotas and ordering equipment and consumables. Adopting medical technology solutions at scale would help us to manage patient care better, shorten hospital stays, reduce hospital readmission rates, improve patient satisfaction and achieve better patient outcomes. In rural and island areas, that would include mobile screening services to take diagnostics such as lung screening to communities instead of expecting patients to travel long distances.

We could use AI to speed up reading of X-rays, computed tomography scans and magnetic resonance imaging scans. That would complement, not replace, doctors.

We would also ensure that NHS management support our clinical staff better. Workforce terms and conditions must work for those who are on the front line and their families. Good staff morale is vital to retaining great people and to making the NHS an attractive option for our bright school leavers.

We would also, subject to each medical school's capacity, remove the false cap on the number of medical students at Scotland's universities, thereby allowing a greater number of qualified Scots to become medics.

However, across our population, we really must take greater responsibility for our own health: our NHS cannot continue to act as a repair shop when things go wrong. We need a service that is far more focused on keeping us healthier for longer.

The Scottish Conservatives have brought solutions to the table before now. Almost three years ago, I proposed a solution for tackling long Covid, but that was ignored. The then health secretary went on to be First Minister, while the number of Scots who were suffering with that debilitating condition grew to over 180,000—10 per cent of them children. Let us not have a repeat of that inaction.

We are calling for a serious, focused and sincere national conversation about the NHS—one that is free from the taint of electoral scheming and is dedicated solely to finding sustainable solutions for the future.

I move amendment S6M-13466.2, to leave out from second “, including” to end and insert:

“; notes with concern that the Scottish Government has frozen all major NHS project investment for two years and that, for waiting lists to be cut, construction on these projects must resume immediately; further notes that the

Scottish Government's A&E target has not been met in almost four years and that its 62-day cancer referral standard has not been met in over a decade; notes with alarm that one in seven people in Scotland are now on an NHS waiting list, and that the Scottish Government has failed to meet its targets to end long waits for treatment; requests that the Scottish Government reconsider its plans for a National Care Service, which will only serve to take power away from local authorities, and will not address the underlying issues in social care; reminds the Scottish Government that, since it promised to end delayed discharge seven years ago, successive health secretaries have failed to do so, and emphasises that any reform of health and social care must address the issues listed above as a matter of urgency and incorporate modern, efficient and local solutions into the health service.”

16:34

Jackie Baillie (Dumbarton) (Lab): I think that this debate has been misnamed. It is entitled “A Vision for Health and Social Care in Scotland”, but this SNP Government has not had any vision for health and social care for the past 17 years.

For those who do not believe me, here are the words of Audit Scotland from its damning report on the state of the NHS from earlier this year:

“There are a range of strategies, plans and policies in place ... but no overall vision. The absence of a shared national vision, and a clear strategy to deliver it, makes it more difficult for NHS boards to plan for change.”

There you have it.

Up to now, the SNP's past two health secretaries have resisted the BMA's repeated requests for a national conversation. Now that we are on to our third health secretary, I can only assume that the sudden change of heart is because the SNP is indeed bereft of ideas and needs some help.

I say as a matter of record that the Scottish Labour Party is happy to help, because we care too much about the NHS not to do so. However, I gently point out to the cabinet secretary that the BMA, the Royal College of Nursing, Unison, the GMB, all the royal colleges, the social care sector and even we politicians have been offering suggestions for years. Here is the rub: even when we make suggestions, the SNP is incapable of implementing them properly.

I cite the national care service as one such example. It was first proposed by Labour more than a decade ago and was rejected by the SNP; now, suddenly, it is the SNP's big idea. The problem is that the SNP's plans are all about structures, not raising quality or improving culture—which is essential. Not one penny is going on care just now, when 9,000 people are waiting to be assessed for care and existing care packages are savagely slashed right across the country.

There is no doubt in anyone's mind about the scale of the crisis that is faced by the NHS in Scotland. It is profound. Hard-working staff across the health and social care sector are doing their very best to care for us, but they are burnt out and demoralised. Vacancy levels among nurses and doctors are higher than they should be; the use of agency staff to cover shifts in social care is increasing; and GPs are struggling to cope with increasing demand as the promised numbers of new GPs have failed to materialise.

We can all agree that the NHS and social care are nothing without the staff. We owe them a huge debt of gratitude, but we also owe them better workforce planning and an increase in training places. The Government needs to urgently review the process of workforce planning and, while it does so, it needs to make better efforts to retain existing staff. We are happy to make suggestions in that area.

Then there are the lack of access to mental health support, the rise in delayed discharge, the failure to meet cancer treatment targets and the ever-growing waiting lists for treatment. When we add in the £1.4 billion in cuts that the health boards and health and social care partnerships are making, the picture will get even worse. Indeed, when the SNP came to power, spending on health per head of population was 17 per cent higher than in England; now, it is only 3 per cent higher. The SNP has eroded spending over time, so it is little wonder that, on its watch, life expectancy has dropped.

Neil Gray: I am interested in the waiting time statistics that Jackie Baillie quotes in her amendment, because they are factually inaccurate. I am interested in understanding how she has arrived at the figure of 840,000 people on an NHS waiting list, because that is not borne out by the figures that have been demonstrated by Public Health Scotland. How has she arrived at those misleading and factually inaccurate statistics?

Jackie Baillie: First, those figures are neither misleading nor factually inaccurate. They were taken from data that has been published by Public Health Scotland.

I will now focus on waiting times, because those are the most obvious sign of SNP failure. The fact that 840,000 Scots are languishing on waiting lists for tests, diagnosis or treatment is shameful. That is one in six of the population. That is somebody that you know—a family member or a friend. It is a national scandal.

When Humza Yousaf was the health secretary, he announced targets to eradicate the longest waits—to reduce them to below two years for out-patients and in-patients by August and September

2022. Almost two years on, none of those targets has been met—not a single one. Instead of reducing, the number of people who are waiting is going up. There have been an extra 77,000 in the past year alone.

Part of the solution that was suggested by the SNP in 2015—and which Labour supported—was national treatment centres. However, they have been paused indefinitely in Ayrshire and Arran, Tayside, Grampian, Lothian and Lanarkshire. What will the SNP do instead? It is clear that the recovery plan is not working. Waiting times are going up and more people are waiting, so I recommend that the cabinet secretary tears it up and starts again.

Before closing, I will deal with comments that were made by Stephen Flynn. Suggesting that Labour wants to privatise the NHS is disgusting, dishonest, and frankly desperate, as he struggles to save his seat in the election. Perhaps he was not aware of the SNP's record in government. The total number of private hospital admissions in Scotland in 2023 was 46,000, which is 11 per cent higher than the number in 2022 and 32 per cent higher than the number in 2019. There were more private admissions than in any previous year on record, and the majority were paid for by the SNP Government. Shockingly, self-pay admissions are up 8 per cent and are at their highest level since records began. It is the SNP that is presiding over a two-tier health service, and it is the SNP that has failed to get to grips with the crisis in our NHS.

The NHS is in crisis and the SNP has no idea how to turn it around. Not only is it time for new ideas, it is time for a new Government, because this one is incapable of making things work. In 1948, Labour created the NHS. In 1997, we rescued the NHS and on 5 July 2024—the 76th birthday of the NHS—we will rescue it again.

I move amendment S6M-13466.1, to insert at end:

“is concerned that 840,300 people in Scotland are on NHS waiting lists for tests and treatment, of which over 87,000 have waited more than a year; notes that more patients are forced to use the private sector, with the latest data showing that the number of privately paid for hospital admissions is 80% higher than before the COVID-19 pandemic, and calls on the Scottish Government to set out a plan for reducing waiting times.”

16:41

Gillian Mackay (Central Scotland) (Green): I begin by extending my gratitude to the workers who make up our NHS—those who spend their lives making sure that we get the care we are entitled to when we need it. That includes every single worker who is involved in the running of our services, from nurses and GPs to cleaners, cooks and ambulance drivers. The same goes to the

countless carers who keep our social care system afloat. I hope that that serves as a reminder that there is no NHS and no social care without those people, and that their tireless contributions must continue to be valued.

There is only so much that we can cover in the chamber today, and I acknowledge that this should be the start of a wider conversation. We need to be clear that the work to fundamentally reform and improve our services must come on different fronts and that each set of issues will require different timelines.

I also believe that we cannot have a candid conversation about reform without acknowledging the context in which our health and social care systems exist. We cannot ignore the injustice of Brexit and the impact that it has had on our workforce. It has gutted our services and our ability to retain talented individuals. The fiscal constraints that have been placed on us due to austerity from Westminster, the ripple effect from the pandemic, an ageing population and the high burden of non-communicable disease put the NHS in Scotland in a particularly fragile place. We have to acknowledge that that is the reality that we are operating in. However, that does not absolve the Government from its responsibilities. I brought those factors up to inform our dialogue and to have an open and frank conversation that is based on the reality that we face, because it is all too easy to ignore their collective burden.

Reform must focus on a more sustainable healthcare system through performance improvement, prevention, providing quality services and maximising access. The preservation of a publicly owned system that is free at the point of use is non-negotiable. We must not allow ourselves to be buoyed by a false narrative that privatising key aspects of our NHS would fix its difficulties. Scotland has fought hard against privatisation since devolution, and I urge the cabinet secretary to continue that fight. I was pleased to see that reflected in the motion.

We have to focus on prevention, reform and waiting times as targets to help to solve the issues that we currently face. First, I will focus on prevention. We cannot prevent all ill health from ever happening, but given that we recorded 53,000 deaths in 2021 that were attributed to non-communicable diseases, the nation should aspire to reduce preventable ill health to the lowest level possible. That would put a real value on health and ensure that everyone has a good, healthy life for as long as possible. That will reduce pressure on the NHS overall.

That is not a quick fix, and it will not necessarily show up quickly in statistics but, over time, the little bits that we can all do will take pressure off the NHS and improve many lives across the

country. For example, yesterday, I attended the Walking Football Scotland and Chest Heart and Stroke Scotland tartan teapot trophy event at Heriot-Watt University, as did the Minister for Social Care, Mental Wellbeing and Sport. The number of people taking part in walking football is phenomenal, with around 90 teams due to play in its Scottish cup competition later this month. It has benefits for players' physical health. Many people who play are older and have stopped playing five-a-side football for a variety of reasons. The different style of play helps to keep them active for longer when they might otherwise have given up sport. It also contributes to better mental wellbeing and prevents isolation. I was reliably informed yesterday that, if people wanted to, they could play walking football five days a week. The sport is hugely accessible for those who have retired and could become isolated. It is a lot harder to do than it looks, though. We need to ensure that such organisations and initiatives have the funding that they need to deliver services, because the reach of many of them is far beyond anything that we in the Parliament could design.

We also need to invest in GP services. Securing the future of our NHS and improving the health of the people of Scotland fundamentally depend on increasing the number of GPs. Short-term fixes where need is particularly acute must be complemented by long-term strategic planning from the Scottish Government to tackle the severe workforce crisis. We also need to see protected learning time being established for GPs and their teams. I am pleased to see that aspect being included in the Government's motion, and I thank the cabinet secretary for our conversation about it. We all know that having too little time is a huge barrier in primary care. At the moment, learning and improving knowledge has to fit in with everything else that happens in a general practice surgery. I am sure that much of that learning happens in clinicians' own time. Allowing time to update and share knowledge can only serve to provide better outcomes for patients.

We also need to ensure that the action that the Parliament takes to create a good food and drink environment will offer people a real choice in improving their health. As I have said on previous occasions, some actions that we need to take to achieve that will involve a whole-Government approach. As we know, poverty is a great barrier to good health, so establishing a universal basic income and putting more money in people's pockets has to be part of that. However, taking action to encourage reformulation of products, ban disposable vapes, reduce smoking and tackle other health-harming products has to be part of the landscape, too.

