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Scottish Parliament

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[The Presiding Officer opened the meeting at 11:40]

General Question Time

Prescription Wig Provision

1. Marie McNair (Clydebank and Milngavie) (SNP): To ask the Scottish Government what work has been done to improve accessibility to prescription wig provision for those affected by hair loss. (S6O-03142)

The Minister for Public Health and Women's Health (Jenni Minto): The Scottish Government knows that the provision of wigs is important to many people who have been diagnosed with various forms of hair loss. The prescription of wig provision is dependent on clinical assessment and individual need, with decisions made by clinicians in consultation with patients. The Scottish Government issued advisory national guidance on wig prescriptions to all national health service health boards in 2011 and again in 2014 to allow them to deliver services that meet the needs of their local population.

Marie McNair: A constituent of mine currently receives real-hair wigs but, given the advancements in acrylic wigs, she would like to try one of those instead. She has advised me that NHS Greater Glasgow and Clyde has said that, if she makes that decision, she would not be able to move back to a real-hair wig prescription should she wish to do so. That seems a bit harsh. Can the minister confirm whether there are any plans to review that approach to allow more flexibility in moving between the two wig prescriptions?

Jenni Minto: I thank Marie McNair for raising this important issue in the chamber. I have had friends who have chosen to wear a wig and I have another who volunteers at the Beatson, and I have heard directly from them about the benefit of being able to access wigs on prescription, if wished. The current approach, which allows the change of wigs from natural to synthetic, is flexible. It is for NHS boards to implement the guidelines, and I hope that they take a person-centred approach to that.

National Health Service Capital Projects

2. Carol Mochan (South Scotland) (Lab): To ask the Scottish Government what assessment it has made of the potential impact that any mass delay of NHS capital projects would have on patient and staff safety. (S6O-03143)

The Cabinet Secretary for NHS Recovery, Health and Social Care (Neil Gray): Patient safety is a key strategic objective for the Scottish Government, and we are committed to ensuring that all health and care is safe, effective and person centred. We will continue to support national health service staff and their wellbeing to ensure that they can continue to deliver the best possible care. Despite the real-terms cut to the Scottish Government's capital budget, health boards have had their capital maintenance budget protected at 2023-24 levels, which will allow them to continue to invest £150 million in maintaining the existing estate and to work on reducing backlog maintenance.

Carol Mochan: The safety of our staff is of paramount importance. Without staff safety, we cannot deliver patient safety—they go hand in hand. What discussions has the cabinet secretary had with the trade unions about the impacts on the workforce of the delay to capital projects? Has the Government assessed the impacts of the up-and-coming implementation of safe staffing on service provision?

Neil Gray: On the latter point, I discussed that with staff-side trade unions last week in our regular Scottish Terms and Conditions Committee discussions. I have not yet had the time to be able to have direct discussions on the former part of Carol Mochan's question, but I expect to have those discussions in my on-going engagements with trade union representatives across the NHS and social care.

We do not want to be in this position, of course. We want to invest in NHS capital projects. They are a necessity if the NHS and social care services are to continue to make progress. Unfortunately, the position is the result of the financial reality that we face. We have had £1.6 billion removed from our capital budget by decisions from the United Kingdom Government and an increase in costs due to spiralling UK inflation.

Michelle Thomson (Falkirk East) (SNP): The cabinet secretary has correctly highlighted the cut to capital expenditure by the UK Government. There is a sense now that people are understanding the real impact of that cut on people's lives. Can the cabinet secretary give any further insight into the discussions with the UK Government on emphasising the critical impact of the cut in the Scottish Government's capital expenditure budget?

Neil Gray: I can. Michelle Thomson is absolutely right. The years of austerity, alongside the particular decisions that have come through, whereby we have seen £1.6 billion come out of our capital budget, are having a real-time impact on people and our services.

The Deputy First Minister wrote to the Chancellor of the Exchequer, Jeremy Hunt, on 23 February to outline the Scottish Government's priority ahead of the UK Government's spring budget. In that letter, the Deputy First Minister highlighted that, in addition to the block grant having fallen by 1.2 per cent in real terms since 2022-23, UK capital funding is set to fall by almost 10 per cent, or £1.6 billion, between 2023-24 and 2027-28. The Deputy First Minister has communicated a very strong message to the chancellor that there is a clear need for increased investment by the UK Government in public services and, by extension, the economy ahead of the next fiscal event.

Non-domestic Rates Public Health Supplement

3. Liz Smith (Mid Scotland and Fife) (Con): To ask the Scottish Government what analysis it has conducted of the potential impact of the proposed non-domestic rates public health supplement on large retailers, as set out in its 2024-25 Scottish budget. (S6O-03144)

The Deputy First Minister and Cabinet Secretary for Finance (Shona Robison): The announcement in the Scottish budget for 2024-25 signalled the Scottish Government's intent to explore the reintroduction of a public health supplement for large retailers in advance of the next budget. In line with the new deal for business, we are committed to engaging early with all relevant stakeholders to ensure that any impact of any proposals on business is fully understood. Exploratory discussions have already started with business and other relevant stakeholders such as public health organisations, and those will continue to ensure that considered and informed decisions can be made in advance of the 2025-26 budget.

Liz Smith: I know that the cabinet secretary is aware of the very strong concerns that have been expressed by the Scottish Retail Consortium. At stage 2, she promised that she would examine the likely impacts of any such move. However, I ask her to recognise that those who are already liable for the higher property rate are paying a much higher rate on comparable premises than those elsewhere in the UK and that the imposition of a surtax would just widen that differential and undermine the ability of large Scottish retailers to remain competitive.

Shona Robison: As Liz Smith recognised, we have been engaging directly with a number of business organisations including the Scottish Retail Consortium, and we will continue to do that. We have asked for some information and evidence from the sector on what it regards the impact to be, and we will continue to work with it through those discussions in line with the new deal

for business. The discussions so far have been very constructive.

Critical Transport Infrastructure (Resilience)

4. Sarah Boyack (Lothian) (Lab): To ask the Scottish Government what action it is taking to ensure that critical transport infrastructure is resilient against extreme weather events. (S6O-03145)

The Cabinet Secretary for Transport (Fiona Hyslop): "Transport Scotland's Approach to Climate Change Adaptation and Resilience", or ACCAR, which was published in August 2023, sets out a strategic framework to secure a well-adapted future for Scotland's transport system. ACCAR provides our current approach to adaptation and strategic outcomes for road, rail, aviation and maritime transport networks to address the key climate risks affecting Scotland's transport system. We continue to address known hotspots and look for opportunities to future proof our transport networks so that they can meet the future challenges of climate change.

Sarah Boyack: It is clear that the effects of the climate emergency are now having a real impact on our roads and railways. The storms and increased rainfall in October last year saw pre-emptive rail line closures for the first time. Those closures led the editor of *Rail Engineer* magazine, David Shirres, to comment:

"infrastructure that had shown itself to be resilient to the UK's past weather may now no longer be so."

Will the cabinet secretary outline what discussions she has had with Network Rail on ensuring that rail infrastructure is resilient to climate change across Scotland?

Fiona Hyslop: The Scottish Government has committed to invest £4.2 billion in Scottish rail infrastructure over the next five-year investment period, in line with our high-level output specification. The specification focuses on climate change adaptation and resilience as one of the strategic priorities and it makes provision for enhancing the weather resilience and climate change adaptation strategy. I discussed that with Network Rail earlier this year in London, and this afternoon I will discuss control period 7, which focuses on climate change, with Network Rail and the Office of Rail and Road.

Liam McArthur (Orkney Islands) (LD): Failure by the Scottish Government to provide any cover for the MV Hamnavoe during its refit in January led to there being no service on Pentland Firth routes at various points over the two-week period during poor weather. Will the Cabinet Secretary for Transport commit to ensuring that a replacement vessel is available on the Stromness to Scrabster

route in future, in order to provide much-needed resilience on that lifeline service?

Fiona Hyslop: The constituency MSP clearly communicated his concerns about risk during that period. I was reassured that the capacity issues were met during that period but, as the member knows, we are always looking at increasing the freight opportunities for the northern isles and we will continue to do so.

PFI and PPP (Local Authority Finances)

5. Clare Haughey (Rutherglen) (SNP): To ask the Scottish Government what assessment it has made of the impact of the repayment of private finance initiative and public-private partnership debts on local authority finances. (S6O-03146)

The Deputy First Minister and Cabinet Secretary for Finance (Shona Robison): PFI and PPP unitary payments are a significant pressure on local authority budgets. There are 38 on-going local authority PFI and PPP contracts. Up to £8.15 billion has been paid on those contracts up to this year, with a further £7.25 billion of payments to be made over the coming years, which equates to £15.4 billion in payments for local authority projects with a capital value of £3.27 billion.

Clare Haughey: South Lanarkshire Council, which is the local authority for my constituency of Rutherglen, will be paying about £40 million this year in disastrous PFI repayments. That yearly figure will only rise over the coming decade. When the council entered into those contracts, Labour was in power at council level, in Holyrood and at Westminster. The £40 million is being removed from the council's spending power this year at a time when the council proposes to close local facilities and cut free school bus provision. Will the Deputy First Minister assure me that, although it is contending with Labour's toxic PFI legacy, which has failed to deliver the best value for the taxpayer, the Scottish Government will never return to the disastrous PFI model?

Shona Robison: I absolutely give Clare Haughey that assurance, because PFI was an expensive mistake. Even if the PFI and PPP models of the Tories and Labour were an option, we would totally reject them, as they are extremely poor value for money. PFI simply did not deliver the best value for the people of Scotland, and we are still paying for the legacy of what were, in the main, Labour's mistakes.

Public Finances (Impact of Recession)

6. Jackie Dunbar (Aberdeen Donside) (SNP): To ask the Scottish Government, in the light of recent Office for National Statistics data, what assessment it has made of the impact on

Scotland's public finances of the United Kingdom entering a recession in 2023. (S6O-03147)

The Minister for Community Wealth and Public Finance (Tom Arthur): The news that the UK has entered a recession represents the latest failure of the UK Government. That will compound the economic challenges that households, businesses and we in the Scottish Government are facing.

Last week, I wrote to the Chief Secretary to the Treasury, and copied in the chancellor, to urge her to provide additional investment in public infrastructure and services in the forthcoming budget. However, at the moment, the reality is that our UK Government capital funding is set to fall by almost 10 per cent in real terms between 2023-24 and 2027-28, which will make it impossible to provide the investment that is needed to underpin future sustainable economic growth.

Jackie Dunbar: It is clear that economically illiterate Westminster policies, including Brexit, austerity cuts and cutting labour force migration in key industries, have set the UK on the path to long-term decline. It is vital that future action is taken to support families who are facing financial pressures at this difficult time. We know that most of the powers to tackle poverty and the cost of living remain reserved. Will the minister update me on the Scottish Government's engagement with the UK Government on the steps that the UK Government should take in the upcoming UK budget to support families who are facing pressures?

Tom Arthur: Last week, the Deputy First Minister wrote to urge the chancellor to provide further targeted support for people who are struggling. That must include an essentials guarantee, which would provide the most basic of necessities and benefit 8.8 million families. We have again called for the abolition of the two-child limit, the benefit cap, the young parent penalty in universal credit and the bedroom tax. We are doing what we can to mitigate the effect of those damaging policies, but we cannot mitigate everything. The chancellor needs to take action to support vulnerable families in his budget next week.

Ardrossan to Brodick Ferry

7. Katy Clark (West Scotland) (Lab): To ask the Scottish Government whether it will make a long-term commitment to retain the Ardrossan to Brodick ferry service. (S6O-03148)

The Cabinet Secretary for Transport (Fiona Hyslop): The Scottish Government maintains its commitment to ensuring that services to Arran are fit for the future. The business case, including cost estimates, for Ardrossan harbour redevelopment

that is being prepared must be as robust as possible to secure the required funding from all the funding partners, which are North Ayrshire Council, Peel Ports and Transport Scotland.

I take the opportunity to acknowledge and understand the significant difficulties that the Arran community has faced on the operation of ferry services, which has been extremely challenging, given the severe weather disruptions and vessel outages. The MV Isle of Arran is currently operating a single-vessel service between Ardrossan and Brodick, and there are no capacity issues.

Katy Clark: The cabinet secretary knows that, on Arran and in Ardrossan, there is a great deal of concern about whether Ardrossan to Brodick will be the long-term route. Will she reassure people there that it will be, given that it is the quickest and most convenient route, and given the ferry port's socioeconomic importance to Ardrossan?

Fiona Hyslop: The member's point about the socioeconomic case is important, which is why Transport Scotland officials will next week meet North Ayrshire Council again to ensure that the business case is as robust as possible. Last week, under the auspices of Kenny Gibson, who is the constituency MSP, I met a number of Arran ferry stakeholders to discuss the issues.

Jamie Greene (West Scotland) (Con): What I did not hear in either of the cabinet secretary's two responses was a firm commitment that Brodick to Ardrossan will be retained as the primary route. The Scottish Government did not build a ferry that was fit for purpose on that route, and neither has the Scottish Government invested properly in Ardrossan harbour since the 2017 campaign to save it as part of the primary route. Will the Government give a firm commitment that it is committed to the Brodick to Ardrossan ferry route remaining for the future?

Fiona Hyslop: We are committed to that service. I remind Jamie Greene that the Scottish Government is not the harbour authority for Ardrossan; it is Peel Ports. The United Kingdom Government's subsidy control measures will have an impact on what can or cannot be done to allow the Scottish Government to invest in a harbour that is not our own but which is owned by a private entity.

Kenneth Gibson (Cunninghame North) (SNP): I thank the cabinet secretary for meeting me and North Ayrshire representatives to discuss this important issue at such short notice. When are the final report on Ardrossan harbour from the consultants Turner & Townsend and the structural report from Peel Ports expected?

Fiona Hyslop: The cost exercise report from Turner & Townsend is expected by the end of this

week. It will then be shared with project partners to assist with confirmation of financial packages for the project and to feed into work on the business case. We await the structural report from Peel Ports, which will also be essential to informing the business case work. Transport Scotland officials continue to engage with Peel Ports and other partners on this important matter and they note the urgency in developing the business case towards finalisation.

EE Greenock Call Centre

8. Neil Bibby (West Scotland) (Lab): To ask the Scottish Government what discussions it has had with BT Group/EE regarding the proposed closure of its Greenock call centre. (S6O-03149)

The Minister for Energy, Just Transition and Fair Work (Gillian Martin): I have written to BT Group to express my concern about its decision, and I have urged it to engage with stakeholders to consider all options to retain the jobs in Greenock. The Minister for Small Business, Innovation, Tourism and Trade, Richard Lochhead, has spoken to representatives of EE and BT and urged them to keep all options on the table, including maintaining a presence in Greenock. The minister also attended a meeting of the Inverclyde task force on 20 February and has discussed the proposed closure of the site with representatives of Inverclyde Council. The Scottish Government will continue to engage closely with all partners in Inverclyde as the situation develops. Earlier this week, I followed up on the meeting of the task force by sending it an invitation to meet me, given my new portfolio responsibilities.

Neil Bibby: About 450 people are employed at EE's call centre in Greenock, whose work is set to be moved to Glasgow. In the past year alone, 1,000 jobs have been lost from the Inverclyde area because of site closures—most notably that of Amazon in Gourrock.

Despite repeated calls having been made to it, the Scottish Government has so far provided not a penny of financial support in response to job losses over the past year. It has not responded to the calls of Inverclyde's socioeconomic task force for more investment, which it made more than six months ago. If the Government will not provide that needed additional support now—in the face of this jobs crisis—when will it do so?

Gillian Martin: Neil Bibby was absolutely right to outline successive closures and job losses in Greenock. I will engage with the Inverclyde task force on all the issues that he mentioned, to see whether the Government can do anything more to assist. The task force is dealing with the situation on the ground and is best placed to get into the weeds of what is going on there and liaise with the companies involved to try to retain some of the

jobs in Greenock that are in jeopardy as a result of decisions that private companies have made.

First Minister's Question Time

12:00

Emma Caldwell Case (Independent Public Inquiry)

1. Douglas Ross (Highlands and Islands) (Con): Yesterday, after nearly 20 years, the murderer of Emma Caldwell was finally brought to justice. As well as her murder, Iain Packer was convicted of 33 offences against 22 women, which he committed over three decades. He should have been behind bars years ago.

This morning, speaking via her lawyer, Aamer Anwar, Emma's mother, Margaret Caldwell, told us:

"They knew it was Iain Packer as far back as 2006, but they gave him ... freedom to carry on attacking and raping vulnerable women like my Emma."

Margaret had a message for the First Minister:

"If Mr Yousaf genuinely cares about victims and my Emma then he has no other option but to organise an independent public inquiry."

She continued:

"with respect—what are you waiting for?"

Will Humza Yousaf take the opportunity today to immediately announce the establishment of a judge-led inquiry?

The First Minister (Humza Yousaf): I thank Douglas Ross for raising an exceptionally important issue. First and foremost, I once again give my condolences and those of the Government to Emma's family, friends and loved ones at what will continue to be an extraordinarily difficult time. I pay tribute to Margaret Caldwell, Emma's mother, and her family, who tirelessly fought for justice for not only Emma but the many other women who suffered at the hands of Iain Packer. I also recognise the important role that journalists from the *Sunday Mail* and BBC Scotland have played in the case, as well as the tenacity of the reporters in trying to seek out justice.