We also need a public health levy to ensure that, at a time when funding for services is tight,

we are ensuring that sellers of products that damage health contribute to the services that pick up the pieces. I was hugely pleased that, in this year's budget, we secured a commitment to explore establishing such a levy. It is essential that work happens quickly on that. Given the current financial situation, and the acute need for public services, it would be negligent of any Government not to maximise the funding that comes into such services. Having such a levy would be a relatively easy way to do that.

There is so much work to do in individual specialisms in secondary care that will need to change quickly if we are to get waiting lists down. However, I believe that a fundamental part of the reform agenda for health must focus solidly on reducing ill health overall. I again extend my deepest gratitude to the tireless workers who drive our health and social care services. Without them, we have no NHS.

The Deputy Presiding Officer: As someone who has played walking football, I would be concerned that doing so five days a week might put additional pressure on A and E services.

16:48

Alex Cole-Hamilton (Edinburgh Western) (LD): I am pleased to speak in the debate on behalf of Scottish Liberal Democrats. I am grateful that the cabinet secretary offered to meet me. I know that, in advance of the debate, he also met other members to talk about building consensus, which I welcome. As I told him at our meeting, our NHS is still in crisis. He knows it; we know it; and the people working on the front line, whom Gillian Mackay rightly thanked, know it. Many members have spoken of it in the chamber on countless occasions. Under 17 years of SNP Government, the fundamentals of our health service have been steadily eroded. Those who work in the NHS, and those who rely on it, are suffering greatly as a result. We are asking far too much of our hard-working staff. They are all going above and beyond repeatedly, and have done so for years.

I must take issue with the cabinet secretary's reference to the Health and Care (Staffing) (Scotland) Act 2019. Even tonight, across the NHS, in hospital wards and in every health board area in the country there will be shifts that are not staffed safely, where both clinicians and patients are unsafe. We have yet to live up to the full spirit and fundamentals of that act. Across the board, clinicians, nurses, patients and ancillary workers have all been let down.

Primary care is one example. Many Scots are old enough to remember a time when, if they needed their GP, they could book an appointment and be seen within a couple of days. That is

almost a forgotten country. Now, routinely, people have to make dozens—or hundreds—of phone calls, just to speak to someone at their GP practice. Two weeks ago, I spoke to a woman in Caithness who had phoned her GP practice 200 times when the phone lines opened at 8.30, before finally being given an appointment in three weeks' time.

That is happening not just in that part of Scotland—it is happening everywhere. I have even heard of people being told that they would have to wait two weeks to get an appointment for a baby. For a young parent, that is a terribly long time to wait.

Many times I have borrowed the words of Dr Andrew Buist, chair of the BMA's Scottish GP committee, who said:

"We are often told GPs are the bedrock of the NHS—but ... the bedrock is crumbling, and it is patients"

who are suffering. Patients are suffering—hundreds of thousands of patients in Scotland are languishing on waiting lists for tests or for treatment. We have heard harrowing tales of people in pain, waiting for hours for an ambulance to arrive.

Just last month, at First Minister's question time—as you will remember, Presiding Officer—I, along with Douglas Ross, raised the case of a woman who nearly died on the doorstep of Portree hospital, on Skye. All the doors were locked at the time that she was suffering from asphyxiation, and her boyfriend was throwing rocks at the windows to get in. That happened despite a report six years ago telling the SNP Government to keep that hospital open for 24/7 care.

What about the thousands of Scots, many of them children, who are suffering with mental ill health as part of the long shadow of lockdown? They are forced to join the longest queue for treatment in our national health service. The motion refers to

"the importance of continuing to invest in mental health ... services".

I could almost laugh at that if it was not so desperate. In previous budget negotiations, my party secured £120 million extra for mental health, but the SNP has seen fit to cut, in real terms, spending on mental health by nearly £80 million. With our young people still struggling with the legacy of the lockdowns, any mental health practitioner in the country will tell you that the Government could not have picked a worse time to let that funding slip away.

Just today, mental health treatment targets were missed yet again. Scotland needs world-class mental health services, and the Scottish Liberal Democrats will fight to see them delivered. That is

why we have set out plans to increase the amount of tax that is paid by social media giants and use that money to help to fund more mental health support in schools and to get more professionals closer to where people live.

That is based very much on the polluter pays principle. We know that the ecosystems that are created by social media are the environments in which people are suffering abuse and dealing with body image issues, and they are finding those environments increasingly difficult to escape. The people who create that ecosystem should pay.

The Government is out of ideas for patients and staff alike, so it is no wonder that it is finding it harder than ever to attract and retain new staff. We need experienced staff, now more than ever, if we are to bring down those waiting lists. However, rather than making the meaningful investment that our health service needs, the Government is relying on short-term fixes to plug the gaps, and is pursuing its plans for an unwanted ministerial takeover of social care. That is little more than a bureaucratic exercise, but it will cost billions of pounds and it will do nothing to address the fundamental issues in social care that are leading to delayed discharges in our hospitals and creating an interruption in flow throughout the NHS.

Scottish Liberal Democrats want staff to be fairly paid and fairly treated, with good working conditions. The Government can make progress by adopting our burnout prevention strategy and setting up an NHS staff assembly so that our doctors and nurses can put their voices and their expertise at the heart of the solution.

Patients need to know that they will be tested, diagnosed and treated in a timely fashion when they seek care from our health service, so as to have the best chance of recovery. That is all that they are asking for, and they are right to expect it. The competent management of our health service is perhaps the primary thing that we elect a Scottish Government to do—in fact, Neil Gray said as much in his closing remarks. The fact that some people have been forced to pay for private treatment to get well is emblematic of how bad things have become.

I am glad to see the Government making time in the chamber for a debate on health and social care. In truth, the subject has been given far too little time by the Government in recent months. I also welcome the sentiment that the health secretary expressed. However—and I hate to be pessimistic—we have heard it all before. Each of his many predecessors has promised much, but delivered little, and people are sick to the back teeth of being taken for granted. They need new hope and they need change. The health secretary, in his heart of hearts, must know that any new

vision for health and social care in Scotland has to be one that does not involve his party.

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

16:54

Jackie Dunbar (Aberdeen Donside) (SNP): The NHS in Scotland—our publicly owned, publicly run, free-at-the-point-of-use national health service—is one of our country's greatest assets. For more than seven decades, it has served Scotland through thick and thin, even in a pandemic, looking after folk from the cradle to the grave and aathin in aathin.

In years to come, I look forward to being able to talk about it alongside the national care service that is being set up by the SNP Government. The establishment of a national care service is a huge undertaking, but it is just one part of the reforms that we need to consider in health and social care if we want to ensure that it is sustainable in the long term. That sits alongside targeted investments such as the £190 million in multidisciplinary teams to support GPs.

When it comes to health, the answer is not just to throw money at the private sector, or, as Wes Streeting has said that Labour will do, to throw the NHS to the private sector. I firmly believe that at the heart of all the issues that the NHS faces in every part of the UK is Westminster austerity and the £18 billion to £30 billion of cuts that are contained in Labour and Tory spending plans. That threatens the NHS's future. When it comes to the future of the NHS in Scotland, it is in the best hands possible when it is in public hands, but how we decide to fund the NHS and our spending on a range of other policies that impact folk's health is a difficult balancing act.

Whether or not we choose to admit it, the question of how much a life is worth runs through many of the decisions that are made in this place, and not just in healthcare. The answer probably varies depending on the policy area that money is being spent in. The nature of what our NHS does means that we can just about identify every life that it saves and every life that it could not save. There is even a measure used in approving treatments that comes as close as you will get to answering that question. It considers quality-adjusted life years when making the most difficult decisions about allocating resources. However, elsewhere in Government, it becomes much harder to pinpoint the individuals affected by those life-and-death decisions. For example, if we invest in improving road safety and road fatalities go down, we will never know who did not crash. Conversely, we know that poverty and poor air

quality shorten lives, but would we see those listed on a death certificate?

Initiatives such as the Scottish child payment and low-emission zones may go on to play as much of a role in keeping folk healthy and tackling health inequalities as some parts of our NHS will. Scrapping the child cap would have a similar impact. That would not just give more bairns a better chance at life; it would likely mean that they go on to live longer and healthier lives, too.

I am not suggesting that reform of the NHS be that wide ranging, but as we consider reform, it is worth recognising the role that prevention can play and that not every intervention needs to involve a doctor. I know a lot of folk who view their GP as their only point of contact for everything. That is a reflection of the capabilities of those GPs and the esteem in which they are held. However, some will insist on seeing their GP even when nurses, physiotherapists or other medical professionals are better placed to help them. That multidisciplinary approach is the way forward, and it is starting to become more common and more accepted. It can also be built on.

One example of that good practice is the Grampian eye health network, which works well in my constituency, and which I think other health boards would do well to look at. It is an initiative that sends folk with eye difficulties to an optometrist in the first instance. That takes pressure off GPs and A and E departments, and it means that patients can get a much more appropriate diagnosis or referral from someone who specialises in looking after eyes and deals with them day in, day out.

Nobody is saying that our NHS is perfect. There is work that needs to be done, and there are improvements that can be made. The motion acknowledges that reform is needed, and it looks forward to how those improvements will be delivered. However, let me finish by talking up the state of the NHS in Scotland.

Under SNP Governments, NHS funding has more than doubled, to £19.5 billion this year. We have worked with trade unions to avoid a single day of strike action over pay. NHS staffing is at a record high, with 31,300 more doctors, nurses and other staff than there were in 2007. Compared with England, we have, per head of population, more doctors, more nurses and midwives, more hospital consultants, more GPs, more dentists and more NHS staff overall, and we are continuing to invest in training even more staff, with 880 more junior doctor training posts created since 2014.

The NHS will stay in safe hands and in public hands under this SNP Government.

17:00

Sue Webber (Lothian) (Con): Our NHS is an incredible national asset—I do not think that anyone doubts that—but it continues to face growing challenges. The SNP's consistent attempts to blame its NHS failures on the UK Government lack credibility; after all, it has full control over healthcare. However, here we are, with more than 840,000 Scottish people waiting on an NHS waiting list. In March 2024, almost a third of patients had to wait for more than four hours in A and E. Just 71.1 per cent of cancer patients are seen within 62 days. Since the SNP promised to increase the number of GPs by 800 by 2027, GP numbers have decreased by 42. Right now, there are more than 4,000 nursing vacancies in NHS Scotland. In 2023, NHS staff faced around 31 assaults a day.

I could go on, but we have heard those statistics many times before, and I am sure that we will hear them again in this debate.

The only way to bring down the waiting lists is to be more efficient with the resources that we have or to create more capacity to do more. Just imagine what we could do if we could do both.

Here is what I mean by being more efficient. I recently spoke to a surgeon who operates across two different hospitals. In one hospital, the theatre is staffed with tens of nurses and operating department practitioners, and they deal with two cases, or maybe three if they are lucky, on a list. In the other hospital, there are far fewer staff in each theatre, but on one list, they can deal with six to eight cases. Faster patient turnarounds and fewer delays between cases is more efficient. Imagine how we could bring down waiting lists if that was compounded with increased capacity.

It is blindingly obvious to me that the decision that the SNP Government took to stop all new capital investment in our NHS will be catastrophic. The SNP Scottish Government appears to favour short-term solutions that will have devastating long-term consequences for our NHS. As Jackie Baillie said, we were promised 11 new regional treatment centres that were intended to bring down the waiting lists. Now, the Scottish Government website mentions only four.

In addition to those treatment centres, dozens of NHS construction projects across Scotland have been stopped. Vital projects in Lothian have been postponed. Those include a new cancer centre, a new eye hospital and a national treatment centre in Livingston. A GP surgery in East Calder that is crying out for a new facility has been all but abandoned. That is before we talk about community hospitals in and around the area closing. With a growing population and diminishing

resources, the new chief executive of NHS Lothian has a real challenge ahead of her.

Let us focus on preventative healthcare for a moment. Right now, for every £1 that we spend on our NHS, we spend just 2p on public health. Investing in prevention has substantial benefits in reducing patient demand and costs, as does early diagnosis and treatment. That keeps treatment costs down, it results in far better patient outcomes and it gets people back to work, with a far better quality of life. We need to greatly increase spending on public health interventions if we are to make prevention the overall strategy for our approach to healthcare. We all know about the success that the smoking ban had in the immediate aftermath of its introduction.

Arthritis and other musculoskeletal conditions affect a third of Scotland's population—that is, 1.7 million of us. Just last week, figures were published that showed record NHS waiting times, with trauma and orthopaedic waits forming the single largest cohort: they make up a third of all waits.

I am one of those 1.7 million, and I am far too young to be getting new knees just yet, but I have been in chronic pain and on a significant level of medication to manage that pain. That medication is not free; it costs money. Yesterday, I went to the GP for the second injection in my knees, so I have now had them both done. Almost immediately after my hyaluronic acid injection, I experienced a significant reduction in pain, I have increased mobility, and I am not taking the medication any more, which will have many health benefits.

Here in Lothian, there are very long waits for such joint injections. I have been very fortunate to have a GP who can do them, and I want to give a thank-out to Dr Graeme Parry in Colinton surgery. I met a physio who told me how important a role physios can play for people with arthritic joints, yet the Chartered Society of Physiotherapy has highlighted a worsening workforce crisis in physiotherapy, with record high vacancy rates and one in five physiotherapists considering leaving the profession. It is a key profession for getting elderly patients who are stuck in hospital more mobile and able to function themselves, which would free up hospital beds and appointments and make space for other activities to take place.

For those who really want to talk about preventative spend, I want to speak about a rare and incurable genetic condition that affects spinal motor nerves, which is called spinal muscular atrophy or SMA. Unless it is caught early, it results in progressive muscle wasting and weakness. With approximately one in 16,000 British babies born with SMA, the case for adding it to the screening blood spot tests for all newborns is obvious to me. I notice that Mr Doris is in the

chamber—I know that he, too, cares passionately about the condition. Yes, that test will cost money, as will the treatment, but the cost of round-the-clock care for someone with SMA is around £500,000 a year, so surely that fits both financially and philosophically with the principle of preventative medicine.

Bob Doris (Glasgow Maryhill and Springburn) (SNP): I can update the member on progress in relation to SMA screening. I and representatives of people who are suffering from SMA had a very successful meeting with the Cabinet Secretary for Health and Social Care. We need to get more information, but we are very optimistic that progress will be made, and the Scottish Government has been very constructive in relation to the matter.

Sue Webber: I thank Mr Doris for that update.

Still on the subject of preventative action, on Friday I met a lady in Colinton called Shona Harrower. She wanted to tell me about a truly preventative approach from Norway.

“Amazeballs free sports equipment loan scheme for all under 25s with a residential address in Norway”,

she proclaimed.

“Rachel (my daughter) just sent me this awesome photo from Norway. An old school friend visited her, and they borrowed all the camping gear they needed from the (free) Bua shop to make memories like this”.

If a picture could tell a thousand words, that one certainly did. What is there not to like about tackling physical and mental health at the same time, and getting our young people involved in sport and nature?

The NHS in Scotland has been described as

“not sustainable in its present form”

by Professor Paul Gray, the former head of the NHS in Scotland. The SNP has driven the NHS into that crisis. It must adopt the Scottish Conservatives' proposals from our “Modern, Efficient, Local” healthcare paper to secure the future of our NHS in Scotland.

17:08

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): The Scottish Government, in choosing to invest more than £19.5 billion in health and social care in 2024-25, is giving our NHS a real-terms uplift in the face of UK Government austerity. I understand that NHS funding comprises almost 40 per cent of the Government's budget. It has more than doubled under the present Government, and staffing is at a record high, as colleagues have said, with far more doctors and nurses per head in Scotland than in England. By working with the trade unions,

the Government prevented a single day of strike action over pay in our health service, unlike elsewhere in the UK. We all know that Scotland has an increasing ageing population and, therefore, increasing demands on health and social care, and the fallout from Covid continues to add pressure to NHS services.

I now turn to the financial context, which Sandesh Gulhane and Jackie Baillie conveniently sidestepped. There is a perfect financial storm, which started with austerity under the Tories, following the 2008 bank crash, and continues to this day. There was Covid; Brexit, with its costs; the raging inflation, which peaked at 11 per cent, that was brought about by the disastrous Liz Truss budget, and the natural wage demands that followed as a consequence; and the energy inflation that resulted from Ukraine's invasion by Russia, which was compounded by a failure of UK Governments to invest in home-grown energy over decades, having squandered North Sea oil revenues, unlike independent Norway.

Before we tackle reform, let us lay to rest some myths. A good place to start is to follow the money. If any UK Government makes public sector cuts, because of Barnett consequentials, we suffer, too. That is significant when I refer to Labour's plans, should it come to power. For example, if more health is delivered through the private sector, public funding decreases in England, so funding that is devolved to Scotland decreases when the Scottish Government is determined to keep the NHS in public hands.

Sue Webber: Will the member take an intervention?

Pam Duncan-Glancy: [*Made a request to intervene.*]

Christine Grahame: Yes, I will take an intervention.

The Presiding Officer (Alison Johnstone): I call Sue Webber.

Sue Webber: The spending is not ring fenced. If the NHS in England chooses to contract a private provider to provide a service, the money still comes to Scotland as a consequence. It is not allocated in the manner that the member is saying that it is.

Christine Grahame: I say with respect to the member that she had better check how the money is allocated to Scotland.

Labour's shadow health secretary has admitted that, when it comes to NHS funding, Westminster is damaging Scotland's NHS because of the Westminster austerity that we have suffered for 14 years. Rachel Reeves, the shadow chancellor, has indicated that the Labour Party, if it is elected to office, will not increase income tax, national

insurance, corporation tax or VAT, and that it has accepted very strict borrowing limits within very strict fiscal and tax rules, and squeezed spending budgets. Does Labour have several money trees?

The Labour health spokesperson also said that the party wants

"the NHS to form partnerships with the private sector that goes beyond just hospitals",

having previously admitted that he will be

"holding the door wide open"

to private interests in the NHS. To me, that is privatisation.

Private healthcare investors have also stated that the Labour Party would

"kick-start private sector investment much more proactively than the Tories were able to do."

Jackie Baillie: [*Made a request to intervene.*]

Pam Duncan-Glancy: [*Made a request to intervene.*]

Carol Mochan (South Scotland) (Lab): Will the member take an intervention?

Christine Grahame: I will take the member. Is she challenging those quotes?

Carol Mochan: Has the member considered some of the questions that have been put to the Scottish Government about its continued use of private beds in the Scottish system? We must think about what is happening in our system and be realistic about that.

Christine Grahame: I asked the member whether she was challenging the quotes, which have been used in the Labour Party's election campaigning. She did not challenge them, so I adhere to them.

In Labour-run Wales, when the draft budget was published, the Minister for Finance, Rebecca Evans, said:

"After 13 years of austerity, a botched Brexit deal, and the ongoing cost-of-living crisis, this is the toughest financial situation Wales has faced since the start of devolution. Our funding settlement, which comes largely from the UK government, is not enough to reflect the extreme pressures Wales faces."

What is true for Wales is true for Scotland.

On top of that, Scotland is still living with the bruising legacy of Labour's private finance initiative, which has landed us with a bill of £30 billion. That was handed down to taxpayers by Labour, which built in Scotland using a "build now, pay later" scheme. The SNP Government had to buy out, for example, the contract levying car parking charges at the Royal infirmary of Edinburgh because of the PFI contract.

Until we are independent and have control of all our resources, the stark truth is that the Westminster Government might change from Tory blue to a lighter Labour shade of blue, but that will be the only change.

In conclusion, I will again quote Labour's shadow health secretary Wes Streeting, who is now one of my favourite people. He said:

"all roads lead back to Westminster"

and

"The NHS is in crisis and all decisions that are taken in Westminster don't just affect England – but Wales, Scotland and Northern Ireland."

That should be borne in mind when Labour's proclamations of change mean Labour's creeping NHS privatisation plans, with a predictable reduction in Scotland's NHS budget. We will not even be able to firefight, let alone do preventative medicine and treatment, because no reform can cope with that.

17:14

Elena Whitham (Carrick, Cumnock and Doon Valley) (SNP): I am passionate about early intervention and prevention across all systems that impact on our health and wellbeing, individually and collectively as a nation. I believed in that ethos before Dr Campbell Christie's commission, and it has been the guiding principle for all that I have done in the past decade.

The Government's motion puts early intervention and prevention and public service reform at its heart. We cannot deny the fact that the Scottish Government has increased the NHS workforce by nearly 25 per cent since 2006. We also cannot deny that, despite 14 years of austerity and inconsistent funding flowing from Westminster, the Scottish Government is, this year, providing a record £19.5 billion for health and social care budgets. However, we cannot fail to recognise that the entire health and social care system urgently needs to be reformed, because, despite record staffing levels and record funding, people in our communities are still dealing with health inequalities and access difficulties. That means that we need to engage in an open and honest national discussion about what we want and need from our health and social care system and how we will navigate the systems and culture changes that are urgently needed. That need has been exacerbated by Covid and Brexit.

Yesterday, I chaired a round-table discussion at Girvan community hospital that was attended by cross-party MSPs, local councillors, community organisations and statutory services. The meeting was brought about by the untimely death of a much-loved local man who passed away despite

the heroic efforts of locals, including two off-duty paramedics who worked valiantly for 50 minutes before the ambulance that was drafted in from Kilmarnock arrived. With a lot of unease in the community about access to emergency care, a letter was sent to elected members and statutory services to bring the tragic loss to our attention.

In Girvan and the surrounding villages and hamlets of South Carrick, there is a resilient population that is used to working collectively to deal with the rurality of their lives. They have excellent community groups, including the Royal National Lifeboat Institution, a community fire station and community paramedics, and there are many defibrillators across the area. Neighbours look out for and look after one another, with the deep-held belief that, in their time of need, the state will look after them.

I cannot determine whether the man's life would have been saved had an ambulance attended within the target time, but, if it had, the family and the community would have known that all had been done for him.

Yesterday's round-table discussion was wide ranging and hard hitting. We all realise that there are profound equalities issues in rural areas when it comes to accessing health and social care services and, indeed, many other public services. There was an acceptance that an ambulance cannot sit in the South Carrick area in case there is a critical incident requiring its attendance across the rest of Ayrshire, but it remains the case that, when the Girvan ambulance is pulled away, that leaves a vast area without life-saving cover close at hand.

We discussed the innovation that has been undertaken by the locality partnership to bring as many NHS services to the Girvan area as possible within the community hospital and health centre. There was a discussion about the learning from successful area-based shared-working models, such as the one in place in Dalmellington in East Ayrshire and, more recently, the one in Dumfries and Galloway. Both of those models involve looking across all systems, including those relating to housing, access to social security, access to exercise, and healthy food and wellbeing via reductions in poverty and social isolation at all stages of life.

The community conversation yesterday is exactly the type of conversation that we need to have across Scotland. We need to move the discussions away from resting only with decision makers and put them firmly into our town halls and community centres. We need to ensure that community assets are recognised and utilised to maximum effect. We need to move the dial towards investing much more in early intervention and prevention to ensure that our children and

their children are able to live long, happy and healthy lives.

I am concerned by the rhetoric in the current political debate, which seems to point to very little increased funding for our public services, including the NHS. It feels more like we will be short-changed, rather than any real change occurring.

If we want to truly create a health and social care service that will support an ageing population and deal with entrenched health inequalities, which were exacerbated by the Covid pandemic, with comorbidities increasing, all spheres of government need to recognise that resources must be made available to innovate and intervene early on. Without investment in early intervention and transformation that is supported by everyone, we will not achieve our collective goal of a robust and resilient health service that is there at the point of need for everyone.

17:19

Carol Mochan (South Scotland) (Lab): It is welcome that this debate has been brought to the Parliament in Government time. Discussing the NHS and its future is of critical importance, and we must all work together to deliver an NHS that is fit for the 21st century. Having said that, we absolutely cannot ignore the context in which we have the debate, nor the challenges that our NHS faces in 2024. The SNP wants all parties to participate in the discussion about our health service's future, which is welcome. However, for that to happen, the SNP must recognise its role in causing the seriously challenging position in which the NHS finds itself. Acknowledging one's own mistakes is a key factor. Acknowledging the challenges resulting from Governments' own approaches is a key factor.