Yesterday's verdict will not, I suspect, have brought elation or happiness to Emma's family, or to Margaret in particular, but I hope that it gives them a tiny crumb of comfort that justice, to some extent, has been done. However, Douglas Ross is right that justice came far too late. There is no doubt that there are serious failings in the case. I have responded in writing to Margaret Caldwell's legal representative to say that I am willing to meet Margaret Caldwell, alongside the Cabinet Secretary for Justice and Home Affairs.

With regard to a public inquiry, I want to hear from Margaret Caldwell and examine the case. It is not just about getting more detail—it is important to say that there is still an on-going legal process. Iain Packer has the right to appeal, so we must wait, to some extent, to see the next stages of that legal process. Let me be clear that we are exploring a judge-led public inquiry. It is absolutely not off the table, and we are giving serious consideration to that, given the systemic failings of the case.

Douglas Ross: I agree with almost everything that the First Minister said, but a judge-led inquiry needs to be more than explored and should not be off the table. Of course, legal routes still have to be established and finished, but we know that there are major failings in the case that will not change, regardless of an appeal.

This morning, via her legal counsel, Aamer Anwar, Margaret Caldwell told us:

“A judge led public inquiry—that acts without fear or favour—is the very least my Emma and the many women who spoke up deserve. For far too long, those in the police or crown who failed us have remained in the shadows.”

She finished by saying:

“Only a judge led public inquiry will reveal the corruption, the criminality and the motivation.”

Emma Caldwell's family and many other women who were attacked need answers now, not in another 20 years. The victims and their families need a free and fearless public inquiry that they can fully trust. The First Minister needs to say today that he agrees to that judge-led inquiry. We are calling for that inquiry to be led by a judge from outwith Scotland. Will he agree to that?

The First Minister: There is not much difference between Douglas Ross and me in this regard. I do not rule out a public inquiry. I am suggesting that it is important and prudent for me to meet Margaret Caldwell in order to hear directly from her and from her legal representative, and to explore and examine what the interaction would be between any inquiry and an on-going legal process. I hear what Douglas Ross is saying. If there is to be a judge-led public inquiry, the question is whether it should be led by a judge from outside Scotland. That question is worthy of consideration if we get to that position.

Let me be absolutely clear that we do not rule out a judge-led public inquiry—in fact, it is firmly on the table. As First Minister, it is important that I consider the on-going legal process.

I go back to the central point, on which Douglas Ross and I do not disagree, that many women—we know of at least 21 of them—were subjected to the most horrendous attacks, sexual assault, rape, and, tragically in Emma's case, murder, by Iain

Packer. Ultimately, they were let down by failings in the justice system and failings in the police service at the time. I commend the bravery of the many women who have come forward to speak about their experiences in the pursuit of justice.

I go back to my central point. I will meet Margaret Caldwell and her legal representative. I am very open to the suggestion of and the calls for a judge-led public inquiry.

Douglas Ross: I really feel that the First Minister has to go further. He said in his answer that people have been let down. There are many failings—we know that. Regardless of any appeal that is still to come, the failings of the police and the Crown are crystal clear. That is why a judge-led inquiry by someone from outwith Scotland is the only option—it must be the only option on the table. The First Minister needs to take the opportunity today to agree to that and announce it.

An inquiry led by a judge from outwith Scotland will get to the bottom of what happened. Those were not just mere accidents by Police Scotland or the Crown Office; it seems that evidence was deliberately ignored and suppressed. The truth only emerged after years of campaigning by Emma's family and when a former detective, Gerry Gallacher, stepped forward as a whistleblower. He publicly identified Iain Packer as a suspect in the media. It is utterly shocking that the response from the police was to launch a surveillance operation targeting the journalists and the whistleblowers. One of the whistleblowers, Gerry Gallacher, said that there must be consequences for those who are responsible. Does Humza Yousaf agree on that point?

The First Minister: I agree that the targeting of not just police officers but journalists is incredibly worrying and concerning.

I go back to the question that Douglas Ross asked me from the very beginning about a public inquiry. If the Government is to announce a judge-led public inquiry, which we are seriously considering and exploring, it is important for us to speak to Margaret Caldwell and to come to the Parliament with the full detail of what any public inquiry could look to explore and examine, and what any potential terms of reference might look like. I go back to my central point that we are not at all opposed to a public inquiry and that, in fact, that is very firmly in our consideration.

Douglas Ross is absolutely right. When we look back over the history of the case, some of the allegations that are being made in relation to Police Scotland—and the legacy forces that existed prior to Police Scotland's formation—are astonishing. On behalf of the Government and to give some level of assurance, I note that that is why the work on violence against women and girls

is so important to this very day. We continue to ensure that we fund that work.

There are many questions to answer around why Iain Packer was able to evade justice and continue to commit the many crimes that he did for so long. We will seriously consider all the options that are on the table, including a judge-led public inquiry. We will also take on board Douglas Ross's suggestion that, if there is to be a public inquiry, we should consider whether a judge outwith Scotland should lead it.

Douglas Ross: Emma Caldwell, her grieving family and Iain Packer's many other victims were betrayed by what was one of Scotland's worst policing scandals. Many questions remain about this shameful saga, which can be answered only by a fearless, transparent and independent inquiry. I really think that that is the only option.

We need to know why it took so long to charge Iain Packer. Why was he allowed to remain free to attack more women? Who was responsible for allowing him, after multiple interviews, to continue to walk free?

I hope that the First Minister can take from this the need to urgently and immediately meet Margaret Caldwell and her legal representatives, to give an urgent statement to Parliament in a matter of days, and to finally announce that the Government is launching an independent inquiry, and that it will be led by a judge from outside Scotland.

The First Minister: Douglas Ross is right that there are lots of questions that demand an answer. It is important that the many women who have been failed—Emma Caldwell was ultimately failed, but many other women have also been failed by the justice system and police forces previously—get the answers to the questions that they rightly have.

I assure Douglas Ross that we will seek to meet Margaret Caldwell and her legal representative urgently, and we will look at the options in front of us and come back to Parliament on that urgently. As Douglas Ross said in his opening question, women have waited far too long for justice, given the history of the case.

I will end where I started, by paying tribute to Margaret Caldwell in particular, but also to the many other women who came forward bravely to speak about their experiences, and to the fearless journalists who first unmasked Iain Packer's activities and were tireless in their pursuit for justice. Not only will we meet Margaret Caldwell, but we are very seriously considering the option of a public inquiry.

Emma Caldwell Case

2. Anas Sarwar (Glasgow) (Lab): Presiding Officer,

"A toxic culture of misogyny and corruption meant the police failed so many women and girls who came forward to speak up against Packer. Instead of receiving justice and compassion, they were humiliated, dismissed and in some instances arrested, whilst the police gifted freedom to an evil predator to rape and rape again."

Those were the powerful words of Margaret Caldwell yesterday. We know that, after the murder of her daughter Emma in 2005, Iain Packer committed 19 rapes, sexual offences or assaults. Those victims could have been protected if Iain Packer had been properly investigated.

I want to press the First Minister on the issue of who would lead any potential inquiry. This injustice has spanned 19 years and, in that time, we have had five Lord Advocates and six chief constables. Does the First Minister agree that, for any inquiry or review to be truly independent, it requires to be led by an individual who is separate and independent from Scotland's criminal justice system?

The First Minister (Humza Yousaf): Much like Douglas Ross, Anas Sarwar makes some very important points on this issue. I will come to a few of them, if I can.

First and foremost, Anas Sarwar is right that, in Scotland, we still have a serious problem with misogyny. There is a lot of cross-party consensus on some of the actions that the Scottish Government is taking forward to tackle violence against women and girls. I hope to bring a debate to the Parliament on positive masculinity, which is a concept designed to remove and eradicate some of the toxic behaviours that we see among some young men and boys in our society. There is little difference between us on the need to tackle that pervasive issue in our society.

With regard to the timeline of the multiple failures of the justice system in relation to Emma Caldwell's murder, as I said to Douglas Ross, I think that there is a strong argument that, for whichever type of review is held, or if there is, ultimately, a judge-led public inquiry, it should be led by somebody outwith Scotland. I do not remove that option from the table—it is firmly on the table and part of our consideration.

However, as I said to Douglas Ross, there are a few considerations that we must deal with rapidly and urgently around the on-going legal process. I must also hear directly from Margaret Caldwell—I have not yet had the opportunity to meet her, as I am waiting for the conclusion of the case before I do so.

We will give the suggestion that both Douglas Ross and Anas Sarwar have made serious consideration.

Anas Sarwar: There are many troubling issues with this case—misogyny, prejudice and the failure to listen to women who come forward with evidence. Among those failures is a wider culture in which Scottish institutions too often fight for their reputations rather than take the side of victims and seek to find the truth. That culture still prevails today.

Key breakthroughs in this investigation were possible only due to the work and bravery of journalists who investigated leads that officers had ignored. Distressingly, the police's first response to that vital work was not to look at the flaws in their own investigation but to attempt to intimidate and criminalise those journalists. In this case, and today, journalists, victims and campaigners who seek to uncover an injustice in Scotland too often find themselves victims of intimidation and harassment. Does the First Minister accept that? What steps is he taking to end that culture?

The First Minister: That should not be the culture in any of our institutions. Anas Sarwar will be aware that, on the back of the work that Dame Elish Angiolini has done for the Government, we have introduced the Police (Ethics, Conduct and Scrutiny) (Scotland) Bill, which is making its way through the parliamentary process. The bill will improve the police complaints and misconduct process.

There is a lot of cross-party consensus, although there will obviously be some challenge from Opposition colleagues for the Government to consider. However, the bill includes important provisions to ensure that justice can be pursued even after a police officer retires or resigns. The bill will build on the significant improvement work that has already been delivered by policing partners since Dame Elish Angiolini's report in November 2020.

There are things that we can do to improve the culture across our institutions. Anas Sarwar and I have often debated the national health service and the actions that the Government is taking to ensure that there are whistleblowing champions, for example. The Government takes seriously the premise that all our public institutions should encourage whistleblowing and the bringing forward of any concerns. The individuals who raise such concerns should not be the ones under scrutiny and pressure, and they should not be subject to any intimidation whatsoever.

On the issue of violence against women and girls, there are always improvements for Police Scotland to make—that almost goes without saying. I have seen comments from organisations

that work tirelessly to tackle violence against women and girls that, since the formation of Police Scotland, they have noticed improvements in the investigation of rape and sexual offences. However, there is still room for improvement. There is no doubt about that.

Anas Sarwar: Although any inquiry will look at the failings in this case over the past 19 years, we know that there are issues that persist today. The First Minister has referenced some of them already. In 2020, an independent review of the police complaints and disciplinary system found evidence of misogyny, racism and serious discrimination issues in Police Scotland. Only last year, the outgoing chief constable, Iain Livingstone, clearly stated that

“institutional racism, sexism, misogyny and discrimination exist”

in Police Scotland.

I return to the words of Margaret Caldwell:

“Whatever a woman's job, status, addictions or vulnerabilities, it should never be used as a reason to ignore sexual violence or treat them as a second-class citizen.”

Whether 19 years ago or today, we know that that culture leaves victims unprotected and costs lives. As a previous justice secretary and now as First Minister, how will the First Minister end the culture of prejudice and discrimination that denies so many justice?

The First Minister: I thank Anas Sarwar for reading out Margaret Caldwell's words—they are incredibly powerful. I think that every single one of us will be moved by her words. She is absolutely right.

We are doing a lot of work, particularly through our equally safe strategy but also to challenge men's demand for sex. I am happy to write to Anas Sarwar with greater detail. It is important that we all recognise that prostitution is a form of violence against women and girls and is completely unacceptable. Our recently published strategy to challenge men's demand for prostitution outlines actions to support women who are in prostitution and describes a new pilot programme to improve access to support for those with experience of prostitution. Lessons learned from the pilot will inform any legislative consideration, including whether to criminalise the purchase of sex.

The Government has an important job to do in supporting women, regardless of their background or vulnerabilities. We have taken forward a range of work, a lot of which has cross-party support, to improve victims' experiences in the criminal justice system. I will write to Anas Sarwar with more detail. Just this week, we have been piloting free

court transcripts for victims of rape and sexual offences. A number of campaigners have met members from across the parties on that issue.

The Government will continue to ensure that victims are at the centre of our justice system and are protected, but there are plenty of lessons to learn. I go back to my initial responses to Douglas Ross and Anas Sarwar. I will meet Margaret Caldwell, and due consideration is being given to a judge-led public inquiry.

Cabinet (Meetings)

3. Alex Cole-Hamilton (Edinburgh Western)

(LD): My thoughts are with Emma Caldwell's family. The discussion that we have just heard underpins the urgent need for a judge-led inquiry.

To ask the First Minister when the Cabinet will next meet. (S6F-02869)

The First Minister (Humza Yousaf): Tuesday.

Alex Cole-Hamilton: An international study has shown that Scotland has among the longest waits for and poorest access to cancer treatment. I want to tell members about Gill. Her mum, dad, cousin, aunt and two grandparents have all died of cancer. Her sister tested positive for the CHEK2 cancer gene and was given preventative surgery and reconstruction in Edinburgh. However, Gill was repeatedly denied genetic testing by NHS Greater Glasgow and Clyde, despite her family history. She persevered and discovered that she does have that gene. Now, she has been told that the surgery that her sister received in Edinburgh is not available in Glasgow, which means far longer waits and recovery times.

When cancer rips through your family and you know that it is coming for you, the last thing that you need is to fight for care. All that Gill wants is to see her young children grow up, which is something that her mother never got to do. I ask the First Minister to look into Gill's case and ensure that all patients, wherever they live, have the highest quality of cancer care.

The First Minister: I thank Alex Cole-Hamilton for raising an incredibly important issue. I read through the international study that he referenced and I ask him, after First Minister's question time, to send me the details of Gill's case. I put on record my sympathy for all the losses that Gill has experienced. Alex Cole-Hamilton is absolutely right that the only thing that many of us want is to see our children grow up, spend time with them and have as much time with our loved ones as possible.

I am more than happy to look into the case. I can also ensure that we send Alex Cole-Hamilton some detail on the improvements that we are making in cancer care. It is still extremely

challenging following the pandemic—there is no getting away from, or denying, that—but more and more people are on the 31-day and 62-day pathways. There has been some recent evaluation of our rapid cancer diagnostic services, which might be of interest to Alex Cole-Hamilton. There have been some really positive results in reducing waiting times for diagnosis for patients in the areas where the rapid cancer diagnostic services operate. I will wait for Alex Cole-Hamilton to send Gill's details, and then we will see what the Government can do.

Livestock Worrying

4. Emma Harper (South Scotland) (SNP): To ask the First Minister what the Scottish Government's response is to the latest reported figures highlighting the impact of livestock worrying in Scotland. (S6F-02874)

The First Minister (Humza Yousaf): The worrying of livestock by dogs is completely unacceptable. The Scottish Government takes that very seriously, recognising the very serious welfare and financial impacts that livestock worrying can have. The figures that have been reported indicate that there are still individuals who do not recognise their responsibilities as dog owners and allow their dogs to chase livestock. Of course, ignorance of the law is no excuse.

We welcomed the introduction of Emma Harper's Dogs (Protection of Livestock) (Amendment) (Scotland) Act 2021, which came into force on 5 November 2021, and I thank Ms Harper for her continued efforts in this area. Education is a key factor in the prevention of livestock worrying incidents, and the Scottish outdoor access code, which is widely published, is clear on the rights and responsibilities of land managers and those exercising access rights.

Emma Harper: The Dogs (Protection of Livestock) (Amendment) (Scotland) Act 2021 has proved successful in raising awareness of livestock attacks and livestock worrying and in encouraging farmers to have the confidence to report livestock worrying incidents. However, NFU Mutual's latest report on rural crime shows that livestock worrying reports are increasing. Stakeholders including NFU Scotland and Scottish Land & Estates have called for a change to the outdoor access code to mandate that dogs be kept on leads when in fields where livestock is present. Will the First Minister comment on how the Government can continue to raise awareness of my livestock worrying act and on whether it will consider making such an amendment to the Scottish outdoor access code as part of the upcoming land reform bill?

The First Minister: All the points that Emma Harper has made are well worthy of consideration.

She is absolutely right to highlight the difference that has been made by the legislation that this Parliament enacted on livestock worrying, thanks mainly to her efforts in introducing the bill and guiding it into law. It is interesting to note that only now is the United Kingdom Government proposing to legislate similarly to cover England.

We continue to work with partners to increase awareness of dog owners' responsibilities under the livestock worrying act, including through NatureScot's traditional media and social media activity on responsible dog walking. I have asked the Minister for Agriculture and Connectivity to consider what more we might do to raise awareness and encourage more responsible ownership and owner behaviour, especially at times such as the lambing season.

I note that some people would wish us to review the access code, as Emma Harper has said, and we will give that consideration. However, we can be rightly proud in Scotland that we have among the most open access to our land anywhere. As a nation, we want that to continue. Closing off the countryside is not the answer, and it is certainly not what Emma Harper is suggesting. We want to encourage more people to follow and adhere to the Scottish outdoor access code, especially in relation to responsible dog walking.

Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con): The devastating cost of dog attacks on livestock has doubled in Scotland since 2022. It is causing harm and distress to animals and financial hardship to farmers. The legislation really is not working, is it?

The First Minister: There are a number of reasons why the number of incidents has risen. Rachael Hamilton is suggesting that the legislation is not working, yet the UK Government is looking to legislate for England in a very similar manner. We are happy to share any information with the UK Government on the legislation that we have introduced.

We have to ensure that more is done to raise awareness of responsible dog walking right across the year and especially during particular seasons such as the lambing season. Rachael Hamilton is right. The impacts of livestock worrying are significant. They are often traumatic to farmers and, indeed, to livestock, and they also cause significant financial hardship. That is why we will do what we can to tackle livestock worrying wherever it happens in Scotland.

Sex Offenders (Identity Change)

5. Murdo Fraser (Mid Scotland and Fife) (Con): To ask the First Minister what action the Scottish Government is taking to prevent

convicted sex offenders from changing their identity. (S6F-02863)

The First Minister (Humza Yousaf): This is a matter of public protection, which we take extremely seriously. All registered sex offenders are subject to sex offender notification requirements, and any change of name must, by law, be notified to the police. The management of offenders' documents includes the recording of any aliases.

Before Christmas, we became aware that the United Kingdom Government was working on legislative change on name changes through its Criminal Justice Bill, and we are keen to align arrangements, where possible. That is why we have made repeated requests at ministerial and official level to see the detail of proposed amendments. I am pleased that we have received those amendments—although only this week—and we have started the serious and careful consideration that is needed to examine how they would work in Scotland and to the tight deadlines of the UK legislation.

Murdo Fraser: The First Minister will share my concern about news reports at the weekend about an individual with convictions for sexual assault of children who changed his name and was then appointed president of the Robert Burns World Federation, where he had access to children who were participating in Burns competitions. There are many similar cases involving individuals whose convictions predated the creation of the sex offenders register. It is clearly a very serious issue that potentially puts children at risk from predatory adults who are able to conceal their offending history by changing their name.

As the First Minister said, the UK Government proposes to make changes in the law to protect children in such circumstances. He referred to work that is on-going. Can he give us an assurance as to how quickly the Scottish Government can move to close the loophole in the law that exists, which might otherwise be very dangerous?

The First Minister: I thank Murdo Fraser for raising the issue. I was extremely concerned to read the press reports at the weekend on the case that he referenced. I can give him an absolute assurance that we are working hard to see how we can work with the UK Government to align the position in Scotland with some of the changes that it is proposing.

I understand the public's concern around the issue, and I will always consider what changes we can make to ensure that there are effective safeguards in place, when it is within our legislative competence to do so.

Murdo Fraser will be more than aware that passports, driving licences and name changes relating to them are reserved to the UK Government, as we have just referenced. There are other ways in which people can change their name—for example, they can do so by marrying, divorcing, making a statutory declaration, using their middle name rather than their first name and so on. We will have to consider all those issues in the round. If there is anything that we can do that is within our gift, we will, and we are prepared to work with the UK Government, as Murdo Fraser asked, with urgency.

Audrey Nicoll (Aberdeen South and North Kincardine) (SNP): Can the First Minister provide an update on other measures to manage sex offenders, including licence and behavioural or prevention orders, and say how those measures link with notification conditions and whether they have been updated?

The First Minister: That is an important question. Following the weekend's press reports about the case that Murdo Fraser referenced, there will be a lot of concern, so it is important to provide some reassurance. Last year, new behavioural orders were introduced to reinforce what were already stringent checks on individuals who pose a risk of sexual harm. The police can apply to courts for sexual harm prevention orders for individuals who are convicted of sexual offending, when it is believed that they pose a risk of sexual harm to the public. When such an order is granted, the individual will automatically become subject to the sex offender notification requirements.

The sexual risk order is a civil preventative order that is designed to protect the public from sexual harm. There is no need for a previous conviction.

Breach of either of those orders can result in imprisonment. In addition, licence conditions can be put in place to manage an individual's behaviour on release from custody. Adherence to those conditions can be monitored by justice social work and electronically monitored, if that is deemed necessary.

As Audrey Nicoll will be aware, we have very stringent multi-agency public protection arrangements in place for offenders. In Scotland, the vast majority of registered sex offenders comply with the notification requirements that are imposed on them—in fact, according to the MAPPA annual report that was published in October last year, 93 per cent do so.

As I said to Murdo Fraser previously, if there is more that we can do, whether within our own competence or by working with the UK Government, to safeguard not only our children but other individuals from predatory behaviour, we

will seek to work with whoever we have to in order to ensure that those safeguards are in place.

Temporary Accommodation (Glasgow)

6. Pam Duncan-Glancy (Glasgow) (Lab): To ask the First Minister what the Scottish Government's response is to reports that the number of people living in temporary accommodation in Glasgow has increased by 25 per cent. (S6F-02861)

The First Minister (Humza Yousaf): Statistics that were published on Tuesday highlight the challenges that we face in tackling homelessness. That has undoubtedly been compounded by the cost of living crisis, the impact of UK Government austerity and the economic repercussions of the pandemic, which are all driving up homelessness presentations. The Home Office's streamlined asylum process is also impacting on local authorities, especially Glasgow City Council, which is creating increased demands for homelessness services.

The Scottish Government is doing what we can within the powers and the financial constraints that we have to mitigate the impact and reduce the number of people who are in temporary accommodation. We are providing record funding of more than £14 billion to councils in 2024-25, which is a real-terms increase of 4.3 per cent compared with the current financial year. The Minister for Housing has been meeting housing conveners to discuss homelessness and housing pressures.

Pam Duncan-Glancy: The report to which the First Minister referred, which I assume he has read, also says that the Scottish Government report stated that a lack of affordable housing options was partly to blame for the rise in the number of children who required temporary accommodation. Why did the First Minister vote for a £196 million cut to the affordable housing budget on the same day that the Government published a report that blamed a lack of such housing for being a cause of the hike in the number of children in temporary accommodation?

The First Minister: The Government has a strong record of building record levels of affordable housing and providing money for tackling homelessness. For example, the budget is investing £90 million for discretionary housing payments in 2024-25, which is an increase of more than £6 million on this financial year. It also includes £74 million to mitigate the bedroom tax, which is something that Sir Keir Starmer wants to retain.

Independent analysis by Crisis shows that austerity-driven policies, including the two-child limit, are undoubtedly driving up homelessness

right across the country. I say to Pam Duncan-Glancy that we are facing a Conservative cut of £1.6 billion to our capital budget and a £290 million cut to the financial transaction funding that is crucial to house building. It would be so much better if Scotland was not at the mercy of cruel Westminster Governments cutting our budget and if we could raise our own revenue and make spending decisions in our own country's interests, as opposed to having to battle 14 years of austerity and a cost of living crisis that is worse than we have seen in living memory.

Annie Wells (Glasgow) (Con): At the very end of last year, the Scottish Housing Regulator published updated engagement plans for Glasgow and Edinburgh councils. The regulator found systemic failure in the delivery of services to people experiencing homelessness. What has the Scottish Government done to address those failures and to prevent them in future?

The First Minister: I go back to the independent analysis by stakeholders such as Crisis, which says that the austerity-driven policies of the UK Government are increasing homelessness figures not only in Glasgow but right across the United Kingdom. We will continue investing in discretionary housing payments and will continue doing what we can to mitigate the worst excesses of the UK Government. We will give £35 million for specific action to end homelessness and rough sleeping, where we can.

I go back to the point that I made to Pam Duncan-Glancy: the Conservatives are threatening to cut our capital budget by £1.6 billion over the next five years and have cut by 62 per cent the financial transaction funding that is crucial to the affordable housing supply programme. If Annie Wells wants to have any influence whatsoever, rather than raising those issues here—which she has every right to do—she could use her influence with her own party colleagues to demand that the Tories' cuts to our budget are reversed and that the 14 years of austerity that they have imposed on Scotland be halted, and halted immediately.

The Presiding Officer (Alison Johnstone): We move to general and constituency supplementary questions. If members can be concise, more members will be able to contribute.

Brian Low

John Swinney (Perthshire North) (SNP): The First Minister will be aware that Police Scotland is investigating the suspected murder of Brian Low in Aberfeldy, in my constituency, on 17 February. I take this opportunity to express my sympathy to Mr Low's family for that terrible tragedy.

Does the First Minister recognise that that awful incident has caused deep unease in the

community that I represent and that there is a need for full transparency from Police Scotland about its handling of the case? Does the First Minister also believe that it is vital that all resources are applied to bring to justice anyone involved, and that Police Scotland must maintain the necessary presence locally, in order to assure the community that I represent of its safety at this incredibly worrying time?

The First Minister (Humza Yousaf): I agree, and I express my condolences to the family, friends and loved ones of Brian Low. I also give as much reassurance as I possibly can to the community of Aberfeldy, who are rightly shocked—in fact rocked—by that tragic incident. I must be careful in what I say, because it is a live and on-going murder investigation, but I give as much reassurance as I can about safety to the community of Aberfeldy. I know that Police Scotland is taking the case extremely seriously.

I know that, given media reports in the past 24 to 48 hours, questions have been asked about the time taken between Mr Low's death, the post-mortem and the opening of the murder investigation. I have sought assurances and have been absolutely assured that Police Scotland is working around the clock on that murder investigation and is seeking to reassure the community as best it can.

Mr Swinney's suggestion of an increased police presence is sensible, and I will ensure that it is fed back through my office to Police Scotland. Although these issues are at the behest of the operational independence of the chief constable, it is a sensible suggestion.

It should be said that Police Scotland has been appealing to any member of the public who might have any information to come forward. Anybody who was travelling through that area and might have, for example, dashcam footage should contact the police. That can be done anonymously through Police Scotland's online portal.

I go back to the point that John Swinney rightly raised about reassurances for the community. I will raise that with Police Scotland, and I am certain that Police Scotland will do everything in its power to provide reassurance to the community of Aberfeldy.

Ambulance Services (Aberdeen Royal Infirmary)

Tess White (North East Scotland) (Con): On Monday, up to half of the north-east's ambulance fleet—18 ambulances—were stuck outside Aberdeen royal infirmary. A paramedic told *The Press and Journal* that they are unable to help people who are most in need because they are repeatedly tied up. The situation is now so bad

that earlier this month a shop worker in Dyce who was covered in blood after being attacked and left almost unconscious by robbers had to be driven to hospital by her employer because the ambulance service was too busy. What immediate action will the Scottish Government take to address the ongoing crisis across the north-east?

The First Minister (Humza Yousaf): Tess White is right to raise that issue. The level of ambulance stacking, the waits and the turnaround times at the ARI in particular are simply not acceptable. I am afraid that there is no reason that can justify that level of wait. I have been extremely concerned about the reports that we have heard from paramedics directly.

I am more than happy for the Cabinet Secretary for NHS Recovery, Health and Social Care to write to Tess White—I will ensure that he does so—with the full details of the conversations that we are having with NHS Grampian and the actions that it is taking. For example, it is looking at doing more to increase discharge planning in order to maintain patient flow and increase alternative care pathways for ambulance clinicians to support patients in the community, as opposed to coming to the ARI. NHS Grampian is also expanding the site's acute capacity, having recently opened 32 new acute beds at Aberdeen royal infirmary. Increasing the capacity will help with in-patient flow through the ARI and, I hope, the issue of ambulance stacking.

However, it is a very serious issue indeed. I am not happy at all about the continued long turnaround times at the ARI in particular. I will ensure that the Cabinet Secretary for NHS Recovery, Health and Social Care writes to Tess White with full details of the actions that are being taken.

Rail Infrastructure Spending

Richard Leonard (Central Scotland) (Lab): I remind members of my voluntary entry in the register of interests.

Members of the National Union of Rail, Maritime and Transport Workers are rallying outside Parliament today against a £315 million cut to Scotland's safety-critical rail infrastructure spending. They say, "Rail cuts cost lives." Seventy front-line maintenance workers have just been made redundant and a further 80 jobs are now at risk.

Which is correct: the Government's assertion to Parliament that rail infrastructure spending is rising, or the view of experienced railway workers who are out there in the real world, on the front line, which is supported by all the empirical evidence, that Scotland's rail infrastructure budgets and jobs are being axed and that, as a

result, the health and safety of workers and passengers is being put at risk?

The First Minister (Humza Yousaf): We, as the Government, and the Cabinet Secretary for Transport will have regular engagement with rail trade unions, including the RMT. Investment in rail infrastructure is rising, as the Cabinet Secretary for Transport has outlined. We appreciate and share the RMT's view that rail safety should absolutely be prioritised, but we do not agree with its assertion that rail infrastructure funding is being cut.

We will continue to meet the trade unions regularly, and my understanding is that the cabinet secretary recently wrote to the RMT to address some of the assertions that it made in previous correspondence. We will continue to engage where we can and to make sure that rail safety is an utmost priority not just for our staff—that is crucial, of course—but for those who use the rail network. Safety continues to be an utmost priority for this Government.

HM Prison and Young Offenders Institution Stirling

Alexander Stewart (Mid Scotland and Fife) (Con): Disturbances at HMP YOI Stirling continue almost daily and have a serious detrimental effect on residents and the local community. The Scottish Prison Service has attempted to consult and to rectify the situation, but nothing that has been implemented to date has made any significant or lasting difference. Residents believe that the prison is out of control. What further action can the Scottish Government and the Cabinet Secretary for Justice and Home Affairs take to support the residents and vulnerable inmates in that prison?

The First Minister (Humza Yousaf): The Cabinet Secretary for Justice and Home Affairs continues to engage with the Prison Service on the issue, and my understanding is that she has met Alexander Stewart as well.

I take some exception to the suggestion that the estate is "out of control". I do not agree with that assertion in any way whatsoever. We know that, through the actions that were taken, there was a slightly quieter period over Christmas, but there have been incidents in the past couple of weeks, which, rightly and understandably, have caused concern to residents. An action plan is in place and I will ensure that the Cabinet Secretary for Justice and Home Affairs engages again with Alexander Stewart in order to give him an update on the actions that are being taken.

The Presiding Officer: That concludes First Minister's question time. The next item of business is a members' business debate in the name of

Paul Sweeney. There will be a short suspension to allow those who are leaving the chamber and public gallery to do so.

12:45

Meeting suspended.

12:47

On resuming—

Marie Curie's Great Daffodil Appeal 2024

The Deputy Presiding Officer (Annabelle Ewing): Members of the public are welcome in the gallery, but I invite those who are leaving to do so quickly and quietly, please, because we are about to start our next item of business.

I say to members that we will meet again at 2 pm; therefore, although I appreciate the importance of the debate, I will have to ensure that all members stick to their allocated and agreed speaking times, to allow the staff to do what they need to do to ensure that we are ready to start again at 2 pm.

The next item of business is a member's business debate on motion S6M-11892, in the name of Paul Sweeney, on Marie Curie's great daffodil appeal 2024. The debate will be concluded without any question being put.

Motion debated,

That the Parliament welcomes Marie Curie's Great Daffodil Appeal 2024, which runs throughout March; considers the Great Daffodil Appeal to be Marie Curie's most prominent awareness-raising appeal; notes that Marie Curie is the largest provider of palliative and end of life care for adults in Scotland; understands that Marie Curie has found that around one in three working age people who die do so in poverty; considers that deprivation and its associated challenges are exacerbated at the end of life; recognises that Marie Curie is able to support people to die at home, if that is their wish, through its Hospice Care at Home team, in 31 out of 32 local authority areas; commends the work of the two Marie Curie Hospices in Edinburgh and Glasgow in providing inpatient care and support for community palliative care; further commends Marie Curie volunteers who, through its companion service, help to tackle isolation and loneliness at the end of life; understands that Marie Curie cared for and supported almost 8,000 people in Scotland in 2022-23 to die in a place of their own choosing; further understands that, despite the best efforts of Marie Curie and other providers of palliative and end of life care, demand for palliative care will increase as Scotland's ageing population means that by 2040, 60,000 people will die with palliative care needs, which is 10,000 more per year than currently; considers that this rising need for palliative care places a burden on unscheduled care services, reportedly costing the NHS £190 million per year, and unpaid carers, many of whom are ageing or ill themselves, to deliver care and support; further considers that it is likely that many will require more complex palliative care support, as people projected to die with multi-morbidities will reportedly increase by 82%; believes that the current unmet need and growing demand for palliative care will ensure that the care and support from Marie Curie remains an essential service in Scotland; notes the belief that there is a need for a sustainable funding settlement for palliative care, given that less than 40% of Marie Curie costs are covered by commissioned income, and further notes the encouragement for as many people as possible to support the Marie Curie Great Daffodil Appeal in March 2024.

12:48

Paul Sweeney (Glasgow) (Lab): I rise to mark Marie Curie's great daffodil appeal, which runs throughout the month of March. It is an opportunity to raise awareness and funds to help Marie Curie continue to carry out its vital work in Scotland.

Marie Curie is Scotland's largest provider of end-of-life care and palliative care for adults. Last year, the charity supported 8,000 terminally ill people in Scotland to die with dignity, ensuring that they were comfortable, well looked after and able to die in a place of their choosing.

Marie Curie operates in 31 of the 32 local authority areas in Scotland, but service levels vary across the country. Although Glasgow and Edinburgh are served by dedicated Marie Curie hospices, areas outside the central belt largely have hospice care at home.

Marie Curie services take a significant amount of the strain off the national health service, but commissions from health and social care partnerships cover only 40 per cent of their costs. As the demand for palliative care increases in Scotland—10,000 more people will require palliative care by 2040, which is a 20 per cent increase on the current figure—funding for health and social care partnerships is actually being cut. Nine out of 10 Scots will need palliative care at the end of their lives, so every citizen has a stake in it.

Scotland's increasing population of people who are over the age of 85 is having the biggest bearing on increasing demand for hospice care. Unfortunately, it is estimated that, by 2040, the incidence of dementia as the main cause of death will rise by 185 per cent.