I know that some SNP back benchers like to discuss the Labour Party, and I, too, enjoy discussing the future Labour Government. However, today's Labour amendment rightly takes the opportunity to set out what is happening in Scotland. We now have one in seven Scots on waiting lists. I must ask the Government and its back benchers to realise what is happening in Scotland. I do not say that to have a go at the Government; I say it because, to go back to my earlier point, we need to acknowledge the challenges in some of the approaches that have been taken. There are 32 per cent more private hospital admissions compared with 2019, and spending overall per person has reduced.

The member at the back was extremely critical of spending, but we know that, in the early years of the SNP Government, John Swinney did not pass on consequentials from a Labour Government to the Scottish NHS.

Christine Grahame: Will the member take an intervention?

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

Carol Mochan: I will give way to Mr Whitfield.

Martin Whitfield: The Barnett consequentials flow from expenditure in England in certain specific areas, where the same areas are devolved to Scotland. Where money is spent on the NHS in England—however it is spent—it will lead to a Barnett consequential coming to Scotland.

Carol Mochan: Yes, of course—understanding the system is really important.

I am happy to take an intervention from the member at the back.

Christine Grahame: I thank Carol Mochan for that new title, “the member at the back”—I am quite happy with it.

Carol Mochan is a good socialist, like me. Does she have concerns about the noises coming from Wes Streeting and Rachel Reeves with regard to public services and, in particular, privatisation steps in the English NHS, which will impact on Scotland?

Carol Mochan: The member knows that I love a good Government back bencher, and that I think that it is important for members to challenge their own front benches. However, the member must understand that the NHS will deliver better with a Labour Government—there is absolutely no doubt about that.

To get back to Scotland, we must acknowledge that having patients using the private sector—those who can afford to do so—is creating a two-tier system. Those who can pay can get treatment, and those who cannot are stuck in pain. We know that the Government books beds in the private sector. I say that to be honest about the issue so that we can talk about how we move away from it. A and E waiting times remain stubbornly high, and the SNP does not have a clear plan for how to bring them down. Those are long-term issues that have arisen and are becoming worse. If the Government truly wants to work with us, it needs to be honest about those issues. I therefore hope that it will support the Labour Party amendment so that we can work together.

I am conscious of time, so I will move on. I believe that the cabinet secretary wants to look to the future and that he honestly wants to work together with us on the issue. My view is that health inequalities, which are divisive in nature, are one of the greatest challenges that we face, and I know that the cabinet secretary accepts that point.

From the uptake of cervical screening services to deaths from alcohol and drugs, from childhood obesity to life expectancy, in Scotland, a person's postcode still determines their health outcomes in 2024. It is an absolute disgrace. For far too many people, a high number of years of poor health followed by early death is a reality. That is a serious issue, and tinkering around the edges will not resolve it.

We need to bring health services to our most deprived and vulnerable communities. I hope that the cabinet secretary will work with us on that. We need to roll out screening at home in areas where uptake is low. We also must invest in alcohol and drug partnerships, and it is excellent to have the minister who has responsibility for that with us. I know that she, too, wants to make sure that we have those services on the ground so that we can challenge some of the issues that face our communities.

We have to invest in health outcomes for our children by extending access to free school meals to tackle hunger and improving opportunities to take up sport. We need to do that by properly supporting our councils. It is essential that we fund local government.

We need to work cross portfolio to make sure that those things can happen.

John Mason (Glasgow Shettleston) (SNP): Will the member give way?

Carol Mochan: I am supposed to be winding up.

I am happy to talk about the matter again. I could talk about it all day. The key point is that, if we want to work together, we need to have some honesty.

17:26

Ruth Maguire (Cunninghame South) (SNP): I understand that conversations about the better performance of Scotland's NHS are not what people who are on a waiting list want to hear. I would never minimise the real pain and worry of patients and their families or the pressure and stress among staff that issues in our healthcare system cause. However, in a parliamentary debate, it is perfectly reasonable to point out some facts about investment that the Scottish Government is making and action that it is taking.

The SNP Scottish Government is choosing to invest more than £19.5 billion in health and social care, thereby giving our NHS a real-terms uplift in the face of UK Government austerity. That uplift exceeds the front-line Barnett consequentials and means that resource funding for health and social care has more than doubled since 2006-07, including £14.2 billion in investment for our NHS

boards and additional investment of more than £500 million.

That said, there is an urgent and critical need for health and social care reform. We have to change the way that things are done. This morning, in the Health, Social Care and Sport Committee, we heard about the difference that research can make, so I welcome the cabinet secretary's announcement in that regard. Reform must focus on creating a healthcare system that is sustainable, performance must improve and we have to get prevention right.

We have been talking about prevention for an awfully long time. We have to shift resources and get that right, provide quality services and maximise access. The inequality in access and outcomes that a large number of the communities that I represent still experience is wholly unacceptable. Any reform must have a foundation of due consideration for the people who are at the heart of the health and social care system—patients, their families and, of course, the workforce.

When I speak in debates about reform, I never lose sight of the human aspect. Health and social care is not an abstract topic to me. Living in the area that I represent, I have the same first-hand experience as many of my constituents do, as do my friends and family, some of whom are employees, too.

In the context of an ageing population, persistent health inequalities and fiscal pressures, delivering a high-quality, person-centred service is indisputably challenging. I do not think that anyone in the chamber would be so arrogant as to claim that they are clear on exactly how to do that—clear that they have all the answers. In that regard, a national conversation is welcome. Elena Whitham's eloquent remarks about her experience with her community will provide rich learning for the Government.

One thing about which the SNP Government is very clear is that the answer to the challenges that we face is not privatisation. My Labour Party colleagues are rightly proud of their party's role in forming the NHS, and they are also talking a lot about change at the moment. Notwithstanding Jackie Baillie's remarks, however, Ayrshire residents should be warned that there is the potential for Labour to short change them when it comes to protecting the NHS. These words have been read out before, but they are worth repeating. Labour's health spokesperson said last week that the party

"will go further than New Labour ever did"

and that Labour wants the NHS

"to form partnerships with the private sector that goes beyond just hospitals",

having previously admitted that he will be—and I am quoting directly—

“holding the door wide open”

to private interests in the NHS. Private healthcare investors have also stated that the Labour Party would

“kick-start private sector investment much more proactively than the Tories were able to do”.

We will need consensus on exactly how to reform and improve things. My worry is that, after 14 years of Tory austerity, the growing Westminster consensus between the Tories and the Labour Party now seems far more interested in selling the NHS than in saving it.

The founding principles that the NHS in Scotland remains in the hands of the public and is free at the point of use will never change for the SNP. It is clear today that the threat comes from Westminster. That is why, in the first 100 days after the election, SNP MPs from Ayrshire, I hope, and across Scotland will propose a new law at Westminster to keep the NHS safely in public hands—a new SNP law that will bind the hands of any UK Government and ensure that the health service is fully protected as publicly owned, publicly operated and, with its services, publicly commissioned.

The SNP will stand by the founding principles of the NHS of keeping it free at the point of delivery and keeping our health service where it belongs—in public hands.

17:31

Gillian Mackay (Central Scotland) (Green):

We should all continue to call for additional efforts and initiatives to support the recruitment and retention of clinicians and other NHS staff. For example, the Royal College of Physicians of Edinburgh highlights that it would welcome a review of the NHS estate to ensure that medical staff have access to hot food during night shifts and adequate rest and changing facilities. We know that one of the biggest barriers to that is staff not being able to leave a ward to access such facilities in the first place, so we need to ensure that work on safe staffing is progressed at pace.

As a front door to the health service, a thriving general practice not only brings direct benefits to its patients but serves to protect the entire NHS. Without general practice, the rest of the health service would be overwhelmed and the NHS as we know it would simply not exist. There are obviously pressures on urgent care in many health boards. In the short term, we need to have enough staff and capacity to deal with what is coming through the door. In the medium and long terms, we need to help GP services to ensure that they

can see people, to prevent them from turning up at accident and emergency unnecessarily. GP out-of-hours services should also be supported and strengthened as a vital piece of the urgent care landscape. There is a hugely dedicated team that takes on that role in addition to other responsibilities.

The entire system is interconnected and interdependent, but that should not provide us with excuses for not tackling the big issues or not having big conversations with service users, unions and stakeholders.

As Sandesh Gulhane rightly said, we need to look at alternative routes into medical careers, to take care of short-term and long-term workforce issues. However, we also need the UK Government to play its part. For example, if they are given indefinite leave to remain, international medical graduates could be part of the workforce for a long time to come.

Elena Whitham’s contribution prompted a thought that I do not think we have covered today. We have all set out national aspirations, but that assumes that all our health boards are facing the same challenges equally. We know that that is not the reality, so we need to tailor approaches to ensure that they have the support that they need.

We need to see change in the short term to build clinician and patient confidence, because, if they do not believe that things are going to get better, it will be an uphill battle to continue reform. We need to see a realistic timetable from the Government for how and when things will change, and we need to know that we are not going to see just another round of constant meetings and talking.

We must continue to prioritise a preventative approach, to alleviate the pressures on our NHS and enhance the general health of our population. To continue with a preventative approach means building on strong progress such as minimum unit pricing and work on banning disposable vapes.

Increasing the number of medical school places across Scotland would be an important step towards addressing workforce challenges, but those increases must be matched by an urgent expansion in training posts for all who require them, across all specialties and in all parts of Scotland. Failure to expand training opportunities can lead only to extreme frustration in the medical workforce and will undermine attempts to retain doctors in the NHS.

We must also listen to our junior doctors and new nurses to ensure that the training process is improved so that they do not burn out. They will be our clinicians for generations to come and their experiences must be taken into account, because some of those are not good. They do not get shifts

when they should, or they miss major life events to ensure that people get the right care, and that is just the tip of the iceberg.

Like other members, I will touch on mental health. Mental health problems are strongly linked to health and social inequalities. Those living in the most deprived areas are three times more likely to end up in hospital due to mental health issues than those living in the least deprived areas. We need more and better general practice in all areas of profound socioeconomic deprivation, to reduce the ill health and mortality that those services can influence.

We must also look at the treatment mix in mental health to ensure that it reflects what the population actually needs. Very soon, many young people who have known only talking therapies in the support given by their schools will transition to adult services. We do not have that balance or that provision of cognitive behavioural therapy in adult services. That is one example of a long-term issue that we must look at now to ensure that services are fit for the time when more young people enter adult services.

The outcomes for a number of other conditions could, with investment, be radically improved. Closed loop diabetes kits undoubtedly have positive benefits for users and reduce potential complications. Thrombectomy can literally save the life of someone who has suffered a stroke, as well as preventing disablement and reducing NHS spending. At the moment, that is only a 9 to 5 service in many places, creating a lottery that depends on when a person has a stroke.

I will briefly address the amendments to today's motion. Green members will abstain on both. The Conservative amendment would remove some good things that we added to the motion, and, although we support the majority of the Labour amendment, the number contained in it is so incorrect that we cannot support it.

Overall, I have been pretty disappointed by this debate. If we are to have a grown-up conversation, we must all give up our politically entrenched positions. There have been some good ideas, but people do not want a good idea that is wrapped in a party political broadcast. We must be better than that.

I thank all those who sent briefings ahead of the debate and look forward to the conversations that are clearly needed—and wanted—about what the NHS needs, so that it can deal with its current challenges and ensure that it is fit for the future.

17:37

Paul Sweeney (Glasgow) (Lab): I am pleased to close this debate for Labour, because this was

the party that led the National Health Service (Scotland) Act 1947 through Parliament and brought the service into being on 5 July, 76 years ago next month. That was a huge milestone, but the national health service was certainly not an immaculate conception. I do not know whether anyone has managed to see recent the National Theatre production “Nye”, which shows the hugely fraught process that involved a number of stakeholders and interest groups, which brought the NHS into being.