Recruiting and retaining staff in Marie Curie hospices is proving to be difficult. Hospices simply cannot match the agenda for change pay rise that was rightly given to NHS staff, because no additional funding was made available to them. It is therefore critical that, with demand for palliative care rising in the coming years, we have a more sustainable and fairer funding settlement for the hospices so that Marie Curie can continue to be there for people when they need it.

It is no good simply having a negative feedback loop in which people are stuck in acute hospitals, dying in inappropriate conditions, often without dignity, when they could have a hospice bed, but the hospice cannot be staffed because the staff are not there. It is a perverse and cruel situation for people to be in. That is why initiatives such as the great daffodil appeal are so vital to Marie Curie. When people donate to or take part in fundraising efforts, they make a significant contribution to ensuring that comfort and care is available for those who need it at the most critical moment in their lives.

The work of Marie Curie goes beyond palliative and end-of-life care. I pay tribute in particular to the extraordinary volunteers who give up their time to become Marie Curie companions. They are trained to provide support for people who are approaching the end of their life, and to the families of those people. Those volunteers are truly inspiring; they are there for people at the most difficult of times, providing practical and emotional support such as helping around the house, doing the shopping or talking through how people are feeling when they are faced with such a devastating diagnosis and the end of their life.

The dying in the margins research that was conducted by Marie Curie and the University of Glasgow found that one in three working-age people who die do so in poverty. It is clear that deprivation is exacerbated at the end of life, and I feel that that is a particularly cruel injustice to so many Scots. I have been personally affected by the stories that were shared in the dying in the margins exhibition that came to Parliament some months ago. Those stories should infuriate us all, and invigorate, encourage and inspire us to be stronger advocates for our constituents so that they have housing that is fit for purpose and the social and financial support that they need to empower them to make real decisions with real agency about where they choose to end their lives.

Last year, I had the opportunity to visit the Marie Curie hospice at Stobhill in Glasgow. I grew up with that place and it was the local charity that was supported by Turnbull high school in Bishopbriggs, where I was educated. It was particularly interesting to see the results of the huge fundraising effort that took place 14 years ago—it was probably the biggest public fundraising effort that has happened in Glasgow in recent years—to raise £16 million to rebuild the hospice. Half of that money came from *Evening Times* readers in Glasgow, which, I think, signifies the importance of that hospice to people across the city.

I was particularly struck by a patient from Glasgow's east end whom I met there, who very sadly passed away just a couple of days after I visited. She had a difficult upbringing. She had a chaotic childhood and had used drugs, and she faced difficult circumstances, but she finally felt that she had got her life back on track and she was in a good place with her two teenage sons. However, she then got what she thought was tonsillitis or a throat infection.

She went along to her general practitioner to seek help and persisted for more than a year with a chronic throat condition, but unfortunately she was just fobbed off and not taken seriously. When she was finally able to get a diagnosis, it was terminal. She was facing the end of her life, and

she was only in her late 40s. I believe that, had she been from a more affluent part of the city and not the east end, her concerns would have been taken more seriously, she would have been approached with more agency from day 1, and she would still be alive today. Cases such as hers put the dying in the margins research into stark perspective, certainly for me, and we must do better. That is the essence of social justice. Having a conversation with her in moments of deep frustration and deep sense of grief about the life that she was robbed of will never leave me.

The great daffodil appeal is an opportunity to promote Marie Curie and all the work that it does to improve people's lives in the most devastating and difficult of circumstances. I hope that as many people as possible will support this year's appeal.

12:55

Bob Doris (Glasgow Maryhill and Springburn) (SNP): I thank Paul Sweeney for securing this debate, which marks the launch of the 2024 great daffodil appeal.

I am privileged to have a wonderful Marie Curie hospice at Stobhill in my constituency. As convener of the cross-party group on palliative care, I am well aware of the fantastic work that Marie Curie does not only in hospices but through the services that it provides in people's homes across many local authority areas. Marie Curie's dedication, care and compassion make a real difference to those who are living with terminal conditions and are often approaching the end of life, and to their families, which is important.

We are also very fortunate in having a dedicated team of fundraisers in Marie Curie. Many volunteers raise much-needed resources for many of the services that it offers. Many of the donations that are received will be from the families and friends of those who are no longer with us, but who benefited greatly from the services of Marie Curie. My heartfelt thanks go to everyone who makes a donation, no matter how large or small.

The warmth and affection towards Marie Curie sit at the heart of the great daffodil appeal. On 7 May, I will host an event with Marie Curie in the garden lobby of the Scottish Parliament that will celebrate the undoubted success of the great daffodil appeal. I hope to see members at that event.

Every year, the great daffodil appeal is important in securing much-needed resources. However, this year, it will have never been so important. The financial pressures that our network of hospices is under are significant. It has been challenging for hospices to match the very welcome pay awards that the Scottish Government has made to Scotland's NHS and

agenda for change workforce. Finding funds to do so has put particular pressure on reserves and yearly running costs, as have other factors, such as wider inflationary pressures and energy costs. Unfortunately, the Scottish Government and Scotland's integration joint boards have been unable to respond to those pressures in a way that has been able to fully alleviate or adequately mitigate those pressures. I acknowledge the unprecedented pressures on Scotland's budget, and I anticipate that our hospice network will continue to do a wonderful job in the year ahead, despite those challenges. However, the pressures will not go away, and there needs to be an agreed and sustainable funding model for Marie Curie and the wider hospice network in the years ahead.

I very much hope that the new Scottish palliative care strategy will take account of the need for financial sustainability, and I hope that our new national care service will entrench within it the explicit right to palliative care for the people of Scotland and drive adequate funding to the sector accordingly in a fair, equitable and sustainable way. The minister knows that I am keen to work with the Government on that. We have discussed that previously, and I hope that we can continue those discussions.

I return to the great daffodil appeal. From its inception, the hospice sector has always sought to fundraise for a significant portion of the money that it invests in services. It is up for that challenge, and it expects that to be the case. That will not and should not change, but that is different from adequate support from the public sector for financial sustainability. Both things can live together.

The great daffodil appeal is fundamental to those efforts for Marie Curie. Marie Curie is a vital and valuable partner. With Scotland's ageing population, by 2040 an additional 10,000 people each year will need palliative and end-of-life support. That will be 60,000 people in total each year at that stage. We need to grow the hospice network, and we need to innovate so that there are new models of delivering palliative care. Both those things are required. As I said in my members' business debate in December, I know that Marie Curie is up for that challenge because it has done that successfully previously.

When people support this year's great daffodil appeal, they are not just supporting those who are approaching the end of life and their loved ones today; they are investing in the future of palliative and end-of-life services for tomorrow.

12:59

Alexander Stewart (Mid Scotland and Fife) (Con): I welcome the opportunity to speak in this

debate and I congratulate Paul Sweeney on securing it.

Like other members, I have been a great supporter of Marie Curie for many years. Everyone deserves to get the right care and support at the end of life, and Marie Curie tirelessly shows compassion across all parts of Scotland, including in my Mid Scotland and Fife region. The amazing work that it does shows its full commitment.

As the motion notes, the great daffodil appeal is a phenomenal success for the charity. We are all wearing the emblem this afternoon, and Marie Curie is to be commended for the fact that it is recognised by so many individuals and organisations.

Marie Curie is the largest provider of palliative and end-of-life care in Scotland and across the United Kingdom. Last March, I, like many others, supported the Marie Curie fundraising appeal at an event in the Parliament. I met once again the staff and some of the volunteers who give their time and their talents to support and care for people who are living with a terminal illness, and also their families and the carers who support them. I heard—we have heard this today as well—that over 8,000 terminally ill people across Scotland were supported in their homes or in the hospices in 2021-22. Sadly, it looks like the figures will continue to increase. As Paul Sweeney commented, there is a massive increase in the elderly population and in the number of individuals who require care.

In my area, the charity's community nursing service made over 250 visits in Stirling and Clackmannanshire alone to support people in their homes. Back in December 2019, Marie Curie published a press release highlighting that by 2040, if current trends continue, two thirds of Scots will die at home, in a care home or in a hospice. The research by Marie Curie, the University of Edinburgh and King's College London also warned that, without radical investment in community health and social care services to ensure that individuals are supported, there will be a continual rise in the number of people who die in hospital. We want to alleviate that. I hope that the minister will mention that when she sums up.

We need to ensure that Marie Curie nurses will be able to support everyone in Scotland who needs them. We have heard today about the difficulties that we face in funding pay awards and the difficulties due to the cost of living, which is affecting each and every one of us. Marie Curie has to raise about £250,000 a week to deliver its incredible work and cover front-line services. The fact that it does so is a major achievement for which it should be commended.

I look forward to hearing from other members and from the minister. It is vital that Marie Curie can achieve what it wants to, ensuring that individuals have the peaceful and pain-free death that we all deserve and supporting those who are affected by bereavement following deaths from cancer.

13:03

Carol Mochan (South Scotland) (Lab): I thank my colleague Paul Sweeney for bringing this important debate to the chamber. I am not surprised that he chose Marie Curie's great daffodil appeal as the subject of his members' business debate, because we have discussed many times the excellent work of Marie Curie and other hospices. He has fought with passion—and he spoke with compassion today—to raise the ongoing issue of funding and sustainable resourcing of these essential services. As he mentioned, less than 40 per cent of Marie Curie's costs are covered by commissioned income, and events such as the appeal are so important.

I will be clear: the Parliament is right to encourage as many people as possible to support the Marie Curie great daffodil appeal this year, as in other years. That encouragement should be given in order to promote the good work that the organisation does and offer people the opportunity to make any donations that they can, but it should not allow us, in this place of power, to ignore the need to properly resource those essential palliative care services.

Bob Doris: We have spoken in a few members' business debates on these issues in previous months, so I pay tribute to the work that Carol Mochan is doing to highlight them.

I agree with her about the sustainable funding model, but does she recognise that the hospice sector believes that fundraising for a large part of the resource that it spends is a vital part of what it does? The sector is not seeking to dilute that, but wants sustainable, leveraged funding from the Government for the future needs for which it will have to plan.

Carol Mochan: I recognise that fundraising is part of the way that the hospice sector promotes its cause and makes sure that people are aware of the sensitive issues surrounding it. I also think that that should not detract from the fact that we should discuss how we make the sector sustainable and how we make sure that funding is available, particularly as the need for such resources increases. The member and another colleague made points about that. In this place of power, we have to take responsibility for that.

I have said this before, but it is the only way I know how to say it in order to express my feelings:

everyone deserves as pain free and as peaceful a death as possible, surrounded by those who love them, in a place that comforts them and in which the choice is theirs. We can all agree that, at some point, we will be touched by the death of a loved one. Should that loved one need end-of-life care over a period of time—palliative care—we would all wish it to be provided in the best way possible, by trained and sensitive care staff who have the knowledge, time and training that are needed to provide support for the physical deterioration as well as the emotional needs of our loved ones and their wider family.

If the chamber will bear with me, I will take the opportunity to mention a meeting that Paul Sweeney and I had with Brain Tumour Research. Among the issues that it raised with us was the impact of a diagnosis on a person's family and their wider friend network. The diagnosis is often given to young people, including young women who have their lives ahead of them and have families. I thank Theo and Thomas for coming to the Parliament and for talking to us about the important issue of how we support people emotionally as well as the wider way in which we support research into very serious conditions that can cause end of life. It is heartening that Marie Curie is there. As we have said many times in the chamber, we support the hospice care-at-home teams and its two hospices.

I recognise that I am running out of time. I wanted to mention inequalities, but they have already been touched on. I simply cannot accept that someone who is dying cannot get the care and comfort that they deserve. In a time of need such as the end of life, surely we must all be looking to find solutions to provide all the care and comfort that are necessary. I know that the daffodil appeal helps to achieve that aim.

13:08

Gillian Mackay (Central Scotland) (Green): I, too, thank Paul Sweeney for securing the time in the chamber for this important annual debate. The great daffodil appeal, which is the most prominent awareness-raising appeal for Marie Curie, runs throughout March.

I take the opportunity, as others have, to thank the staff and volunteers of Marie Curie, who deliver services in 31 out of 32 local authority areas, including its two hospices in Edinburgh and Glasgow, and the at-home services for those who choose to die at home. Volunteers provide support through its companion service, tackling isolation and loneliness. Companions also support families after someone has died. That friendly, familiar support after the death of a loved one is an invaluable offering—I am sure it is valued by many families around the country.

Marie Curie also provides support for planning for end of life. I have previously said in other debates in the chamber that, as a country, we need to do more to support and encourage conversations about what a good death looks like for individuals. As the motion notes, for many people those will be about supporting their desire to die at home.

The way in which palliative care is delivered is already having to adapt to the demand for such support as well as to our ageing population. However, the motion notes that such demand will increase significantly by 2040, in that

“60,000 people will die with palliative care needs, which is 10,000 more per year than currently”.

Further pressure will undoubtedly come from the more complex nature of the health conditions that patients have as a result of their living longer. It is difficult, at the current point, to predict those for the future. The motion suggests that they will increase by 82 per cent, but that figure will undoubtedly vary across local authorities and will depend on socioeconomic factors. That should be kept under review, and services should be supported to adapt to deliver support to people who are in the greatest need.

The diversity of palliative care services and the range of conditions that they can support are vast, but I am not sure that the public, especially people who have never had contact with such services, have an understanding of that diversity. For example, people with conditions such as heart failure, which can be managed for long periods of time, can receive palliative care when it is needed. I believe that we should amplify the message about diversity in the sector wherever we can.

As I am the co-convener of the Parliament's cross-party group on carers, it would be remiss of me not to mention the support that carers need when a loved one is receiving palliative care. Carers take on financial, emotional and physical burdens without a second thought, to support the people they love. As do many other organisations, Marie Curie provides valuable support to families. However, we must ensure that those families are meaningfully involved in end-of-life planning, they understand what will happen and what support is available and, crucially, they are allowed to express how they want to be supported along with their loved ones.

In the coming years more will need to be done to support the provision of palliative care, to ensure that everyone can receive the fantastic level of care that many members across the chamber have articulated during the debate. I thank Marie Curie's staff, its volunteers and everyone who will donate to the great daffodil appeal this year.

13:12

Liam McArthur (Orkney Islands) (LD): As other members have done, I pay tribute to all Marie Curie nurses, staff and volunteers for their herculean efforts on behalf of dying people and their families. I welcome those of them who are in the public gallery to listen to the debate. I thank Paul Sweeney for allowing Parliament to hold the debate, and I acknowledge his strong personal commitment to the issues that we are discussing.

No one who read Marie Curie's briefing for the debate can have escaped its stark warning about projected future demand for its services. That is a product of the fact that our population is ageing, but Paul Sweeney rightly suggested that it simply means that we are all invested in the issue and have a stake in it.

Another point that clearly emerged for me was that the difficulty is not just about demand and numbers, but about complexity. Many people are living longer with comorbidities that make such treatment more complex. Gillian Mackay was right to talk about the diversity that is required in the sector's provision: covers a broad sweep including in-patient hospice care and hospice-at-home care. Paul Sweeney, too, was right to draw attention to the companion service, which does so much to address the needs not only of individuals but of their families, and to tackle the problem of isolation.

We are seeing recognition of the increasing strain that will be placed on Marie Curie's funding. Bob Doris was absolutely right to say that that will continue to involve a mixed model in which fundraising effort is an integral and important part of Marie Curie's work. It does not want to roll back from that, but the requirement to provide security of funding, given the likely demand for its services, will be essential.

I note that, this morning, the House of Commons Health and Social Care Committee published a report on end-of-life choices and assisted dying, which rightly draws attention to many issues that Marie Curie addresses, including patchiness of funding and access to services. I drew encouragement from the committee's finding that there is no evidence that, in jurisdictions where there are assisted dying laws, there is diversion from palliative care services. Indeed, in many instances, there is reinforcement of funding that allows greater access to, and improvement of, those services.

I will take a moment to acknowledge Marie Curie's engagement with me in the context of my member's bill on assisted dying, which I hope to introduce to Parliament shortly.

Bob Doris: Will the member take an intervention?

Liam McArthur: I am afraid that I do not have time.

I look forward to continuing to engage with Marie Curie once the bill is introduced.

For now, I again pay tribute to the work that all the staff, volunteers and nurses do, and to the contribution that is made by the wider public through the great daffodil appeal, which I am sure will enjoy overwhelming public support again this year, in order—as Carol Mochan said—to provide the care and comfort that our dying people need and, frankly, deserve.

13:15

David Torrance (Kirkcaldy) (SNP): I thank Paul Sweeney for bringing the motion to the chamber today for debate.

It is always a pleasure and a great privilege to speak about Marie Curie and the invaluable service that it provides. Today is no exception. The Marie Curie great daffodil appeal is an initiative that embodies compassion, resilience and community spirit. The appeal runs throughout March each year and champions the cause of providing care and emotional support to people across Scotland who are at the end of life.

The great daffodil appeal is not just a fundraising campaign—it is a symbol of unity and support. By simply donating and wearing a daffodil pin, thousands of people across Scotland demonstrate their solidarity with people who are affected by terminal illness. Volunteers, who embody the spirit of community support that Scotland is renowned for, ensure through their invaluable contributions that Marie Curie continues to offer its crucial services to people who are in need.

In my constituency of Kirkcaldy, in Fife, Marie Curie has been a saving grace for hundreds of families over the years. In 2022-23, Marie Curie made thousands of visits in Fife to support terminally ill patients. It visited more than 500 patients and NHS Fife is incredibly lucky to have 33 Marie Curie volunteers who help to deliver essential services to my constituents. I hear at first hand from constituents about the impact that Marie Curie has made on Kirkcaldy.

Marie Curie nurses and volunteers have been a comforting presence during difficult times for many families across Fife. They have offered not just medical care, but emotional support, understanding and a listening ear to people who are in their most vulnerable moments.

I am constantly in awe of my community and the impressive fundraising efforts that are held annually across the area to support the charity. Our community groups raise awareness every

year to support people who are living with terminal illness, and I pay tribute to them and recognise the crucial role that they play in organising fundraising events and activities, and in helping to raise awareness.

As many people will be aware, NHS Fife launched a fully integrated hospice-at-home service, which is run by Marie Curie and NHS Fife. It has reduced the hospital costs of end-of-life care. With Fife having a larger older population and some very rural areas, avoiding hospital admissions whenever possible is always an important aim. The response to the hospice-at-home service in Fife has been incredible. People who have been supported by the service experienced 40 per cent fewer hospital admissions and 68 per cent fewer visits to accident and emergency departments, and were two and a half times as likely to be in the comfort of their home to die.

However, the cost of delivering that crucial and invaluable work is increasing year on year. Marie Curie research projects that, by 2040, propelled by our ageing population, up to 10,000 more people will be dying with palliative care needs. That represents a 20 per cent increase in demand and 90 per cent of all deaths in Scotland. The complexities of multimorbidities, a significant rise in dementia-related deaths and the shift towards community settings for end-of-life care all underscore the urgent need for support and innovative solutions.

Our palliative care services must be fully supported in order that they can respond to the rising demand that stems from changing demographics. That is one of the main reasons why the great daffodil appeal presents a crucial opportunity to support one of Scotland's greatest community assets. Support that is garnered from the great daffodil appeal goes towards several of Marie Curie's important programmes: hospice care at home, information and support services, in-person hospice, and companion and home support are just a few of the extraordinary initiatives that Marie Curie provides across Scotland.

In closing, I urge that we all support the great daffodil appeal in any way that we can—be it through volunteering, fundraising or simply wearing a daffodil pin. Let us unite in our efforts to provide hope, care and support for all the people who are in their final moments, and their families. Together, we can make a difference in the lives of many by demonstrating the true spirit of companionship and community that defines Scotland.

13:19

Rhoda Grant (Highlands and Islands) (Lab): I thank Paul Sweeney for securing the debate. I commend the work of Marie Curie and wish it well with the daffodil appeal. As well as commending its care services, through which it made 1,532 visits across the NHS Highland area last year, I commend its work on raising awareness of end-of-life care.

Palliative care is not help to die; it is help to live. When days are few, they are precious, and we need to savour each and every one of them. That should not depend on a person's wealth or where they live. The Marie Curie and University of Glasgow report "Dying in the Margins; The Cost of Dying" shines a light on health inequalities, which occur right through to end-of-life care. There is a 24-year difference between the healthy life expectancy of people who live in our most-deprived communities and that of those who live in our least-deprived communities, which is why I am proposing a "right to food" bill. Given that diet is so important to health and life expectancy, I hope that that would make a difference.

Not only are less-wealthy people more likely to die younger, but they are also less likely to have the facilities that they need to make them comfortable. Even heat is unattainable: 94 per cent of people are concerned about terminally ill family members and friends being unable to pay for energy, which is simply not right, at the end of life. People who live in rural areas are far less likely to be able to access palliative care, because there are very few health professionals, and people live some distance from services. It is often down to the dedication and good will of a few health professionals that people are cared for at the end of life and, indeed, that they can choose to die at home. I pay tribute to those professionals.

Paul Sweeney highlighted the difficulties that Marie Curie faces with increasing demand, increasing costs and decreasing funding. The organisation is asking for funding to be put on a formal footing in order to cut down the time that is spent on negotiations for funding of care. It also asks that the Scottish child payment be extended to terminally ill people who have dependent children. It would be targeted at those who are in most need, given the lower life expectancy of people who live in the most-deprived areas.

For too long, palliative care has been largely ignored, even though most of us will need it. People need to be able to choose where to die, and they have a right to die at home. It is important for a person whose life is drawing to a close that they have good-quality palliative care, but it is also really important that their loved ones have support. Good-quality palliative care in a place of our choosing should be available at the

end of life, as should support for family and friends. We all need the right to palliative care.

13:23

Emma Harper (South Scotland) (SNP): I welcome the debate and thank Paul Sweeney for securing it. The great daffodil appeal is one of the most iconic and recognised fundraising drives of the year. People all over the country wear their yellow daffodil badges, as we do today, with a sense of pride that they are supporting Marie Curie to deliver its world-class palliative care services in our communities and its hospices. I thank all the nurses, staff and volunteers who are part of Marie Curie.

One area of interest in the 2024 appeal is end-of-life poverty and improving the financial package that is available for palliative care. Rhoda Grant has just laid out the specific heating and nutrition challenges that some people face at the end of their life, especially in rural areas.

As a registered nurse and a member of the Parliament's Health, Social Care and Sport Committee, I have an interest in our social care sector and feel passionately about ensuring that we equip the sector and, indeed, our population for years to come. Across Scotland and internationally, people are ageing better and living longer lives. That is welcome, but it presents challenges, because with age comes a greater risk of health complications and a greater need for social care support and services.

The health committee has carried out several inquiries relating to social care in Scotland, and the conclusions have always had similar themes. One of the main themes is that, as a society, we must be smarter and better prepared to deal with our ageing population, as Marie Curie suggests in its briefing for the debate.

The evidence shows that there must be an onus on healthcare professionals to have realistic conversations with people about their retirement. Future care must best support people staying at home, if that is their choice, and it is absolutely paramount that the care is suited to their needs. That is why the National Care Service (Scotland) Bill is so important.

Marie Curie is at the forefront of pioneering research in Scotland. Indeed, one of its most recent publications, which was produced jointly with the University of Edinburgh, suggests that, by 2040, two thirds of Scots—66 per cent of the population—will die at home, in a care home or in a hospice. Allowing more people to have the opportunity to die in a place that they choose is essential if we are to meet future care needs and reduce the demands on our acute services.

However, as Marie Curie points out, to achieve that, palliative care must have a fair funding settlement. One of the ways that Marie Curie suggests that can be achieved is through the Scottish Government working to a minimum target of 50 per cent statutory funding for independent hospice care providers, including those that provide hospice care at home. Given that, across Dumfries and Galloway, 4,359 visits were made to 542 people and patients by the region's 31 dedicated Marie Curie nurses, I would welcome the minister's comments on that ask by Marie Curie. Support from those dedicated nurses allowed 72.5 per cent of those with palliative and end-of-life care needs to die in a place of their choosing. However, again, funding is crucial to enable that support to grow to meet future demand.

It is welcome that, across South Scotland, Marie Curie has seven shops that are raising funds and more than 896 dedicated volunteers. There are shops in Stranraer, Newton Stewart and Dumfries, and there is a supporters group in Lockerbie. I will visit the Dumfries shop with Marie Curie leadership a week on Monday, and I look forward to continuing to support its work.

I again welcome the debate, and I congratulate and thank Marie Curie for the fantastic work that it does day in, day out to support those who require end-of-life and palliative care and their friends and family.

13:27

The Minister for Public Health and Women's Health (Jenni Minto): I thank Paul Sweeney for lodging the motion for this debate and everyone in the chamber for their contributions. I also welcome the Marie Curie team who have joined us in the gallery. I am sure that they will watch the beginning of the debate on the Scottish Parliament website.

The First Minister sat beside me to listen to Paul Sweeney's opening speech and said to me that this is a matter that is close to his heart. It is probably fair to say that the work that Marie Curie does is close to the hearts of everyone in the chamber.

Emma Harper was absolutely correct to talk about the iconic daffodil. When I was home on Islay last weekend, some daffodils had come out at the back of my house, and the first thing that I thought of was Marie Curie, so I say to the team that the campaign gets into the public consciousness very well.

I am sure that members will remember that, in December, we stood together in the chamber to celebrate Marie Curie's 75th anniversary. It has been an amazing 75 years. Marie Curie staff and

volunteers have pioneered palliative and end-of-life care, and the organisation has become a significant health and social care partner that provides invaluable support to people and their families at the most challenging points in their life, as well as supporting other health and social care services and teams that deliver palliative and end-of-life care. It is that friendly familiar support that Gillian Mackay noted.

Many colleagues across the chamber have reflected on how much Marie Curie means to them personally. That highlights the broad scope and reach of Marie Curie's work and why it is so important. Alexander Stewart and David Torrance talked about the sense of companionship and community that is reflected in their communities, as well as Marie Curie's constant work to raise funds.

It would be remiss of me not to recognise the work of the Marie Curie fundraising teams across my Argyll and Bute constituency. I thank them for their tireless fundraising work.

The work that Marie Curie and its volunteers do, day in, day out, is often done under extremely trying circumstances. It is, as others have reflected, really important; indeed, it is no mean feat, which is why I thank all Marie Curie staff and volunteers across Scotland for their unending hard work and for taking the time to be here today. As Liam McArthur said, we all have a stake in this.

In preparing for the debate, I was drawn back to the Marie Curie quote that I shared during the 75th anniversary debate in December:

"Nothing in life is to be feared, it is only to be understood. Now is the time to understand more, so that we may fear less."

I feel that that is particularly poignant today, given the subjects that have been raised in Paul Sweeney's motion and which we have discussed.

During the debate in December, I talked about the round-table meeting that I had convened earlier that month with health and social care partnership chief officers and independent hospices, and I noted that those who had participated had welcomed the frank and open dialogue. Since then, I have visited St Andrew's hospice in North Lanarkshire to hear about the care that it provides and the challenges that it faces with regard to inequalities. I know that my officials are continuing to meet hospices and chief officers to discuss the draft guidance framework that will support more consistent local planning and commissioning of independent hospice care, and I hope that we can resolve some of the challenges through working in partnership, as Marie Curie has called for.

Paul Sweeney's motion highlights the increased need for and complexity of palliative care

projected by Marie Curie research up to 2040, as well as the financial challenges faced by those nearing the end of life. Last year, I, like many colleagues in the chamber, visited the "Cost of Dying" photographic exhibition, which illustrated the impact of socioeconomic circumstances on end-of-life experiences. Like Paul Sweeney, I was very much touched by the poignant images that were displayed alongside the participants' harrowing stories, and I was inspired by the courage and strength of the individuals who shared their stories at such a difficult time in their lives.

We recognise that too many people are living in poverty, which is why we are committed to breaking the cycle of poverty in Scotland. We are providing more support for social justice than ever before, with our spending on social security benefits forecast to increase by nearly £1 billion in 2024-25.

Paul Sweeney: I thank the minister for giving such a constructive response to the debate. Might she consider improving the obligations on landlords in the forthcoming housing legislation to ensure that they more readily assist people who face a terminal illness by adapting their homes so that they can stay there instead of ending up in hospital, as they otherwise would?

Jenni Minto: I thank Paul Sweeney for that intervention and recognise exactly the story from the "Cost of Dying" exhibition that he has referred to. I will continue to have discussions with the Minister for Housing on the matter and am happy to raise with him the issue that the member has just raised with me.

I should add that we continue to support free welfare, debt and income maximisation advice services with funding of more than £12.3 million.

Being diagnosed with a terminal illness is undoubtedly one of the most challenging things that a person can go through. No terminally ill person, or their family, should have to worry about their finances at such a difficult time, so the Government is ensuring that adult disability benefit applications from people with a terminal illness are fast-tracked to provide them with the support that they are entitled to as quickly as possible.

Liam McArthur: Will the minister take an intervention?

Jenni Minto: I would like to continue for the moment, but I will take it once I have finished this section of my response, if that is okay.

We also ensure that those who are terminally ill automatically receive the highest rates of assistance that they are entitled to, with no award reviews. Moreover, they are eligible for that support straight away, with no qualifying period.

I welcomed the debate on the dying in the margins project and had a really helpful follow-up meeting with Marie Curie and the University of Glasgow, in which I committed to bringing the issues raised to a future ministerial oversight group on poverty. It is another area where we need to work in partnership to understand the impact of poverty at such a difficult time in people's lives.

Liam McArthur: I echo Paul Sweeney's comments about the minister's constructive response to the debate. As a lot of the issues that she has touched on will undoubtedly be in the updated palliative care and end-of-life care action plan, can she give us an update on when that revised or updated plan might be ready?

Jenni Minto: That is perfect timing, as I was just about to say that, through the new palliative care strategy that we are currently developing, we are prioritising work on future care planning and are looking at what information is available, the systems that are in place and what can be done to promote the use of such planning across Scotland. The Scottish Government is proud to be working with Marie Curie and the hospice sector across Scotland to build a new palliative and end-of-life care strategy, which we anticipate will be published for consultation in the spring. I was also thinking that, given the collaborative approach being taken by members across the chamber, it might be helpful if I arrange a briefing for MSPs when the strategy is launched.

We have all agreed a shared aim—that everyone in Scotland receives well-co-ordinated, timely and high-quality palliative care, with death and bereavement support based on people's needs and preferences, including support for families and carers. We also have a shared principle—we are committed to equitable and timely access to general palliative care and specialist palliative care services as needed by each person of any age living with any illness in all places. We will, as Carol Mochan said, work together to find solutions.

Once again, I thank Marie Curie staff and volunteers for their tireless work, and I look forward to working with them closely on our shared aims over the months ahead.

The Deputy Presiding Officer: Thank you, minister. I take this opportunity to thank members for their co-operation in recognising in their contributions the time constraints under which we are operating.

13:36

Meeting suspended.

14:00

On resuming—

Portfolio Question Time

Education and Skills

The Deputy Presiding Officer (Liam McArthur): The first item of business this afternoon is portfolio questions, and the portfolio on this occasion is education and skills. Members wishing to ask a supplementary question should press their request-to-speak buttons during the relevant question. There is a lot of interest in asking supplementaries and therefore, as far as possible, the questions and responses will need to be short.

Disabled Young People (Life Skills)

1. **Jeremy Balfour (Lothian) (Con):** To ask the Scottish Government what steps it is taking to provide access to life skills programmes for disabled young people. (S6O-03134)

The Minister for Higher and Further Education; and Minister for Veterans (Graeme Dey): Since 2016, the Scottish Government, through the children, young people, families early intervention fund and the adult learning and empowering communities third sector fund, has provided core funding of just over £106 million to 115 organisations to deliver support that tackles inequalities and child and family poverty, improves learning and builds skills. Our transition fund delivers often life-changing support to help young disabled people with the transition after leaving school. Individual institutions support the specific needs of young people to acquire life skills in different ways across school and post-school interventions.

Jeremy Balfour: Following a report from disability charity Scope that found that disabled people often face regular extra expenditure of a whopping £975 per month, does the minister agree that further action must be taken to ensure that disabled young people have access to the highest-quality support services in schools to help equip them with essential life skills in their post-education lives?

Graeme Dey: I am sure that the member will appreciate that the post-16 landscape is more my area of expertise—assuming that I have one—than schools.

As the member knows, life skills is not a specific area of the curriculum and is covered by a range of subjects. It often falls to the individual school to determine what offering it will provide. I recognise that we must do more for disabled young people than simply furnish them with life skills—we need

to help them to maximise their full potential. That was one of the topics under discussion when I met a range of disabled young people's organisations just last month: we were looking at what more we could be doing to support young people into meaningful career opportunities.

Collette Stevenson (East Kilbride) (SNP): In Scotland, we have made investments in and offered programmes to support our disabled young people. That could not be further away from the Tory-led United Kingdom Government approach of austerity, which has, according to the United Nations Committee on the Rights of Persons with Disabilities, resulted in gross and systematic violations of disabled people's rights. Does the minister agree that the best approach to supporting the educational development of disabled young people is one of inclusion and support as opposed to one of exclusion and austerity?

Graeme Dey: I agree with the member. It is entirely right for inclusion to be at the heart of our education policy and our legislation. That enables children and young people to receive the support that they need in order to reach their full potential, as I touched on earlier.

The Government is committed to improving the experiences and outcomes for people with additional support needs. Spending on additional support for learning reached a record high of £830 million in the most recently published figures. It is not only our approach to education that is different; the Scottish Government is unique in committing to halving the disability employment gap. We focus on reducing the gap in employment rates between disabled and non-disabled people.

Teaching Bursaries (Unused Funds)

2. Mark Griffin (Central Scotland) (Lab): To ask the Scottish Government to where within the education budget it reallocated any unused funds for teaching bursaries in 2023-24. (S6O-03135)

The Cabinet Secretary for Education and Skills (Jenny Gilruth): To manage emerging in-year budgetary pressures, transfers are made between various budget lines through budget revisions. The transfers are managed collectively across all budget lines and it is not possible to attribute an individual reduction in one budget line to an increase in another. However, in general, those transfers are used to manage wider pressures across portfolios, including things such as pay. All budget revisions are reported collectively to Parliament through the autumn and spring budget revisions.

Mark Griffin: I think that we can agree that the current pressure-cooker environment in our classrooms, and in particular the rise in violence

and aggression, is driving teachers out of the profession and making those who would have considered entering it think again. What action is the Government taking to challenge such classroom environments? Will the Government commit to redistributing any of the unused bursaries from this year to promote teaching as an attractive profession, particularly for people with skills in computing, modern languages, and science, technology and engineering and mathematics subjects, for which recruitment targets have been missed?