We should not be complacent about that mythology, but the heart of it is the principle of providing a service that is free at the point of need. There is certainly a consensus about that across this chamber and Labour will always defend that fundamental principle. However, I have found it to be rather ironic that today's Government motion refers to a commitment to the NHS being

“free at the point of use”

when that Government has presided over the national health service for almost a quarter of its existence in Scotland and has, in the process, allowed a two-tier healthcare system to emerge because of gradual disinvestment.

For example, we can look at the period from 2007 to 2010, when the current First Minister was finance secretary. He failed to pass on Barnett consequentials from the UK Labour Government, which set in train a trajectory of constraint on NHS spending. NHS expenditure per capita was 17 per cent higher in Scotland than it was in England when the SNP Government came into power. Today, it is only 3 per cent higher. That gradual increase in constraint on NHS expenditure has had a ratcheting effect and has caused major problems for healthcare investment here in Scotland.

John Mason: I think that I pressed the wrong button. I apologise.

I thank Paul Sweeney for giving way. He says that there should have been more money for the NHS. Does that mean that he thinks that there should have been less for local government?

Paul Sweeney: I do not want to get into using the premise of national income accounting, but that is certainly not the zero-sum game that we are talking about. That is exactly the problem at the heart of the debate—the simplistic analysis that has led us to this position. We know that, when we cut local government spending, that back-loads on to the NHS. For example, cutting programmes in a community leads to greater morbidity and ill health in that community, which then loads on to A and E departments. It is a false accounting exercise.

What we should be focusing on is cost avoidance. Here is an example. We know that

people are suffering serious disablement, pain and invalidity in the community, because we can see it in the evidence that 40 per cent of the knee and hip operations that were carried out in Scotland last year were paid for privately, and in the fact that the number of self-paid hospital admissions is up almost 80 per cent from pre-pandemic levels.

Although we have the shared idea that the health service in Scotland must be free, it is certainly not there at the point of need for many Scots. They are suffering in pain for a long time and are having to spend their life savings and to sell assets to fund their wellbeing. That is not sustainable, it is not acceptable and it defies the principles on which the NHS was established.

We have heard some extreme examples today. I was quite struck by Elena Whitham's talk about ambulances. I have seen that in my casework. For example, a man came home from work to find his father on the floor having a stroke. He waited more than two hours for the ambulance. By the time it came and got his father to hospital, the doctor had to come and break the news that he had waited too long and therefore had a permanent disability.

Christine Grahame: Will Paul Sweeney take an intervention?

Paul Sweeney: No. I am sorry.

The man was wracked with guilt that his father might not, had he got him into the car and to the hospital, have suffered long-term disablement. Such things are what we see daily in our health service, which defies the principle on which it was built.

We will not take lectures from the Government on private medical care, which has driven our NHS into the ground. The cynical misrepresentation of discussion about collaboration with innovators and researchers in the private sector or in the universities is completely unacceptable, because it defies the history of the NHS.

Let us look at one example. In fact, one of the greatest achievements in the NHS was a public-private collaboration. In the 1970s, the record label EMI, which was pioneering with the Beatles at the time and earning lots of money through revenues that were generated by their record sales, ploughed money into research at its central research laboratories to develop what became the computed tomography, or CT, scanner. EMI partnered with the then Department for Health and Social Security, which invested £600,000 in the project. Godfrey Hounsfield, who was the chief scientist at EMI and worked in collaboration with the NHS, won the Nobel prize for that work. The CT scanner was built as a legacy of the NHS and a private-public partnership. That is what we are talking about when we refer to bringing in the

innovations that we need to improve our healthcare system.

Sue Webber talked about productivity issues in our NHS. That is exactly the sort of thing that we can improve with collaboration and investment, as are operating theatres that are not operating at optimal efficiency, for example. There are medical technology companies in Scotland that have products that can improve the productivity of the NHS, but they are not even getting a look-in at bringing their technologies to bear in the NHS. Those technologies cannot be developed in-house, because they are pioneering, cutting-edge and discrete specialist technologies. Companies across Glasgow and elsewhere in Scotland are offering such opportunities to the NHS, but they are not being brought in. That is what we should be doing to improve our healthcare system.

For 17 years, the NHS budget has been under pressure. However, as has been mentioned, the budgets of local councils up and down the country have also been under pressure, which is leaving health and social care partnerships strapped for cash and unable to fulfil the care needs of the community.

People who work in the care sector are not paid nearly enough to sustain themselves, so they leave the profession, which creates vacancies that continue to back-load pressure on to the healthcare system. That is why we need a new deal for working people that will transform terms and conditions for care workers, including a clear path to £15 an hour pay for care workers.

We recognise the importance of carers and our healthcare staff across the professions. They deserve better.

17:44

Tess White (North East Scotland) (Con): The NHS is an incredible national asset, but as we have heard repeatedly in the debate, it is on its knees.

For 17 years, the SNP Government has been the custodian of Scotland's healthcare service, but it is out of ideas and out of time. Perhaps that explains SNP Westminster leader Stephen Flynn's ludicrous intervention yesterday, which abdicated any responsibility for the state of Scotland's fully devolved health service. It was shameful grievance-mongering but, sadly, that is something that we have come to expect from the SNP. Professor James Mitchell was spot-on when he said that the latest deflection from the SNP was "evasive" and "simplistic", with "no serious engagement" with the "challenges" that the NHS faces.

In a new report this week, the Royal College of Nursing has laid bare some of the challenges. It found that more than a third of nurses have delivered care in settings such as hospital corridors, which has alarming implications for patient safety. The situation is so bad that the RCN has described it as a “national emergency”.

Dr Sandesh Gulhane said:

“the SNP has chosen to manipulate Scottish parliamentary time in order to serve its UK general electioneering purposes. That is an affront to every Scot who relies on the NHS and to every healthcare professional who dedicates their life to serving others.”

Wherever we look, whether in primary or secondary care, the situation is critical for Scotland’s NHS. Delayed discharges are up by 12 per cent on last year and there have been almost half a million fewer operations than there were in the pre-pandemic period. Consultant vacancies are up by more than 11 per cent in a year, and nursing vacancies remain stubbornly high.

Across every health board, the number of GP surgeries is down on the number a decade ago. Ambulances are stuck outside A and E departments—especially at Aberdeen royal infirmary in my region—for hours at a time. NHS services are increasingly being centralised to urban areas. Minor injuries units in rural communities are closing or restricting their hours, and some rural health boards cannot even recruit GPs.

What about the one in seven Scots who are languishing on NHS waiting lists for months, or even years, as their conditions deteriorate? What about the national treatment centres, including in NHS Grampian and NHS Tayside in my region, that were promised to relieve the pressures on the system, but have been put on ice? Worst of all, we know that people are dying unnecessarily: in A and E departments alone, there were as many as 2,000 excess deaths in 2023.

For too long, the SNP has presided over a process of managed decline in the NHS. Successive SNP health ministers have overpromised and underperformed. NHS staff and patients are paying the price, with intolerable workforce pressures, inadequate infrastructure and unbearably long waits for people who are in pain and discomfort. SNP members do not want to hear it, but it is they who are responsible for the NHS in Scotland and they who are making spending decisions and determining spending priorities.

The crisis will only get worse with an ageing population and growing demand on a healthcare system that simply does not have the capacity to respond. A national conversation on the future of the NHS is welcome but, ultimately, we need

solutions. Today, the cabinet secretary talked about the transformation of services and having a national conversation. He used the word “reform” at least seven times—in fact, it was used so often that I stopped counting. Why have the previous health secretaries and the current cabinet secretary not been listening to key stakeholders such as the RCN, the Royal College of Midwives and the Royal College of Surgeons? The SNP Government has the feedback that it needs. It is action that is lacking.

Today, Humza Yousaf was here at the start of the debate, but I noticed that it did not take long for him to scarp out of the chamber—*[Interruption.]* Did SNP members hear that? He scarp out of the chamber when he heard the current health secretary talk about reform being required.

Carol Mochan talked about the importance of honesty when having a conversation—but how can one have an honest conversation with the SNP Government when it deflects and denies? There was deflection when the cabinet secretary questioned the figure of 840,000 people on NHS waiting lists, which came out last Tuesday from Public Health Scotland.

Christine Grahame: *[Made a request to intervene.]*

Tess White: I will refer to SNP back bencher Christine Grahame in a minute.

There was denial when every SNP back bencher—I am coming to you, Christine Grahame—electioneered with anti-Westminster rhetoric. Even when one of our favourite SNP back benchers bangs on her grievance drum—

Christine Grahame: *[Made a request to intervene.]*

Tess White: I am sorry—I will not take an intervention. I have had enough banging on the drum, Presiding Officer.

This should be about fixing and future proofing—*[Interruption.]*

The Presiding Officer: Let us hear the member.

Tess White: The SNP does not want to hear what I have to say, but I would like to finish. *[Interruption.]*

The Presiding Officer: Let us hear Ms White.

Tess White: The Scottish Conservatives have already delivered in that regard. We were the first of Scotland’s parties to contribute detailed and credible proposals to the conversation. As Dr Gulhane said, for all our population—urban, rural and island—we would take a modern, efficient and local approach to healthcare reform that would

increase capacity and address demand. We would introduce a 24/7 digital health service, through a “My NHS Scotland” app.

The cabinet secretary says that primary care is the bedrock of our NHS, but I say to him that primary healthcare is on its knees. We would deliver 1,000 additional GPs, investment of 12 per cent of the NHS budget in GP clinics and a new national standard that would guarantee patients an appointment within a week. We would establish maximum waiting times across all major NHS metrics.

Our NHS has reached a crisis point—

Christine Grahame: On a point of order, Presiding Officer. I seek your guidance. Two members—Humza Yousaf and me—have been mentioned by Tess White in a rather disparaging manner. Is not it incumbent on her to let us intervene and respond?

The Presiding Officer: It is for the member who is speaking to decide whether they accept an intervention.

I ask you to conclude.

Tess White: Thank you, Presiding Officer. That point has been made: it was not a point of order, as we hear constantly.

If Neil Gray is serious about reform, the SNP Government must step up, stop shirking responsibility and finally show some leadership.

The Presiding Officer: I call Neil Gray to wind up the debate, for up to nine minutes.

17:52

Neil Gray: I thank members for the important discussion on the future of health and social care services. I say that at the outset to be constructive and collaborative and to seek consensus. There are some exceptions, which I will come to. I opened the debate with a genuine call for openness and collaboration. I intend to continue that approach as we take forward our reform agenda. I genuinely thank those who contributed today. I will touch on some of them in detail and will thank others if I have time at the end of my speech.

First, I want to temper Sandesh Gulhane’s cynicism about the timing of the debate, as it has been well trailed for quite some time since I came into post, and was proposed long before the election was called. Although I agree with him on putting more money into primary care and agree that, in the long run, that will realise health and financial improvements, we will not see those savings in the short term. I am therefore genuinely keen in the reform discussion to apply our cranial

attention to how we do that without affecting current secondary care services.

Sandesh Gulhane was also wrong in his assertion about the Government’s funding of health and social care. The Treasury’s own figures—which also contradict the assertions of Carol Mochan and Paul Sweeney about the Government’s funding for the health service—show that, if health spending per head in Scotland had matched that of England, £15 billion less would have been put into the NHS in Scotland between 2006-07 and 2022-23.

As many others in the chamber did, Jackie Baillie set out the challenges, but she did not rise to the challenge of saying where we go from here. I will turn to her remarks in more detail shortly—in keeping with the theme of honesty that Carol Mochan asked for.

Gillian Mackay made two very helpful contributions, which rightly turned to the need to target prevention and invest in primary care.

Alex Cole-Hamilton’s assessment of the challenge in our health service is real, but he failed to live up to what I had anticipated from the chamber by not saying how we move forward. Sadly, like others, he failed to do that. Mental health funding is up under this Government and, contrary to Alex Cole-Hamilton’s perspective, CAMHS figures show progress and the best performance for many years after the doubling of the budget and the number of staff.

I will turn to other contributions, including those from Jackie Dunbar, Christine Grahame, Elena Whitham and Ruth Maguire, in more detail. They were helpful. I also hope to turn to Carol Mochan and Sue Webber’s contributions.

Today, I have outlined the Government’s vision for reform, and I have spoken about the actions that we are already taking to improve and reform our health and social care services. Our intention to reform health and social care is now well established.

That vision, which will drive the reform to enable people to live longer, healthier and more fulfilling lives, is underpinned by the four key areas—prevention, quality service provision, increased access and having people at its heart—and it is broad and deep. It spans population health interventions that will improve our general health through a person-centred approach to clinical and service operating models that will drive improvements across our health and social care services.

Pam Duncan-Glancy: Will the member take an intervention?

Neil Gray: I will try to take interventions once I have made some progress.

Now is the time to drive forward the reform activity that will ensure that we deliver the vision. It has never been more urgent to do so, and it requires concentrated action across Government to maximise efforts across portfolios and society. Those portfolios will include education, housing, communities and transport, and the efforts will be impacted by income and economic opportunity as well as physical and mental health.

It is clear that we need to work not only across Government but across health boards, community planning, education, business and other health services. Our vision is focused on change and improvement in current NHS structures, maximising current assets and delivering a population-based approach to the planning of acute services that will transcend traditional boundaries.

Crucially, we will need to harness the potential of research-proven technologies and scientific innovations while also maintaining focus on the outcomes that matter to people. Rapid national adoption will be critical to ensure that health services in Scotland have sustainability, address health inequalities and deliver improved patient outcomes. All of us need to reset the relationship with our health and that of our nation. Taking collective responsibility for a healthier Scotland is the only truly sustainable way in which we can protect and improve our health services.

I must reiterate that I am not looking to publish a new strategy. My focus is firmly on delivery and on building on the foundations that have already been developed during the past decade or so, including the 2010 quality strategy, the 2016 national clinical strategy and the 2016 realistic medicine strategy, among others. To do that, we will work to implement an NHS Scotland approach to harness greater levels of collaboration between our health boards and partners, resulting in better value, better quality and better outcomes for patients and staff.

Sue Webber: Will the member take an intervention?

Neil Gray: I will try to do so shortly, but I need to get through these remarks first.

Through all that change, we must not lose sight of the fundamental mission of healthcare, which is to address the needs of each and every person who needs to receive care from our health and social care services.

As I said to Opposition spokespeople when I outlined why I wished for this to be a debate rather than a statement, I did not want to move into this space this afternoon. I did not want a discussion on where we are, because we have ample opportunity to discuss that and we accept that there is a need for reform and improvement, as I

set out in our motion. Instead, I wanted this debate to be about how we move forward. However, Jackie Baillie, Paul Sweeney and others have tested my resolve.

It is important that, if we quote figures, we do so accurately. The figures that are quoted in the Labour amendment are wrong and misleading. We can leave it to other people to judge for themselves why Labour would wish to provide misleading and inflated figures on waiting times in Scotland when it currently has record waiting times in Wales. There are not 840,000 people on NHS waiting lists—that is misleading, as many people will be waiting for more than one procedure or test. The Public Health Scotland report clearly says that figures for new out-patient appointments should not be added to in-patient figures. When that warning is in the same report from which Labour has surely taken the figures that are mentioned in its amendment—it will have had to read past that point to get to those figures—I wonder whether that would constitute Labour knowingly misleading not only the Parliament but the people of Scotland as to the figures that are before us. Labour cannot quote those figures without reading that warning first.

Of course, I accept that that still leaves too many people waiting, and too many outstanding appointments. On such issues, when we need to take people with us on the journey and process of reform, with difficult decisions to be made, we must ensure that we are accurate rather than scaremongering. When that fact is coupled with Labour's current plan for the health service, which amounts to spending an extra £134 million in Scotland, it would barely cover a 1 per cent pay rise for NHS staff. Labour should try explaining that one to them. It is also less than the Tory consequential that were received in year following the most recent budget. Therefore Labour's plan is not a plan for change; it is a continued, short-changing of Scotland and its health services from, in this case, a Labour UK Government rather than a Tory UK Government. That is why the Scottish Government cannot support either amendment.

The thrust of the debate is so important. It is about having a serious dialogue on reform and improvement while accepting that too many people are waiting for too long, but setting out a plan to address the immediate challenge, coupled with improving our population's health, investing in prevention and embracing the opportunity that arises from technology and innovation. That is what I genuinely hoped that the national conversation and engagement that includes colleagues from across the Parliament will deliver, and I look forward to embarking on that in a shared spirit of endeavour.

In my opening remarks, I said that I want to approach this task in the spirit of co-operation. This vital period of reform and improvement has to proceed on a truly national basis. After all, as the founder of the NHS, Aneurin Bevan, who has already been quoted in the debate, famously said,

“The NHS will last as long as there are folk left with faith to fight for it.”

I believe that there is broad consensus among members, with a deep and abiding faith in our health and social care services. I also believe that, collectively, we have the ability to fight and reform, and to improve those services to meet the challenges of today, tomorrow and the future. I thank members for their contributions to the debate. I look forward to working together to progress the vital task that is ahead of us.

Business Motion

18:02

The Presiding Officer (Alison Johnstone):

The next item of business is consideration of business motion S6M-13492, in the name of Jamie Hepburn, on behalf of the Parliamentary Bureau, setting out a business programme.

Motion moved,

That the Parliament agrees to the following revisions to the programme of business-

(a) Wednesday 5 June 2024-

after

2.00 pm

Portfolio Questions:
Constitution, External Affairs and
Culture, and Parliamentary Business;
Justice and Home Affairs

Insert

followed by

Ministerial Statement: Low Emission
Zones - Protecting Public Health and
Improving Air Quality

delete

5.10 pm

Decision Time

and insert

5.40 pm

Decision Time

(b) Thursday 6 June 2024-

delete

5.30 pm

Decision Time

and insert

4.55 pm

Decision Time—[*Jamie Hepburn.*]

Motion agreed to.

Motion Without Notice

18:03

The Presiding Officer (Alison Johnstone): I am minded to accept a motion without notice, under rule 11.2.4 of standing orders, to bring forward decision time to now. I invite the Minister for Parliamentary Business to move such a motion.

Motion moved,

That, under Rule 11.2.4, Decision Time be brought forward to 6:03 pm.—[*Jamie Hepburn*]

Motion agreed to.

Decision Time

18:04

The Presiding Officer (Alison Johnstone): The first question is, that motion S6M-13464, in the name of Shirley-Anne Somerville, on the Social Security (Amendment) (Scotland) Bill at stage 1, be agreed to.

Motion agreed to,

That the Parliament agrees to the general principles of the Social Security (Amendment) (Scotland) Bill.

The Presiding Officer: The second question is, that motion S6M-13176, in the name of Shona Robison, on a financial resolution to the Social Security (Amendment) (Scotland) Bill, be agreed to.

Motion agreed to,

That the Parliament, for the purposes of any Act of the Scottish Parliament resulting from the Social Security (Amendment) (Scotland) Bill, agrees to—

(a) any expenditure of a kind referred to in Rule 9.12.3A of the Parliament's Standing Orders arising in consequence of the Act, and

(b) any charge or payment in relation to which Rule 9.12.4 of the Parliament's Standing Orders applies arising in consequence of the Act.

The Presiding Officer: The next question is, that amendment S6M-13466.2, in the name of Sandesh Gulhane, which seeks to amend motion S6M-13466, in the name of Neil Gray, on a vision for health and social care in Scotland, be agreed to. Are we agreed?

Members: No.

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

18:05

Meeting suspended.

18:07

On resuming—

The Presiding Officer: Members should cast their votes now.

The vote is closed.

For

Baillie, Jackie (Dumbarton) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Choudhury, Foyso (Lothian) (Lab)

Clark, Katy (West Scotland) (Lab)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Dowey, Sharon (South Scotland) (Con)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallacher, Meghan (Central Scotland) (Con)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 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)
 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)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Sweeney, Paul (Glasgow) (Lab)
 Webber, Sue (Lothian) (Con)
 Wells, Annie (Glasgow) (Con)
 White, Tess (North East Scotland) (Con)
 Whitfield, Martin (South Scotland) (Lab)
 Whittle, Brian (South Scotland) (Con)
 Wishart, Beatrice (Shetland Islands) (LD)

Against

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Brown, Siobhian (Ayr) (SNP)
 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)
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Harper, Emma (South Scotland) (SNP)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)

MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 McAllan, Màiri (Clydesdale) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 Minto, Jenni (Argyll and Bute) (SNP)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 Regan, Ash (Edinburgh Eastern) (Alba)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 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)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Abstentions

Burgess, Ariane (Highlands and Islands) (Green)
 Chapman, Maggie (North East Scotland) (Green)
 Greer, Ross (West Scotland) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Mackay, Gillian (Central Scotland) (Green)
 Ruskell, Mark (Mid Scotland and Fife) (Green) [Proxy vote cast by Gillian Mackay]
 Slater, Lorna (Lothian) (Green)

The Presiding Officer: The result of the division is: For 47, Against 57, Abstentions 7.

Amendment disagreed to.

The Presiding Officer: The next question is, that amendment S6M-13466.1, in the name of Jackie Baillie, which seeks to amend motion S6M-13466, in the name of Neil Gray, on a vision for health and social care in Scotland, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Baillie, Jackie (Dumbarton) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Choudhury, Foysol (Lothian) (Lab)
 Clark, Katy (West Scotland) (Lab)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Griffin, Mark (Central Scotland) (Lab)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Marra, Michael (North East Scotland) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McNeill, Pauline (Glasgow) (Lab)
 Mochan, Carol (South Scotland) (Lab)
 O'Kane, Paul (West Scotland) (Lab)

Rennie, Willie (North East Fife) (LD)
 Smyth, Colin (South Scotland) (Lab)
 Sweeney, Paul (Glasgow) (Lab)
 Whitfield, Martin (South Scotland) (Lab)
 Wishart, Beatrice (Shetland Islands) (LD)

Against

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Balfour, Jeremy (Lothian) (Con)
 Briggs, Miles (Lothian) (Con)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Brown, Siobhian (Ayr) (SNP)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 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)
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
 Findlay, Russell (West Scotland) (Con)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallacher, Meghan (Central Scotland) (Con)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greene, Jamie (West Scotland) (Con)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Harper, Emma (South Scotland) (SNP)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hoy, Craig (South Scotland) (Con)
 Hyslop, Fiona (Linlithgow) (SNP)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lumsden, Douglas (North East Scotland) (Con)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 McAllan, Màiri (Clydesdale) (SNP)
 McCall, Roz (Mid Scotland and Fife) (Con)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 Minto, Jenni (Argyll and Bute) (SNP)
 Mountain, Edward (Highlands and Islands) (Con)

Mundell, Oliver (Dumfriesshire) (Con)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 Regan, Ash (Edinburgh Eastern) (Alba)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Ross, Douglas (Highlands and Islands) (Con)
 Simpson, Graham (Central Scotland) (Con)
 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)
 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)
 White, Tess (North East Scotland) (Con)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Whittle, Brian (South Scotland) (Con)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Abstentions

Burgess, Ariane (Highlands and Islands) (Green)
 Chapman, Maggie (North East Scotland) (Green)
 Greer, Ross (West Scotland) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Mackay, Gillian (Central Scotland) (Green)
 Ruskell, Mark (Mid Scotland and Fife) (Green) [Proxy vote cast by Gillian Mackay]
 Slater, Lorna (Lothian) (Green)

The Presiding Officer: The result of the division on amendment S6M-13466.1, in the name of Jackie Baillie, is: For 18, Against 87, Abstentions 7.

Amendment disagreed to.