Jenny Gilruth: We introduced teaching bursaries back in 2017-18. That scheme provides a £20,000 bursary payment to individual career changers for their initial teacher education. Originally it was to cover teacher training only in STEM subjects, but in the past year we broadened that to include Gaelic.

The budget was reduced in the past year due to reduced demand, but the member raises a general point about how we can make teaching an attractive profession. One of the positives in Scotland is that we have the highest-paid teachers in the United Kingdom, and there are other positives in the Scottish education system.

The member has spoken of some of the current challenges in our classrooms, and I am well-sighted on those specific challenges. However, we need to make teaching an attractive career, which is why we invest in the teaching bursary scheme. It is also why we provide funding around the preferential waiver payment, which allows people to tick a box and go anywhere throughout Scotland to teach and be awarded an additional £8,000. We are also protecting teacher numbers by putting an additional £145 million in this year's budget to protect the number of teachers and support staff at local level.

The Deputy Presiding Officer: I can take a supplementary question from Kenneth Gibson, as long as it is brief and the response is likewise.

Kenneth Gibson (Cunninghame North) (SNP): A decade and a half of Labour, coalition and Tory UK Government austerity has impacted across the Scottish budget. What impact has that had specifically on education? How is the Government working to support the teaching profession in such a challenging financial climate?

Jenny Gilruth: The member is right. Undoubtedly, we have less money in the Scottish Government this financial year because of decisions that are taken elsewhere. Despite that, we have been able to protect the education and skills budget. It will grow to more than £4.8 billion, which includes funding to protect teacher numbers, as I intimated in my response to the

previous question. That is a testament to the value that this Government places on education.

Colleges (Meetings)

3. Audrey Nicoll (Aberdeen South and North Kincardine) (SNP): To ask the Scottish Government when it last met with representatives of the college sector. (S6O-03136)

The Minister for Higher and Further Education; and Minister for Veterans (Graeme Dey): I met college chairs and principals at a Colleges Scotland event in Stirling on 30 January. More generally, the Scottish Government meets representatives of the college sector frequently, through in-person meetings, visits, online meetings and written communication with individual colleges, the sector as a whole and representative bodies. I will personally be meeting college reps on both Monday and Tuesday of next week.

Audrey Nicoll: A recent Fraser of Allander Institute report on the economic contribution of colleges highlights the crucial role they play in our green transition by equipping individuals with essential skills for the energy sector.

Within the energy space, North East Scotland College is working with partners across business, education and technology to deliver learning that will meet our future skilled workforce needs. Recently, the First Minister visited Aberdeen and confirmed the Scottish Government's commitment to the north-east as a powerhouse for Scotland's economic development. What action is the Scottish Government taking to ensure that colleges such as NESCol will be supported to deliver on the skills element of national and regional green economic policies, given the challenging funding landscape?

Graeme Dey: Our education and skills system is playing a crucial role in the transition to net zero, and colleges and universities are key anchors for that transition. In what has been the most challenging budget in the history of devolution, we have provided nearly £2 billion for colleges and universities. Indicative funding allocations for individual colleges are expected to be set out by the Scottish Funding Council this spring, as is the usual practice.

I will visit NESCol on 11 March, and I look forward to hearing more about the good work of the college and any challenges that it is facing.

The Deputy Presiding Officer: There are a number of supplementary questions. I want to get them all in, but they will need to be brief.

Liam Kerr (North East Scotland) (Con): The last time that I met representatives of the college sector was at an apprenticeship and qualifications

round-table meeting last week. What impact assessments have been done of the effect on skills and apprenticeships of the £59 million cut to the net college resource budget?

Graeme Dey: All such measures are the subject of analysis. I say to Liam Kerr, as I have said to his colleagues, that if the Scottish Government's budget goes down, our ability to support things such as the college and apprenticeship budget is impacted. That is just a matter of fact, regrettable though it is. If Mr Kerr—as is his right—believes that we should have allocated more money to that budget, he had an opportunity, through the budget process, to bring amendments to the budget. I am struggling to recall that happening.

Pam Duncan-Glancy (Glasgow) (Lab): Unison and the Educational Institute of Scotland are both taking part in strike action today because their members are now 18 months overdue a pay rise. What discussions has the minister had with College Employers Scotland about Unison's proposals to develop an avoidance of redundancy fund and provide advance payment to staff to alleviate financial hardship, and whether he would be willing to facilitate those proposals?

Graeme Dey: I raised that issue with College Employers Scotland informally a couple of weeks ago, on the back of a constructive meeting that I had with Unison. I would like to see them both back around the table to discuss the matter on the basis that has been suggested, because the Government is not in a position to put further funds into that process. However, it is a very valid ask from the trade union, and for the employers and the union to find agreement around it would be all to the good.

Willie Rennie (North East Fife) (LD): On Monday, I spoke to furious staff and students from the Elmwood campus in Cupar who are trying to save the animal care unit. Can the minister have a discussion with Scotland's Rural College management about how he can assist to keep that important unit for staff and students?

Graeme Dey: I am entirely aware of Mr Rennie's constituency interest in this, not least because I saw his DIY video on the subject earlier this week—seriously, I entirely understand where he is coming from. It is not for me to engage directly with SRUC on that issue, but I assure the member that I have asked my officials to seek an update on the matter from SRUC.

Further Education (Pay)

4. Keith Brown (Clackmannanshire and Dunblane) (SNP): To ask the Scottish Government what recent discussions it has had with colleges and trade unions regarding pay in the further education sector. (S6O-03137)

The Minister for Higher and Further Education; and Minister for Veterans (Graeme Dey): I meet campus unions on a biannual basis, and I meet representatives of the sector on a number of forums regularly. Across all my engagement with the sector, I continue to make it clear that, although the fiscal context remains exceptionally challenging for the Scottish Government and the college sector, my expectation is that management and unions will continue to work together to make every effort to reach a fair and affordable settlement. We seemed to see progress towards that settlement a number of times in the past 18 months, only for that progress, regrettably, to stall.

Keith Brown: As the minister will be aware, industrial action is taking place today in colleges across Scotland because of the on-going pay dispute, which impacts on many of my constituents, both staff and students. Does he agree that both sides need to work constructively for a solution in order for the sector to focus on delivering the high-quality education that its students expect? Can he advise what the Scottish Government can do to support that? Will he restate the Government's commitment to parity of esteem in the different sections of further and higher education?

Graeme Dey: The member can take our intent on parity of esteem as a given.

Although I absolutely respect the right of trade unions to take industrial action, I remain concerned by the impact that that period of industrial action will have on our students, which is why I encourage both sides to come to a resolution. It is, of course, for the college unions and the employers, not the Scottish Government, to negotiate pay and terms and conditions. It should be recognised that agreement has been reached with Unite, the GMB and employers.

I will continue to engage with management and unions, as and when appropriate, in the hope that they can reach a fair and affordable settlement. To discover, as I did yesterday, that there are no plans for the two sides to get back around the table in the wake of the present action is deeply disappointing, to say the least.

Nursery-age Childcare Funding

5. Beatrice Wishart (Shetland Islands) (LD): To ask the Scottish Government whether it will provide an update on nursery-age childcare funding provision. (S6O-03138)

The Minister for Children, Young People and Keeping the Promise (Natalie Don): In 2024-25, the Scottish Government will continue to invest around £1 billion to fund local authorities to

provide 1,140 hours a year of high-quality funded early learning and childcare to all eligible children.

We are also investing an additional £16 million in-year to deliver our commitment to enable childcare workers delivering funded ELC in private and third sector services to be paid at least £12 per hour from 24 April. Alongside that, we will expand our childminder recruitment and retention pilots and progress work with the six early adopter communities in Clackmannanshire, Dundee, Fife, Glasgow, Inverclyde and Shetland to develop local systems of funded childcare for those families who need it most.

Beatrice Wishart: During the Scottish National Party leadership race, the First Minister promised to tackle the issue of lower 1,140 hours funding for private, voluntary and independent nurseries compared with funding for council-run nurseries. Experienced staff are leaving to work for better pay elsewhere, threatening the flexible provision that private, voluntary and independent nurseries offer. Budgets are being set and fee rates decided right now. What has the Scottish Government done to close the gap in funding?

Natalie Don: I start by saying how much I value the work and efforts of our PVI sector in delivering funded childcare.

The average rate paid by local authorities to providers for delivering ELC has increased by 64.1 per cent since 2017. However, there is still variation across Scotland, and I have been clear that, where improvements can be made to the rate-setting process, I want such improvements to be made. I am committed to working with the sector on that, and will continue to look for opportunities to do so and to strengthen the current system.

In December, the Scottish Government and the Convention of Scottish Local Authorities published our joint review of the process for setting sustainable rates, which recommends actions to drive improvement. I am wholly positive that we will see exactly such improvement out of that process.

On top of that, we are working with the sector to provide further support for that £12 per hour commitment, and I will continue to work with stakeholders to consider whether wider actions could be taken to further strengthen and improve the rate-setting process.

Roz McCall (Mid Scotland and Fife) (Con): The minister will be aware of a proposal in Edinburgh to phase out funded childcare in private and independent nurseries for parents who live outside the city. That will have a massively detrimental impact on my constituents in Fife who commute to Edinburgh for work. Furthermore, removing such a choice goes against the

Government's commitment to getting it right for every child.

What discussions, if any, did the Scottish Government have with the City of Edinburgh Council about that proposal? Does the minister still believe that parental choice is key to delivering nursery-age childcare for every child, and that such childcare should be fully funded?

Natalie Don: It would not be appropriate for me to intervene directly in the internal decision-making processes of an individual local authority in relation to the delivery of ELC. However, I expect any changes to service delivery in any local authority to be made in line with statutory duties and to take account of the Scottish Government and local government's shared aims of ELC expansion.

Those shared aims are reflected in the statutory guidance, and our latest funding follows the child operating guidance, which was delivered jointly with COSLA. I encourage neighbouring councils to work together to ensure that publicly funded services meet the needs of families and prioritise children's wellbeing, including those who need cross-boundary placements. I will continue to monitor the situation.

Martin Whitfield (South Scotland) (Lab): Parents in the South Scotland region have reached out to me because they are struggling with the lack of flexibility in pick-up and drop-off times at nursery. What specific Scottish Government support has been given to local authorities to facilitate genuinely flexible early years provision?

Natalie Don: We understand that the needs of parents, families and children in different areas across the country are very distinct. In our six early adopter areas, we are diving into what families need. We are working with families, children and providers to understand what is required in those local areas and to help us to build our future system of childcare. Flexibility is a key part of that.

The Deputy Presiding Officer: Question 6 has been withdrawn.

Schools (Foreign Languages)

7. Rona Mackay (Strathkelvin and Bearsden) (SNP): To ask the Scottish Government how it will encourage the uptake of foreign languages at primary and secondary schools. (S6O-03140)

The Cabinet Secretary for Education and Skills (Jenny Gilruth): The Scottish Government is committed to language learning in our schools, which is why, since 2013, we have provided local authorities and third sector partners with funding of more than £50 million to support and implement

our one-plus-two languages approach in Scotland. A 2021 survey of local authorities confirmed that pupils across Scotland are now learning languages from primary 1 and are continuing their broad general education throughout—an important change since the policy was introduced 10 years ago.

We continue to support modern languages through the support that is provided to schools by Education Scotland, and through funding to the University of Strathclyde, which hosts Scotland's national centre for languages and provides professional learning guidance and advice to schools.

Rona Mackay: We know that experiences abroad can be of huge benefit to learning a foreign language. However, because of Brexit, many students are losing out on that opportunity because of the loss of the Erasmus programme. How will students be supported to study abroad in lieu of Erasmus?

Jenny Gilruth: The member is correct to raise Brexit in that context. The Government remains committed to addressing one of the most damaging consequences of Brexit for schools, universities and colleges—the fact that United Kingdom students can no longer take part in the Erasmus+ programme. The Erasmus+ programme had a major impact on higher and further education in Scotland, with proportionately more students from Scotland taking part in Erasmus than from any other country in the UK, and proportionately more European Union students coming to Scotland on Erasmus than to anywhere else in the UK.

At school level, Erasmus+ was used primarily to support staff mobility and virtual exchanges between schools, as well as some school trips. In 2023-24, the Government is funding a test and learn programme to re-establish some of the opportunities that Erasmus+ provided, but which the UK Government's Turing scheme does not.

Foyso Choudhury (Lothian) (Lab): Last Wednesday was international mother language day, which raised awareness of the opportunity to learn foreign languages at school and also of the importance of preserving languages. Will the cabinet secretary provide an update on work to revitalise Gaelic language education in primary and secondary schools?

Jenny Gilruth: The Government is taking a number of actions in relation to the Gaelic language, not least of which will be the introduction of a piece of proposed legislation later in the year to strengthen Gaelic provision across the country, including in relation to the teaching of Gaelic. I would be more than happy to write to the member on the details of that bill.

Flexible Workforce Development Fund

8. Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con): To ask the Scottish Government what its response is to the open letter sent to MSPs from over 120 colleges, businesses and trade unions, on 5 February, urgently asking for the reinstatement of the flexible workforce development fund for Scotland's colleges, which has been removed from the draft budget for 2024-25. (S6O-03141)

The Minister for Higher and Further Education; and Minister for Veterans (Graeme Dey): As a result of decisions made by the United Kingdom Government, this is the most challenging budget to be delivered under devolution. Extremely hard decisions have had to be made to ensure that Scotland's public finances remain on a sustainable trajectory. In the face of those unprecedented financial challenges, it was not possible to preserve the flexible workforce development fund offering. I am fully aware that colleges and the many businesses that have benefited from it are disappointed by the withdrawal of the funding, and I share that disappointment. I wish that it had been possible to avoid that happening. Our response to the open letter was issued on Monday 26 February.

Rachael Hamilton: I thank the minister for that answer, but it was complete nonsense. The fund was cut by this Scottish National Party Government, leading to students and businesses being let down and the skills gap widening. Does the minister accept that his Government's decision to cut the flexible workforce development fund while receiving a 2.2 per cent real-terms increase in funding from the UK Government was a poor decision?

Graeme Dey: What I am struck by is Rachael Hamilton raising this issue after passing up an opportunity to seek to restore the fund, if she had wanted to, by lodging an amendment to the budget as recently as this week. Instead of doing that, she joined her Conservative colleagues in simply attacking the draft budget, offering no costed alternatives to its content and trying to vote it down. Of course, had she succeeded in voting it down, colleges and their trade unions would now have a lot more to be concerned about than the loss of the flexible workforce development fund. That is why her raising the issue today rings so hollow.

The Deputy Presiding Officer: That concludes portfolio question time on education and skills. There will be a brief pause before we move to the next item of business to allow front-bench speakers to change over.

Eljamel and NHS Tayside Public Inquiry and Independent Clinical Review

The Deputy Presiding Officer (Liam McArthur): The next item of business is a statement by Neil Gray on Eljamel and the NHS Tayside public inquiry and independent clinical review. The cabinet secretary will take questions at the end of his statement, so there should be no interventions or interruptions.

14:23

The Cabinet Secretary for NHS Recovery, Health and Social Care (Neil Gray): It has been one of my great privileges in my first few days as Cabinet Secretary for NHS Recovery, Health and Social Care to have seen and heard about just a small fraction of the excellent work that is going on in our health services across Scotland. I know that we have incredibly dedicated doctors, nurses and care workers across our systems, and I am truly grateful to them every day.

All of us, whether for ourselves or through our families or friends, have interactions with the national health service. Therefore, there is nothing more important to me than ensuring that our health service is safe and effective and that all patients receive the high standard of care that we would all expect. However, should any concern be felt about the care or treatment that is provided in our health service, it is absolutely right that patients or their families know that there are clear channels to raise those concerns and that they can have confidence that their concerns will be investigated swiftly and effectively and that, where necessary, appropriate action will be taken.

In September, my predecessor, Michael Matheson, set out in a statement to the Parliament that we would establish a public inquiry into the actions of both Mr Eljamel and NHS Tayside, and that we would conduct an independent clinical review for the former patients of Mr Eljamel who want their cases to be reviewed.

In recent days, I have met—albeit briefly—a number of patients and patient representatives who have suffered terribly as a result of the actions of Mr Eljamel. I did so at the protest outside Parliament last week and at another meeting this morning. The experiences that those brave individuals shared with me are truly shocking, so I record my regret and sorrow that their search for answers has taken so long. They also have my heartfelt respect for their determination to get to the truth of what has happened.

That is why the aims of the inquiry are so important. It will seek to establish who knew what and when, and what factors contributed to the failures that were described in NHS Tayside's "Due Diligence Review of Documentation Held Relating to Professor Eljamel". In providing answers to patients who raised concerns about their poor experiences of care, the inquiry will make recommendations to ensure that the appropriate levels of governance and scrutiny are applied in the future, in order to prevent a similar circumstance from occurring in any other health board in Scotland.

Public inquiries are not undertaken lightly, but the commitment that Michael Matheson made, which I whole-heartedly agree with, reflects the importance of ensuring that, when repeated concerns and questions are raised, those who are accountable for acting on them do so, the effectiveness of their actions is scrutinised, and lessons are learned and necessary improvements are made.

In addition, work is under way to assess how the various recommendations from previous inquiries and reviews have been implemented in order to assure me—and, ultimately, the people of Scotland—that lessons have been learned. Interventions that are found to work to improve patient safety and increase the quality of care must be embedded in the system.