The Presiding Officer: The final question is, that motion S6M-13466, in the name of Neil Gray, on a vision for health and social care in Scotland, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Baillie, Jackie (Dumbarton) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Brown, Siobhian (Ayr) (SNP)
 Burgess, Ariane (Highlands and Islands) (Green)
 Chapman, Maggie (North East Scotland) (Green)
 Choudhury, Foysol (Lothian) (Lab)
 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)
 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)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Griffin, Mark (Central Scotland) (Lab)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Kidd, Bill (Glasgow Anniesland) (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)
 Marra, Michael (North East Scotland) (Lab)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 McAllan, Màiri (Clydesdale) (SNP)
 McArthur, Liam (Orkney Islands) (LD)
 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)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 O'Kane, Paul (West Scotland) (Lab)
 Regan, Ash (Edinburgh Eastern) (Alba)
 Rennie, Willie (North East Fife) (LD)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Ruskell, Mark (Mid Scotland and Fife) (Green) [Proxy vote cast by Gillian Mackay]
 Slater, Lorna (Lothian) (Green)
 Smyth, Colin (South Scotland) (Lab)
 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)
 Sweeney, Paul (Glasgow) (Lab)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Whitfield, Martin (South Scotland) (Lab)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Wishart, Beatrice (Shetland Islands) (LD)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Balfour, Jeremy (Lothian) (Con)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Doney, Sharon (South Scotland) (Con)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallacher, Meghan (Central Scotland) (Con)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Greene, Jamie (West Scotland) (Con)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Lumsden, Douglas (North East Scotland) (Con)
 Maguire, Ruth (Cunninghame South) (SNP)
 McCall, Roz (Mid Scotland and Fife) (Con)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Ross, Douglas (Highlands and Islands) (Con)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Webber, Sue (Lothian) (Con)
 Wells, Annie (Glasgow) (Con)
 White, Tess (North East Scotland) (Con)
 Whittle, Brian (South Scotland) (Con)

The Presiding Officer: The result of the division on motion S6M-13466, in the name of Neil Gray, is: For 83, Against 30, Abstentions 0.

Motion agreed to,

That the Parliament recognises the urgent and critical need for health and social care reform within the context of an ageing population, persistent health inequalities and fiscal pressures, whilst ensuring that the founding principle that the NHS in Scotland remains in the hands of the public and is free at the point of use will not change; agrees that reform must focus on a more sustainable healthcare system, performance improvement, prevention, providing quality services and maximising access, with a foundation of due consideration for the people at the heart of Scotland's health and social care services, including the workforce; recognises the importance of continuing to invest in mental health and GP services, including the investment of £190 million in 2024-25 for multi-disciplinary teams to support general practice and the new support for protected learning time in GP practices, and supports the Scottish Government's commitment to a national engagement that will inform and inspire the reform programme.

The Presiding Officer: That concludes decision time.

Child Safety Week 2024

The Deputy Presiding Officer (Liam McArthur): The final item of business is a members' business debate on motion S6M-13063, in the name of Clare Adamson, on child safety week 2024.

The debate will be concluded without any question being put. I invite members who wish to participate in the debate to press their request-to-speak buttons now.

Motion debated,

That the Parliament marks Child Safety Week, the flagship annual campaign run by the Child Accident Prevention Trust (CAPT), which takes place between 3 and 9 June 2024; understands that the 2024 theme, Safety Sorted!, encourages families to feel confident that, with one small change, they can stop a serious accident and be clear what they need to do to keep children safe; considers that Child Safety Week acts as a catalyst for thousands of safety conversations and activities across Scotland, helping families to build confidence and skills in managing the real risks to children's safety; believes that child safety is a social justice issue and understands that children living in Scotland's most deprived communities are more likely to experience preventable accidents than those from the least deprived areas; applauds Child Safety Week's online resources and activities, which are available free to families and agencies; commends CAPT and other safety organisations for their ongoing efforts to promote the safety and wellbeing of children, and wishes all the organisers and volunteers the best for Child Safety Week 2024.

18:15

Clare Adamson (Motherwell and Wishaw) (SNP): It is a privilege to open the debate to mark child safety week, the flagship annual campaign that is led by the Child Accident Prevention Trust. This year, child safety week runs from 3 to 9 June, and the theme for 2024 is "Safety. Sorted!"

I thank all the safety campaigners who work to ensure that accident prevention is pushed up our political agenda to where it should be. As we heard in the previous debate, preventative spend is always the smart spend. I make special mention of the cross-party group on accident prevention and safety awareness and the dedication of all its members, including those from charities, those who volunteer and those who work in our emergency services. I also thank my MSP colleagues for signing the motion, as well as those who will speak in the debate tonight.

The 2024 theme of "Safety. Sorted!" encourages families to feel confident that, with a small change, they can prevent a serious accident and be clear on what they need to do to help keep children safe. That reflects the message from safety campaigners that accidents, otherwise known as unintentional injury, are not inevitable, and that

small changes can dramatically reduce unintentional injury.

Since we last held a debate on child safety week, the biggest legislative change has, arguably, been the domestic implementation of the United Nations Convention on the Rights of the Child. Embedding those core children's rights in Scots law marks a significant milestone for the Parliament. We know that children from more deprived areas are disproportionately impacted by accidents and unintentional injury: child safety is a poverty and social justice-related issue.

That basic social inequity underlies the need for rights-based legislation to be at the heart of Scottish policy. I am keen to remind members that article 24 of the UNCRC states as one of its aims:

"To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge"

in a number of areas, including

"the prevention of accidents".

Since our previous child safety week debate, there have been new developments that have implications for child safety. I did not envisage that vaping would be an extant child safety concern. Vaping companies are transparently targeting younger people with flashy marketing, colours and flavours, and the Child Accident Prevention Trust has previously warned that hospitals are seeing a growing number of children accidentally swallowing liquid nicotine from e-cigarette refills.

To anyone who questions the need for regulation, I contend that vapes are being used to save the tobacco industry from a societal shift in consumer attitudes to smoking. The smoking cessation argument falters when one considers that a huge proportion of new vape users have never smoked. We cannot allow the next generation to bear the brunt of the health, social, environmental and economic costs. I am heartened that the Scottish Government is consulting on a ban on single-use vapes, and I reiterate the calls for a tougher regulatory framework to assist organisations such as Trading Standards Scotland in dealing with the problem of underage sales.

I turn to some of the common dangers for children, which are highlighted in child safety week. We all—parents, especially—know that bumps, scrapes and bruises are a part of growing up; that is how children interact with their world. However, we learn the consequences of our actions. We become more alert to the dangers, we grow and we become—it is hoped—more cautious and more risk averse. Thousands of injuries each year are avoidable. They are a huge economic

cost to our health service, with potentially life-changing impacts on children and their families.

Child safety week is, first and foremost, about raising awareness. Parents and carers can look through the resources that have been produced this week by organisations such as CAPT and the Royal Society for the Prevention of Accidents Scotland, which have a host of free information and advice. There are tips on dangers in the home, from scalds and burns, falls, poisoning and choking hazards to road safety, safety for children around animals and drowning prevention.

There are simple proactive measures that can be taken to ensure that parents and their children avoid injury. We have heard recurring themes in the chamber, but I reiterate that button batteries are a notorious danger—they are hazardous for toddlers, and they are easily swallowed. We know all too well that that can lead to tragedy, as they contain chemicals that burn through tissue very quickly. The Scottish Government has been working with our cross-party group to ensure that information is available for parents on the dangers of button batteries. That information is now included in the baby box, which is an important step.

There is a pervasive problem with safety regulations in online marketplaces. We have an ever-increasing number of gadgets in our homes, but substandard and fake goods are readily available online, and that extends to children's products. People are, understandably, looking to make savings amid financial pressures, but I urge them to stick to trusted traders and transparent safety standards.

There is a consumer assumption that a product that is designed for children will have gone through safety testing. Research from CAPT, however, shows that

“more than half of parents ... mistakenly believe that sellers ... online”

adhere to standards such as the CE mark, and that almost three quarters of parents

“wrongly believe that any product aimed at children under 5 has to be fully tested and certified ... before it can be sold online”.

As members will know, the issue of road safety is dear to my heart. In my Motherwell and Wishaw constituency, parents and carers have expressed serious concerns about proposals to increase the minimum distance between school and home for which school transport is provided. On Friday, I walked with several parents and pupils from Cathedral primary to their homes in North Lodge, and I saw the impact that that would have on primary pupils. We have to consider that when we are making changes to policy. We had to walk alongside very fast roads, with people speeding,

and when we crossed at a pelican crossing, we had to traverse around a car that had stopped in the middle of the crossing. That is not a safe route for young people and children to be following.

As you know, Presiding Officer, I could go on ad infinitum about safety issues in all the various areas. I am sure that some of my colleagues will pick up on areas that I have not been able to touch on, such as water safety. I thank everyone in advance for their contributions.

18:22

Roz McCall (Mid Scotland and Fife) (Con): I thank Clare Adamson for bringing the debate to the chamber. That was an interesting opening contribution, which highlighted the concerns around vapes for young people—an issue that is prevalent.

I am always happy to speak in the chamber on the wellbeing of Scotland's children, including all aspects of keeping children safe. I commend the Child Accident Prevention Trust for its continuing work in that regard, in particular during this year's child safety week, for which the theme—as has been stated—is “Safety. Sorted!”

In the words of the Child Accident Prevention Trust, child safety week is an

“annual community education campaign, acting as a catalyst for thousands of safety conversations and activities UK-wide.”

That conversation, and the recognition of all the little issues in and around our homes and communities, is so important.

When I was young, television was not broadcast all day. We had three channels, and a test card picture was the most viewed item on the screen. Our choice was limited—there was no breakfast television and no 24-hour children's TV. We had a closedown of broadcasting after the lunchtime news, and programming restarted most afternoons at around 4 o'clock.

The reason that I mention that is because, at the start of the afternoon session, before “Play School” adorned the screen, a public information film was shown. That meant that, pretty much all over the country, children who were just in from school were watching a repetitive short cartoon highlighting the dangers of various household items, crossing the road or playing near water. I spent many an afternoon watching Charley, an animated cut-out cat, protect his owner from the perils of talking to strangers or standing too close to hot things in the kitchen, or even playing with matches. I will never forget the “Charley says...” phrase that ended every film.

Those films must have worked, because the information in them has stayed with me all my life.

However, we cannot continue to do that, as we will never again have the ability to ensure that a simple 60-second message is replayed and relayed to parents and children daily. That is why action from groups such as the Child Accident Prevention Trust is so vital.

This year's campaign, "Safety. Sorted!", is focused on helping families feel confident that, by making one small change, they can prevent a serious accident from ever happening, and by making clear what they need to do to keep their children safe.

The parents' pack is excellent, covering all the points that anyone could think of and what to do if something happens. That includes how to prevent a child from choking and what to do if the unthinkable happens; how to prevent poisoning from laundry products, cleaning products and medicines by storing them out of reach of nimble little fingers and understanding that children learn more about texture, feel and taste by putting items in their mouth than by simply holding them in their hands; and how to change the way that we view hot items and the little things that we can all do to make a difference and to keep children away from them, such as turning round the handle of a pan of boiling water, making sure that any cup of tea is pushed a bit further back when putting it on a side table, and putting cold water in the bath first before topping it up with hot water, to make sure that the bath is not too hot for little bodies. We should all be aware of that excellent booklet of safety tips.

I applaud the work that has been done. I am proud to take the opportunity to highlight this worthwhile campaign to keep all of our children safe. The conversation must be had to raise awareness. I am delighted to have added, in some small way, my voice to that today, so that we can get safety sorted.

18:26

Jackie Dunbar (Aberdeen Donside) (SNP): I congratulate my good friend Clare Adamson on securing this members' business debate on child safety week 2024. As I looked back at the text of the motion last night, I was reminded that Clare Adamson has lodged motions about child safety week previously—in fact, she has done it every year for the past 10 years. I totally understand why. She has bravely spoken previously of her family's loss and experience, and about the importance of road safety. I applaud her for her continued consistent and passionate advocacy of child safety week, and for using her platform as an MSP to promote safety for children and young people.

As Clare Adamson has already outlined, the theme of this year's child safety week is "Safety.