As many people will be aware, Mr Eljamel was employed by NHS Tayside from 1995 until 2014, and concerns about his practice were first raised at NHS Tayside in 2011. As a result of a complaint that was received at the end of 2012, two more complaints that were received in 2013 and two significant clinical event analyses, NHS Tayside commissioned the Royal College of Surgeons of England to review his practice on 20 June 2013. Following receipt of the Royal College of Surgeons of England's final report, Mr Eljamel was suspended in December 2013. Most complaints were received after he had been suspended.

In total, nine reviews of his practice have taken place, including NHS Tayside's "Due Diligence Review of Documentation Held Relating to Professor Eljamel", which was published last August. That report laid bare the failings in NHS Tayside's response to concerns about Mr Eljamel. It was clear from that review that those concerns were not acted on or followed up with the urgency and rigour that they deserved.

As Parliament is aware, in September my predecessor Michael Matheson announced that an independent clinical review was being commissioned alongside the public inquiry. A number of extensive conversations have taken place between officials and prospective review chairs in order to ensure that the most appropriate

and qualified individuals were identified to take forward the vital investigatory processes.

Mr Eljamel's former patients have the right to answers, and we, as a Government, and our public bodies must learn from their experiences to ensure that such things do not happen again.

From my discussions with former patients, including those whom I met outside Parliament last week, I understand the strength of their frustrations and their upset and, therefore, the importance of the investigations being progressed as quickly as possible. The people of Scotland must have confidence in our national health service and its systems, and they must have trust that complaints will be investigated. My plan is that the public inquiry and the independent clinical review will help to build back lost trust.

One of the first things that I did when I came into office three weeks ago was ask for an update on appointment of the chairs of the public inquiry and the independent clinical review. I know that colleagues and former patients also have a keen interest in the progress that has been made. Today, I can report that both chairs have now been appointed. The Hon Lord Robert Weir will chair the public inquiry. Lord Weir is a sitting judge who was appointed to the supreme courts in April 2020, having sat as a temporary judge of the High Court from 2017. I am confident that Lord Weir, as a serving judge with expertise in personal injuries, will bring rigour and transparency to the inquiry. I will meet Lord Weir and my officials this afternoon, when we will discuss the planned meeting between Lord Weir and the patients group that is to be held in the coming weeks, at which they will seek to endorse the terms of reference for the inquiry.

My officials have also progressed several essential inquiry establishment activities, including the processes to appoint the solicitor and secretary to the inquiry to support Lord Weir in developing a plan. That plan will set out the activities that are to be undertaken and a delivery timeframe—including for the establishment of an inquiry team—the processes and practices to be utilised, outline investigation plans and proposed dates for the publication of inquiry reports.

Moving on to the independent clinical review, I can announce today that, under the terms of the National Health Service (Scotland) Act 1978, I have appointed Professor Stephen Wigmore, regius chair of clinical surgery and head of the department of surgery at the University of Edinburgh, to chair the review process. He has extensive experience of leading similar clinical reviews, and I am confident that he will apply the same level of leadership and integrity to the independent clinical review. His unique skill set and experience will enable a thorough and

independent review of clinical records for patients who wish to be included. Professor Wigmore is a transplant and hepato-pancreato-biliary surgeon. As such, and given the area of Mr Eljamel's practice, he will be supported by a group of expert neurosurgeons.

The review will be different from the previous ones because it will offer an individualised approach for each former patient who wishes to take part. Professor Wigmore has been discussing with my officials the appropriate support that will be required to enable the reviews to take place in a timely but progressive manner.

The terms of reference for the review have been drafted by my officials and are with the chair for consideration. As my predecessor outlined, it is expected that engagement with former patients and patient advocates will take place prior to finalising the terms of reference.

It is anticipated that the independent clinical review will begin in April, when patients will be proactively contacted to advise them how to request a review of their clinical records. Given the potentially large number of former patients, it is expected that they will be identified and contacted in tranches in order to ensure that no one is missed. Once a more definitive timeline is available, the independent clinical review team will advise former patients by email or by a letter through the post. In the meantime, work is already under way to identify all the patients who have been impacted by Mr Eljamel's practice.

It is the intention of the independent clinical review to offer the opportunity for review to all patients who have concerns about their treatment and care from Mr Eljamel while he worked in NHS Tayside. As my predecessor previously advised members, those clinical reviews will allow a person-centred and trauma-informed review of each patient's clinical records. The reviews will also address patients' individual needs and circumstances, and will aim to offer bespoke personalised answers such as an inquiry could not offer.

The independent clinical review will be separate from the public inquiry; but it is expected that the findings of the clinical review may form evidence that will be considered by that public inquiry in due course.

Finally, as the new health secretary, I assure not only Parliament but—more importantly—those who have suffered at the hands of Mr Eljamel, how seriously I take the public inquiry. We must get to the truth of what has happened in order that we can continue to rebuild trust with the public and ensure that vital learning is applied so that we can prevent similar events from occurring again. I will

continue to update Parliament as the work progresses.

The Deputy Presiding Officer: The cabinet secretary will now take questions on the issues raised in his statement. I intend to allow around 20 minutes, after which we will move on to the next item of business. Members who wish to ask a question and have not yet done so should press their request-to-speak buttons.

Liz Smith (Mid Scotland and Fife) (Con): I thank Neil Gray for advance sight of his statement regarding the very welcome appointments of the Hon Lord Robert Weir and Professor Stephen Wigmore. I also thank him for his very quick and effective engagement with me on this matter during his short time so far in post.

We have all heard—in my case, for 10 years—harrowing stories about the intense and permanent physical and psychological pain of Eljamel's patients and of families being broken apart. We have heard heartrending accounts of victims trying to get to the truth, only to be knocked back at every turn.

During those 10 years, I have dealt with no fewer than seven health secretaries and, although I do not for a minute doubt the sincerity of their sympathy for what patients have had to endure, there have been far too many instances of dither and delay, all of which have, understandably, served to heighten patients' anxiety that there was some sort of cover-up.

In short, we should have been at the start of the public inquiry long before now. Although the work will now be within the remit of the judge, and, quite rightly, independent of Government, will the cabinet secretary provide a categorical assurance to Parliament that he will review the process by which the Scottish Government oversees the work of its health boards, and develop a foolproof process by which there is full transparency of the decisions that are made, both clinical and administrative, and full disclosure of who has been involved in those decisions?

Neil Gray: I begin by thanking Liz Smith for her tenacity in the work that she has undertaken on behalf of her constituents over far too long a period. We can agree that we are in a situation in which people have had to wait far too long to get answers and to get to this point.

I am happy to consider what more can be done to review our processes, but I expect that part of the public inquiry's evidence taking will be to ensure that such transparency and rigour are applied across all our public services, including the Government.

Jackie Baillie (Dumbarton) (Lab): I thank the cabinet secretary for advance sight of his

statement and welcome him to the health and social care portfolio.

I welcome the announcement of the chairs of the public inquiry and the clinical review process into the Eljamel scandal and NHS Tayside. I pay tribute to the tenacity of the many campaigners, but in particular to Jules Rose and Pat Kelly. We would not be here today without their determination to see justice done.

It has taken almost six months for the chairs to be appointed but 10 years for the Scottish Government to agree to the review, and many of the victims of Dr Eljamel are getting older. In my view, their campaign strapline says it all: “They dither, we die.” On that basis, will the cabinet secretary pledge that the inquiry will get every resource that it needs and that the clinical review will properly proceed at pace? All the former patients need to be properly consulted, and not just to endorse the terms of reference, which should be finalised without delay.

I want to touch quickly on the clinical review of cases. The cabinet secretary will appreciate that the victims’ trust is in short supply. Can he therefore give a cast-iron guarantee that Jason Leitch, the national clinical director, will have no role in the review of cases or in the inquiry, given—

The Deputy Presiding Officer: Cabinet secretary.

Neil Gray: I thank Jackie Baillie for her questions. I reiterate her tribute to Jules Rose and Pat Kelly, whom I had the fortune to meet last week outside Parliament and again this morning, when we discussed what I was going to announce to Parliament today. I pay tribute, as Jackie Baillie did, to their tenacity and the hard work that they have put in to get us to where we are today. She served them well in her comments.

On the resources of the public inquiry and the clinical review, yes, I give that undertaking. On the public inquiry’s terms of reference, there is a meeting to be established with the patients, their representatives and Lord Weir. It will be for that discussion to ensure that the terms of reference meet their expectations.

I have said in response to correspondence from Liz Smith that, although Jason Leitch heads the department and, as a director of it, receives briefings about the progress of the review and the independent inquiry, he does not have any day-to-day responsibility for their oversight.

Clare Haughey: I refer members to my entry in the register of members’ interests. I hold a bank contract with NHS Greater Glasgow and Clyde. Will the cabinet secretary give further detail on how the public inquiry and the independent clinical

review will work in parallel and complement one another?

Neil Gray: Although the two processes will be operationally independent, I hope that they will complement each other in providing answers to former patients, and providing the distinct answers that they require at different stages.

The public inquiry will focus on the actions of Mr Eljamel and NHS Tayside, while the independent clinical review will produce individual case reviews, which will be provided directly to the former patients or their families, and a report on the collective reviews and common themes. It is expected that the findings of the clinical review may form evidence that will be considered by the public inquiry in due course.

Sandesh Gulhane (Glasgow) (Con): I declare my interest as a practising NHS general practitioner.

I welcome the public inquiry, and I welcome both chairs. Eljamel has brought the medical profession into disrepute. He is a disgrace.

Although there have been clear clinical failures, it is abundantly clear that NHS managers have significant questions to answer about their role in allowing Eljamel to continue to work despite mounting evidence, and about other decisions that they took.

Does the cabinet secretary agree that NHS managers should be regulated, as doctors and nurses are, by an independent body with the legal purpose of protecting, promoting and maintaining the health and safety of the public?

Neil Gray: Sandesh Gulhane is right to point out the fact that clear failings have been underlined by the due diligence report into clinical failings—of that there is no doubt—and that there have also been failings of management. I expect the public inquiry to look into that in detail, and I expect recommendations to come through that to inform better practice. As he would expect, in order for us to rebuild people’s trust, I expect the Government to respect and implement any recommendations.

Emma Harper (South Scotland) (SNP): I remind members that I am still a nurse and that my experience was in the perioperative environment.

Will the cabinet secretary speak to the importance of ensuring that patients are involved in every step of the process, so that their voices and experiences are heard?

Neil Gray: Colleagues from across parties have set out the importance of ensuring that patients are at the heart of the process. The very essence of a public inquiry is to put the public front and centre and to provide a platform for their

experiences to be listened to and their voices heard. To that end, the terms of reference for the review and the inquiry will be developed in consultation with patients and their representatives, to ensure that the right focus and scrutiny are given to the right issues. Throughout that, the aim will be to identify the right lessons to be learned and areas in which patient safety and care improvements are required, and then to deliver.

Michael Marra (North East Scotland) (Lab): My constituent Pat Kelly's experience of his own case note review, which he received in 2022, was utterly dreadful. Will the new independent clinical review process ensure that patients' views and evidence are included, rather than simply review documentation in which patients have no faith?

My constituents and their fellow victims have almost no trust left in NHS Tayside. The culture of cover-up in the health board has denied them justice for years. What discussions has the cabinet secretary had with the new chief executive of NHS Tayside, to lay out to her that that leadership culture of cover-up and denial—of managing headlines instead of delivering honest transparency—must change?

Neil Gray: I recognise Michael Marra's work on behalf of his constituent Pat Kelly in bringing these issues to the chamber and to the Government. In the first instance, I recognise the lack of trust that I have heard about from the patients. I more than understand and appreciate that. That is why the clinical review and the public inquiry must proceed in a way that meets and services the needs of the patients, and it is why the consultation with them by Lord Weir and Professor Wigmore will be so important.

When it comes to recommendations for NHS Tayside, the public inquiry must take its course. In the interim, however, my expectation is that all health boards should take seriously the complaints and the concerns of the people who report them, and that we should all share the clear channels and routes by which people can raise concerns and complaints—through the independent ombudsman process, for example, as well as the whistleblower process that rests within health boards—to ensure that patients' concerns can be addressed.

John Swinney (Perthshire North) (SNP): Given the pressures on the national health service with which we are all familiar, is the cabinet secretary satisfied that there will be adequate access to clinical advice and input to enable Professor Wigmore to undertake the independent clinical reviews, so that the process is deeper than simply examining historical records and can provide good clinical analysis for individuals who

have been so wronged through their treatment by Professor Eljamel?

Neil Gray: I recognise John Swinney's long-standing interest and work in this area. Professor Wigmore will be supported by a group of expert neurosurgeons, given the area of Mr Eljamel's practice. Once the number of eligible former patients is identified, Professor Wigmore will consider what level of support is required to facilitate timely reviews. That opportunity will need to be open to any former patient who wishes to take part. As such, I reassure Mr Swinney, and colleagues on all sides of the chamber, that we will not allow anyone to be turned away because of cost or resource.

Willie Rennie (North East Fife) (LD): The Parliament and the Government have tested the patience of Mr Eljamel's victims, but these appointments are serious, and I thank the cabinet secretary for that.

Time is short for many of those involved, and they have suffered very deeply for many years. What, practically, can the cabinet secretary do to ensure that both the inquiry and the review are carried out in good time?

Neil Gray: I thank Willie Rennie for his question and for his involvement in raising these issues over a long period of time. I well recognise the strength of feeling that he outlines and the need for the processes to operate in a timely way. I cannot give a confirmation on the length of time that the public inquiry will take—that is for the chair to determine independently with regard to how he chooses to proceed.

I know that the clinical reviews are due to begin in April, and I hope that that will provide some comfort to patients, who have waited too long for these processes to begin, that there is a momentum building and that the processes are beginning in order for them to get the answers to questions that they seek.

Jackie Dunbar (Aberdeen Donside) (SNP): Can the cabinet secretary reassure former patients who arrange an individual clinical case review that they will be treated with the utmost dignity and respect under the review process?

Neil Gray: Absolutely—I absolutely give that assurance. I do not believe that, in my conversations with Lord Weir shortly, and in any conversations that I have with Professor Wigmore, I will need to impress that upon them. I think that they will take that incredibly seriously. We must put the patients at the heart of the process—we must ensure that they are treated with dignity and respect, and that they get the answers that they so desperately crave.

Gillian Mackay (Central Scotland) (Green):

First, I offer apologies from Maggie Chapman, who was very keen to ask a question but who, due to a personal emergency, cannot be in the chamber this afternoon. I ask this question on her behalf. What work is on-going to ensure that, when all potential victims have been identified, they are kept up to date with the inquiries as they progress in order to ensure that they have all the answers that they deserve? How, in the meantime, can trust be rebuilt between the public and the health board?

Neil Gray: With regard to ensuring that trust is rebuilt, I set out in my statement the importance of that in the process. I am due to meet Lord Weir briefly this afternoon, and I will ensure that, in that discussion, I impress upon him not only the question about timescales that Willie Rennie raised, but the point that Gillian Mackay makes about ensuring that participants, and potential participants, are kept updated. I will ensure that that is also communicated to Professor Wigmore.

Tess White (North East Scotland) (Con): Will the Scottish Government ensure that all the records of all its meetings and engagements with Eljamel's former patients, which go back a long time, will be made available to the public inquiry?

Neil Gray: Yes—the Scottish Government will co-operate fully by ensuring that all documentation that we have available is passed on.

David Torrance (Kirkcaldy) (SNP): Can the cabinet secretary say more about how the inquiry, once it is in place, will ensure that lessons are learned and that robust safeguards are in place for patients?

Neil Gray: As I indicated, the public inquiry will produce findings and recommendations. It will be for the Government to work with all parties and public bodies to ensure that the necessary improvements are made, including those relating to patient care and safety. We are all beholden to do so. I spoke in my statement about the need for services to maintain or regain trust. We must respect the process and the recommendations in order to ensure that lessons are learned, and I absolutely intend to do just that.

The Deputy Presiding Officer: That concludes this item of business.

Point of Order

14:49

Alex Cole-Hamilton (Edinburgh Western) (LD): On a point of order, Presiding Officer. I seek your advice on whether the Scottish Government has contacted you about holding an urgent statement this afternoon on the very worrying news coming out of Aberdeen. It is being reported that hundreds of people are set to be moved out of their homes because of the presence of potentially dangerous reinforced autoclaved aerated concrete. Aberdeen City Council says that there is RAAC in 500 homes in the Balnagask area, including 364 council properties.

I have pressed the Government for almost a year to get serious about dangerous concrete. We have helped to uncover its presence in schools, hospitals, universities, colleges, fire stations, police stations, courts and—yes—homes. Now, the news from Aberdeen will turn the lives of hundreds of people upside down.

I am sure that members across the chamber will want to join me in asking the Government questions this afternoon, if possible, about the timescale in which that will occur. Does “as soon as possible” mean immediately, days, weeks or months? Where will those people be rehomed temporarily or even permanently? Was the Scottish Government aware that that decision was about to be taken? What precisely was contained in the report that Aberdeen City Council was given a week ago that caused the decision to be taken? What has changed? What impact does that have on policy in the rest of Scotland?

The Scottish National Party Government has been too casual about the issue from the very start. I have uncovered a pattern of the Government not telling Parliament, ignoring it internally and cutting budgets. The news from Aberdeen today must force the Government to be open with Parliament and to come to Parliament this afternoon.

Have you been contacted by the Government about holding such an urgent statement this afternoon, Presiding Officer?