Sorted!" The campaign aims to make families feel confident that, by making one small change, they can prevent a serious accident and be clear about what they need to do to keep their children safe.

Some of the posters for the campaign do not need words—they simply show a wide range of small changes that can be made to protect children. Those include: making sure that hot drinks are not placed near edges; tying up blind cords; putting cleaning products out of reach; and making sure that battery covers are properly secured.

The materials provide lots of information and numerous additional tips, some of which are well known but are well worth repeating, and some of which—I have to admit—I had not even thought of. Those include the dangers of button batteries, how to keep them away from small children and what to do if one is swallowed—or, as the leaflet puts it: look, check, store, dispose and act.

Information is provided on the risks that are posed by water beads, which can swell up to the size of a golf ball; on the importance of keeping nappy sacks well away from babies, because they will grab on to just about anything and bring it to their mouths, and nappy sacks can cling; and on the risks that are posed by magnets, especially powerful ones.

The information also highlights times when children should be taught to leave dogs alone. The trigger times are when dogs are sleeping, eating, getting a treat or playing with certain toys that they might not want to share. There is also advice on how to cut foods—not just grapes, but other foods, including sausages. They should all be cut in half long ways, then cut in half long ways again.

The information highlights that 30 children go to hospital with hot-drink burns every day. It also sets out how to cross a road safely—"Think; Stop; Look and listen; Wait; Look and listen again"—and how to secure blind cords safely.

The Child Accident Prevention Trust website has a wealth of helpful information across a range of areas. It is not just on the aspects that I have mentioned; there is also information on fire safety, falls, beach safety and so on. All the information will help to save lives if it is seen more widely.

This is the point of this year's child safety week, and of this members' business debate: it is to raise awareness of the small steps that we can take to reduce the chance of an accident happening.

Again, I thank Clare Adamson for securing the debate, which means that we are able to stand in the chamber of Scotland's Parliament to share this advice and highlight where it can be found. I hope that that will make a difference and help to protect children from accidents.

18:30

Martin Whitfield (South Scotland) (Lab): I, too, congratulate Clare Adamson on securing the debate. It is a pleasure to follow Jackie Dunbar, and I echo her tribute to Clare Adamson for securing the debate and for the facts that she has shared, over a long period of time, as a result of her interest in the topic.

It is very powerful for young people to hear adults talking about young people's safety, holding the matter up and asking members to consider it. As stated, child safety week this year falls between 3 and 9 June, and is oriented towards the theme of "Safety. Sorted!" It promotes the ideas that we educate ourselves and spread awareness, and that we engage with children, who are such an important part of this. It means that we organise in our own communities, and undertake home safety checks.

Child passenger safety has been discussed, as have safe routes to school. We also, this year, have to talk about online safety for our young people, which is so important.

One Scottish child each month dies from an accident, and one in seven emergency admissions is due to an accident.

The work of the Child Accident Prevention Trust is vital in supporting parents and families to understand and navigate the risks of modern family life. Child safety week is a welcome opportunity to highlight the work that the trust and many other organisations are doing, and to highlight—as colleagues have done—the resources that are available online and in leaflets. Those organisations have created the resources to make it much easier for parents and families to access the information.

Public Health Scotland data shows that, in 2022-23, children aged under 15 who were living in our most deprived areas were more likely than children in the least deprived areas to have an emergency admission to hospital for an unintentional injury. The standardised discharge ratio was 19 per cent higher in the most deprived areas than the Scottish average, and in the least deprived areas the discharge ratio was 19 per cent lower.

Clare Adamson rightly mentioned incorporation of the UNCRC, which is the most important step that has been taken. I draw the attention of people who are watching the debate to articles 6 and 19, which sit within the jigsaw of rights. Article 6 states that,

"every child has the inherent right to life",

and that

"States Parties shall ensure to the maximum extent possible the survival and development of the child."

Article 19 requires

"appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation".

That is important, because from next month, the UNCRC must sit at the heart of legislation that is passed in this Parliament.

There is good news. For example, I take the opportunity to mention the Risk Factory in Edinburgh, which opened its doors in 2007 for primary 7 pupils from Edinburgh and the Lothians to attend. It has welcomed more than 100,000 pupils. I know about it because I had a group of P7s go to the Risk Factory in that first year. That first time was, I think, as frightening an experience for me as it was for the children. The staff who work in the building allow young people to discover risk in a safe and supportive environment—they allow them to ask questions and to make fools of themselves sometimes. It enables young people to take away important messages, which—like the message from Charley the cat, who leaves the bones of a fish at the door—they will remember for their whole lives.

It is important that organisations and groups exist in our communities to support the development of our young people and children. As has been said, it is most important that we take every opportunity to highlight all the good work, give the warnings that are necessary, and point to the resources that are out there.

18:34

Bob Doris (Glasgow Maryhill and Springburn) (SNP): I had not intended to speak in the debate but, having listened to Clare Adamson's opening speech, I was struck by how much work she has done in the area over many years, and I thought that the least I could do was stick around and make a contribution.

I thank Clare Adamson not only for her motion on child safety week 2024, but for her work in a variety of areas—not just child safety, but accident prevention more generally, electrical safety, water safety; the list goes on. We all owe her a debt of gratitude for her sterling work in those areas. If ever we want a colleague in our Parliament to risk assess our home or workplace, Clare Adamson might be the very person to do it. However, Clare's campaign is about asking us all to risk assess what we do as individuals with our children and families on a day-to-day basis, and to make the most reasonable adjustments.

In this brief contribution, I will touch on an area of child safety that I will also talk about in my members' business debate in a few weeks' time: the use and misuse of off-road vehicles. That

debate will not focus on children and young people in particular, but, as I listened to Clare Adamson speak, I realised that there is a clear link.

I should point out that most people who use off-road vehicles do so responsibly, but they do not always do so legally. They are, unwittingly, unsafe as they do that. That can be the case even when it is just kids on scooters or bicycles—there is an increasing proliferation of battery-powered propelled scooters, which are illegal on the roads, and Deliveroo powered bikes. Those can do up to 30 to 40 miles an hour. Kids can also get hold of some of those things, and be at risk. For the kids, it is just fun and adventure, but it is also deeply dangerous.

My debate in a few weeks' time will look at the wider issues around that, including the potential for the UK to register such off-road vehicles, and the effective policing and licensing of misdemeanours in relation to them.

Today, however, I was thinking about education and positive messages and about children and families being aware of the dangers, whether involving a scooter, a bicycle, a dirt bike or an off-road vehicle. You see wee kiddies on quad bikes in the streets—which I have a bit of concern about more generally—without even a helmet on. As I was listening to Clare Adamson give her fantastic opening speech, I thought that we should be making common cause on these things across the Parliament, and between Parliaments, given some of the reserved aspects.

I thank Clare Adamson for all her work in this area, and I am also trying to twist her arm to speak in my debate in a few weeks' time. I am happy to support her motion this evening.

The Deputy Presiding Officer: That was an ingenious trailer for a future members' business debate.

18:38

The Minister for Children, Young People and The Promise (Natalie Don): I thank Ms Adamson for highlighting the important issue of the child safety week campaign, which runs from 3 to 9 June this year. I echo the words and sentiments of Jackie Dunbar, Bob Doris and Martin Whitfield in relation to Ms Adamson's commitment and dedication.

Keeping children and young people safe from accidental harm at home or in their communities is, and will remain, an important issue for the Scottish Government. I know that keeping our children safe from harm is a huge worry for parents and carers. We have a shifting landscape, and perhaps less obvious dangers than previously. Members have noted some of the key

dangers, including road safety and safety in the home, but we also have newer concerns such as vapes, online safety and off-road vehicle usage, as members have noted.

I see the Scottish Government's focus as imperative and I truly value the hard work of groups and organisations to raise awareness around certain safety issues, many of which—as I said—we have heard about in today's debate. We recognise the important role that independent charities such as the Child Accident Prevention Trust play in raising awareness of child safety issues.

Accidents can happen at home, but there are lots of things that we can do to lower the risk of them happening. We have used the Scottish Government's parent information platform, Parent Club, to provide up-to-date advice on the topic to parents. The team that developed it have also been working with our partners the Royal Society for the Prevention of Accidents and CAPT to produce advice to help parents and practitioners keep children safe.

I am particularly grateful to CAPT and RoSPA for supporting our action to strengthen the safety messaging for parents in Scotland's baby box on the dangers of button batteries. Since October 2022, every baby box supplied to parents includes a leaflet highlighting the dangers of button batteries, as well as practical safety advice to keep children safe.

We have also taken action to ensure that no loose button batteries are provided in Scotland's baby box. With our baby box managing agent, we introduced a measure to ensure that all button batteries are fitted before inclusion in the baby box, to remove any possible risk of a child being able to access a button battery in the packaging.

CAPT also contributed to the building safer communities strategy that ran from 2016 to 2022. During that period, CAPT helped raise awareness of important issues such as the dangers of button battery ingestion, choking and falls. It aimed to provide parents with helpful resources to manage those risks.

Alongside promoting the topic as part of the annual child safety week, CAPT has, in previous years, run community-based activities with partners. That included delivery of child safety talks to local baby massage groups, home and car seat safety groups for new mothers and supporting the Scottish Fire and Rescue Service to distribute child safety information at local breakfast clubs in Glasgow.

Although CAPT plays an important role by campaigning to raise awareness during child safety week, the business of keeping children and young people safe from harm needs to be at the

forefront of parents' and practitioners' minds all year round. The building safer communities strategy initiative was completed in 2022. Since then, the Scottish Government strategy for supporting parents has evolved, and child safety is now embedded in a range of core strategies.

Similarly, how parents access information about child safety has changed over time. As a result, partners in health and early years work closely with the Scottish Government to maintain and promote content via the Parent Club website and NHS Inform. Those platforms and associated social media ensure that parents and practitioners have access to the most current safety information and guidance all year round, and I have heard at first hand what a hugely valued resource that is for many parents. From my experience, I know that little ones have little hands that like to get in everywhere—they treat the house as a soft play. When I let go of my two-year-old's hand now, when I turn around, he is off, so I definitely have a runner; therefore, any advice on keeping children safe is very welcome.

Supporting parents of young children to understand how to prevent accidents in the home is an important message. Some families might require additional support to make changes. Health visitors, family nurses and other services that are provided in the home are vital routes to get those key messages shared and acted on. Those contacts provide opportunities to discuss a whole range of topics, including home safety. Optimising home environments is part of our ambition to improve early child development, alongside supporting parents to act on other known prevention activity, such as car safety.

As has been noted today by some members, according to the most recent Public Health Scotland statistics, unintentional injuries continue to decrease over time, but children and the elderly are most vulnerable to accidents, and there is a strong deprivation gradient for them in children. In 2022-23, children aged under 15 living in the most deprived areas were more likely than children in the least deprived areas to have an emergency admission to hospital for an unintentional injury.

I believe therefore that we still have work to do in this regard, but I am positive that actions that we are taking through our focus on prevention and child poverty and through our early child development transformational change programme are and will be instrumental in shaping policies and interventions to give all children the best start in life.

Ms Adamson and Mr Whitfield were right to bring up UNCRC legislation and the positive impacts that it could have.

I once again thank Ms Adamson for raising the profile of child safety week and I thank CAPT for its work on the building safer communities strategy. The time and energy that all partners put into raising awareness of potential risks and the practical steps that parents can take to avoid child injury or hospital admissions are invaluable.

The Scottish Government will continue to support child safety week and help amplify key messages and resources, and we remain committed to child safety and supporting parents, carers and practitioners on a year-round basis. Going forward, we will continue to work with parents and practitioners on the issues that matter most and on the creation of accessible information on the Parent Club platform. I encourage all members to share that information, because we all have influential and wide-reaching connections in our constituencies.

At a policy level, we will continue to learn and ensure that we are staying abreast of emerging issues, for the benefit of our children, our young people and our families.

The Deputy Presiding Officer: Thank you, minister. That concludes the debate.

Meeting closed at 18:45.

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

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

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