The Deputy Presiding Officer (Liam McArthur): Thank you, Mr Cole-Hamilton. I am not aware of either those reports or any approach in relation to a statement. You will be aware that the business for the week is agreed in the Parliamentary Bureau, and that business has been approved by Parliament. However, I am sure that your comments will have been noted.

National Care Service (Scotland) Bill: Stage 1

The Deputy Presiding Officer (Annabelle Ewing): The next item of business is a debate on motion S6M-12331, in the name of Maree Todd, on the National Care Service (Scotland) Bill at stage 1.

I note that we seem to be missing a committee convener. I hope that he will appear very shortly, because he is down as the third member to speak.

14:52

The Minister for Social Care, Mental Wellbeing and Sport (Maree Todd): I thank everyone who has contributed to the consultation on the national care service, our co-design sessions, the annual forums and the many meetings that my officials and I have undertaken. We have heard from thousands of people and, overwhelmingly, the message is the same. We need to improve the social care and community health system across Scotland. We need long-term, widespread transformation to fix some of the ingrained issues in the system and ensure sustainability for the future.

The bill is our chance to effect the meaningful change that we all agree is needed. The national care service will provide greater transparency on the delivery of care, improve standards, support improvement in pay and conditions for workers and provide better support for unpaid carers.

I thank the seven parliamentary committees that have taken evidence and reported on the bill at stage 1. The committee scrutiny has been comprehensive and robust, and I welcome that.

I acknowledge that the Health, Social Care and Sport Committee has restated its intention to consider further details of the Scottish Government's proposed changes to the bill at stage 2. I have already provided a great deal of information at stage 1, in the interests of being transparent and helpful, and I have committed to giving the lead committee what it requires during the stage 2 process, as requested in its letter of 7 November. I repeat that commitment today. Information will be provided as soon as possible.

The starting point for this work was the independent review of adult social care that was conducted by Derek Feeley. The review, which the Government commissioned in the summer of 2020, has been the guiding force behind the bill. It recommended reforming social care in Scotland and strengthening national accountability for social care support, and it outlined the limitations of our current delivery structures. Those limitations included a postcode lottery in relation to user

experience, a lack of national oversight and co-ordination, and a lack of collaborative and strategic leadership. The review also said that we should take a human rights-based approach to social care. All of that has been confirmed through our engagement and our co-design work. We have heard repeatedly that the current social care and community healthcare system must change to drive up standards to a consistent level across the country.

Many campaigners have been waiting a long time for this, but some do not have a long time. I know from listening to them that the status quo is not an option and that we cannot delay change. I was very moved when I met an advocate for those with motor neurone disease recently. He told his story powerfully. He might have only a few months to live—too few to be spending time as a delayed discharge in an intensive care unit when he could be at home with his family. As a country, we should be good enough at planning, managing and delivering social care so that people such as him get exactly what they need when and where they need it.

Feeley highlighted a need to reconsider the way that we think about social care. Globally, social care support is seen as a burden or a drain on society. In a country with an ageing population and unprecedented pressure on our national health service, we cannot afford to view social care as a burden. It is an investment in our society. Good social care, wherever people live in Scotland and whatever their needs are, enables and empowers them to live independent lives.

Pam Duncan-Glancy (Glasgow) (Lab): As a disabled person and a user of social care, and as someone who gets a lot of representations on the subject in my inbox, as many of us do, I have to say that those things have been said to people who use social care for a decade. For a decade, the Government has promised people who use social care that they would get greater access to it, that they would not have to pay for it and that there would be care workers to provide it when they needed it, but that is still not the case. Without any detail on that in the bill, how can the Government expect people to believe it this time?

Maree Todd: I agree that people have waited a great deal of time for this change, but let me assure the member and the public that change is coming. Over the past 10 years and more, we have established that primary legislation and structural change are required. There are parties in the Parliament that still oppose that idea. I absolutely agree with Pam Duncan-Glancy on the need for change—I am unequivocal about that. We will deliver change, and I am keen to work with everyone across the Parliament to deliver the change that Scotland needs and deserves.

The bill as introduced sets out the principles of a national care service. It commits to a national care service charter, it sets out a national approach to managing complaints, it sets out provisions relating to data sharing and care records, it includes provision for breaks for carers and it includes provision to enact Anne's law so that people in care homes have the right to be visited by their families. The engagement that we have carried out over the past year reconfirms that all those provisions are essential to improving social care in Scotland, and they remain central to the Government's planned approach.

As I have set out in some detail to the committees and in the information that I have shared with all members this week, I intend to make three significant changes to the bill at stage 2, should the Parliament agree to its general principles today. They respond to evidence that was taken at stage 1, they follow engagement with the Convention of Scottish Local Authorities and the national health service, and they respond to on-going feedback from stakeholders.

These are the main changes that I want to make to the bill at stage 2: a national care service board will be established to oversee delivery across Scotland; we will not create new local care boards, as originally planned, but will, instead, reform existing integration authorities; and local authorities will retain responsibility for current functions and the delivery of social work and social care services, with no transfer of staff or assets.

That change in approach reflects the challenges of a new fiscal environment, in which it is more important than ever that we demonstrate value for money. The changes will substantively reduce the cost of the bill by removing the need to set up care boards and to transfer staff and assets. As I set out to the Finance and Public Administration Committee, that means that the cost of setting up the national care service will be up to £345 million over 10 years, whereas the proposals that were set out in the bill as introduced would have cost £1.6 billion over the same period. Collectively, we spend more than £5 billion a year on social care provision. The costs of change will be less than 1 per cent of current spend. We can make meaningful and lasting change for that relatively modest amount.

The national care service will bring change to children's social care, social work and community health services. We have a real opportunity to improve the outcomes for children and families. An NCS will help to simplify the currently complex landscape for children and will lay the foundations to deliver much-needed improvements.

I will set out the difference that I believe the national care service board will make. The board will include, as a minimum, an independent chair,

the Scottish Government, local government, the NHS and people who have lived experience of receiving and delivering community health and social care. The board will have an overview of the planning and delivery of community health and social care provision across Scotland. It will look at what is spent, what care is provided, who receives it and the outcomes for those people. The board will have a support and improvement framework that will drive improvement and innovation and will help local areas when monitoring indicates that standards and needs are not being met, and it will intervene if necessary.

The national board will give us a level of transparency that is not possible in the current system. It will let us understand where there are inconsistencies in people's experiences across Scotland, build on good practice and tackle challenges. It will reflect the approach that we have taken to building the national care service by ensuring that we listen to the voices of the experts—

Kevin Stewart (Aberdeen Central) (SNP): Will the minister take an intervention on that point?

The Deputy Presiding Officer: The minister is about to conclude.

Maree Todd: The experts are the people who use community health and social care, as well as unpaid carers and the staff who provide the care.

I repeat that the status quo is not an option. We must make changes and invest in the future. The NCS is our vehicle to do that, and I believe that it can make a real difference to those who urgently need change.

I move,

That the Parliament agrees to the general principles of the National Care Service (Scotland) Bill.

The Deputy Presiding Officer: I call Clare Haughey to speak on behalf of the Health, Social Care and Sport Committee.

15:03

Clare Haughey (Rutherglen) (SNP): I refer members to my entry in the register of members' interests, which shows that I hold a bank staff nurse contract with NHS Greater Glasgow and Clyde.

I thank the Health, Social Care and Sport Committee clerks for their support during the committee's inquiry and preparation of our stage 1 report. The committee began its stage 1 scrutiny of the National Care Service (Scotland) Bill in October 2022, having issued a call for evidence during the summer. There was extensive engagement with the initial call for evidence, and I thank everyone who contributed. The committee

has listened carefully to all the views that were expressed throughout that process, which were invaluable in informing the committee's recommendations.

The committee took oral evidence on the bill at nine meetings between October and December 2022. We took further evidence on the bill in May 2023 and at three meetings in October 2023. I am equally grateful to everyone who contributed oral evidence to the committee during that time.

One strong message that we heard throughout our scrutiny concerned the case for reform of social care. Such reform is badly needed to address existing inconsistencies in access, to ensure consistent application of guidance and legislation, to address on-going challenges in the social care workforce, to improve commissioning and procurement of services, and, most importantly, to improve outcomes for people who receive social care and support.

The case for reform motivated Derek Feeley's independent review of adult social care to recommend the creation of a national care service. In responding to the Feeley report, the Scottish Government has sought to give people with lived experience a stronger voice in shaping the proposals through a co-design process. A witness who gave oral evidence to the committee described that as "a bold approach".

At the same time, the committee heard many stakeholders raise concerns about an on-going lack of clarity regarding the definition, the precise scope and key areas of focus of co-design or the anticipated outcomes of the co-design process. In a recommendation that was unanimously supported by its members, the committee, in its report, calls on the Scottish Government to

"set out an overarching plan that includes a clear definition of co-design, parameters and intended outcomes of the co-design work and a timetable for its completion."

We also want the Scottish Government to

"recognise the critical role the Scottish Parliament has to play in undertaking"

on-going scrutiny of the bill's implementation,

"including in relation to the outcomes of the co-design process."

During its scrutiny, the committee heard widespread support for the principles that are set out in section 1 of the bill. At the same time, our report highlights several areas in which the majority of committee members believe that those principles could usefully be clarified and strengthened.

Although the committee acknowledges the Scottish Government's stated commitment to fair work principles, the majority of the committee would like the bill to be strengthened to include a

"clear and comprehensive definition of 'fair work'"

and provide clarity on how those principles will be consistently applied and enforced.

The committee's report seeks clarification on the remit of the planned national social work agency. The Scottish Government has said that the agency's responsibilities will include monitoring and improving service quality, overseeing and supporting education, improving and scaling up good practice, workforce planning, training and development, and work on terms and conditions, including pay. The committee is keen to understand why the agency's proposed remit is limited to the social work profession when there is an equally pressing need to address such issues for the wider social care workforce.

Furthermore, if the agency is to be set up as a Scottish Government department, how will it be ensured that it has the necessary operational independence to fulfil its role effectively?

I look forward to receiving the minister's considered response to those concerns.

For a long time, we have been talking about the creation of a single electronic health and social care information record. Completing that work will be fundamental to the success of the proposed national care service and should be treated as an absolute priority. The committee's report also highlights the importance of monitoring and evaluation. Without that, how can we judge whether a national care service has successfully achieved its objectives?

The committee has unanimously called for appropriate provision to be made in the bill for effective monitoring and evaluation of the proposed national care service. I acknowledge that the committee has been unable to reach a consensus position in many areas, but I am pleased to note that our recommendations on the parts of the bill on creating a right to breaks for carers and on implementing Anne's law were unanimously supported. I hope that those important measures can be implemented with all due care and speed.

The Scottish Government's overall approach to the legislation has shifted significantly since the bill was introduced in June 2022.

Monica Lennon (Central Scotland) (Lab): I am glad that Clare Haughey mentioned Anne's law, and I welcome the report's recommendations. I note that the committee agreed that Anne's law should be fully implemented as soon as possible to ensure a human rights-based approach to care. Did it consider different options for its implementation, other than in the bill that was before the committee? Across the chamber, there is frustration in that, although we all agree on the

need for Anne's law, it perhaps does not need to be part of this bill. It could be implemented in other ways.

Clare Haughey: The committee considered the bill in its entirety, including all the different sections, one of which concerns Anne's law.

The consensus agreement with the Convention of Scottish Local Authorities on shared legal accountability means that a number of the bill's key aspects will need to change. Accountability for social care will no longer be transferred from local authorities to Scottish ministers, and integration joint boards will no longer be replaced by local care boards. Instead, a national care service board is proposed, and local government will now retain social care functions, staff and assets.

Although many people welcome that shift in approach, we need to acknowledge that others have been left feeling disappointed that it fails to reflect the core aspirations of the Feeley review. There will be a job to do to rebuild trust with those people.

Our committee has noted the Scottish Government's intention to bring about changes to the bill through amendments at stage 2. A majority of the committee expressed a willingness to recommend that the general principles of the bill as introduced should be approved at stage 1. However, we have made that majority recommendation on the understanding that the Scottish Government is prepared to give the committee sufficient time to take further oral and written evidence on the details of those amendments prior to commencing the formal process of considering and disposing of amendments at stage 2.

I acknowledge the interim response that was received from the minister yesterday, and I am grateful to her for providing the committee with a summary target operating model for the proposed national care service. The minister has also given a commitment that she will formalise the extensive input that has so far been received from a wide range of stakeholders in a legislative advisory group that will guide the on-going development of the bill.

A majority of the committee specifically called for the full text of the Scottish Government's stage 2 amendments, a marked-up version of the bill as introduced that incorporates those amendments in a highlighted format, and an updated policy memorandum and explanatory notes to be published no later than 29 March. I am particularly encouraged by the minister's commitment, in her interim response, to accept that recommendation and

"to facilitate what the Committee requires, and to do this as quickly as possible."

I look forward to listening to all the contributions to this afternoon's debate. I acknowledge that, ultimately, it was not possible for the committee to reach a consensus position on the general principles of the bill. I recognise the strongly held positions of all members on the committee and across the chamber. However, if, later today, the Parliament agrees to approve the general principles of the bill at stage 1, as the majority of the committee recommended, I hope that all members, whatever view they express today, will continue to engage constructively with a reinforced scrutiny process at stage 2.

The Deputy Presiding Officer: I call Kenneth Gibson to speak on behalf of the Finance and Public Administration Committee.

15:12

Kenneth Gibson (Cunninghame North) (SNP): Thank you, Presiding Officer. I apologise for missing the first minute of the minister's opening speech.

I also convey my thanks to the Finance and Public Administration Committee's clerking team, who have been very strong in their support of our deliberations. Following on from Clare Haughey's contribution, I note that our committee reached consensus in our deliberations, which I am about to discuss.

I am pleased to contribute to the debate on behalf of the Finance and Public Administration Committee and highlight the key issues that we identified during scrutiny of the financial memorandum to the bill.

The committee examined the costs that are associated with the National Care Service (Scotland) Bill and the programme and first reported on the FM in December 2022. Our report raised

"significant concerns in relation to the costings"

in the financial memorandum. We considered that the financial memorandum

"does not provide best estimates of the costs the Bill gives rise to."

We requested

"a revised Financial Memorandum, including full details of the underlying assumptions, updated estimates for the gaps identified in this report, as well as updates to the existing cost estimates set out in the FM."

Last December, the minister provided an updated FM, along with a summary of the financial implications of changes that were proposed to the bill following agreement between COSLA and the Scottish Government on shared accountability for the NCS, as well as a programme business case.

We took further evidence from the bill team and minister on 23 and 25 January respectively, and set out our conclusions in a letter to the Scottish Government on 8 February.

The changes that the Scottish Government proposed would remove a number of the uncertainties that we originally highlighted, including around the transfer of staff and assets, and the number of care boards, and would extend the timeline for implementation to a 10-year period.

The original FM presented costs ranging from £644 million to £1,260 million over a period of five years. The updated FM, based on the bill proposals as introduced, estimates costs of £880 million to £2,192 million over a decade. Under revised proposals that are to be introduced by amendment at stage 2, total costs over a 10-year period fall dramatically to between £631 million and £916 million—substantially lower than in the original and updated versions of the FM.

The committee has acknowledged the work that has been undertaken to improve the cost estimates that are associated with the bill since we published our report on the original FM in December 2022. That includes narrowing the variances between the lower and upper cost ranges and enhancing the level of detail regarding the costs associated with the rights to breaks for unpaid carers, which now form the bulk of the proposed expenditure. The reduction of the maximum cost variance from 225 per cent to 45 per cent, when comparing the 10-year costings of the new FM with the original, is a welcome indicator of the work to provide more accurate and lower costs.

Nevertheless, the committee has concerns regarding the approach taken by the Scottish Government in introducing a framework bill and using co-design to develop the detail of the policy as the bill progresses through Parliament. We would prefer co-design to be undertaken as early as possible to enable inclusion in primary legislation. Had the committee accepted the original financial memorandum, it would have led to significant unnecessary expense for the public purse at a time of severe strain on Scotland's public finances.

As we explored during evidence, some risks and uncertainty around costings remain, such as the potential for VAT liability should direct funding be provided to the integration authorities; costs associated with the proposals for information sharing or the creation of an integrated health and social care record; the format, functions and membership of the national care board; and the unknown level of unmet need that the NCS will need to address.

We heard in evidence that the co-design process continues to support development of the policy detail to be included in secondary legislation after the bill has passed, and that business cases are being developed to support that work. We welcome the Scottish Government's intention to share those with the committee, along with associated costs. We are concerned that the piecemeal nature of providing updates in different formats is not conducive to effective parliamentary scrutiny.

We will continue to monitor the finances that are associated with the bill and take this opportunity to reiterate our request to the Scottish Government that the committee is kept updated of all costs relating to the bill and the programme as they progress.

15:16

Sandesh Gulhane (Glasgow) (Con): I refer members to my entry in the register of members' interests, as I am a practising NHS general practitioner. I am also a member of the Parliament's Health, Social Care and Sport Committee.

Despite warnings that the SNP-Green Government is unable to articulate and communicate how the national care service would work in practice, Parliament is nevertheless asked today to support a bill on the basis that, come stage 2, all will be revealed. Really? That is not how scrutiny of legislation is supposed to work. We are not here to give the Government the benefit of the doubt—I know that the islanders of Arran would not and neither would those using the A9 nor patients waiting for cancer treatment.

The Law Society of Scotland is also concerned about the bill as presented. It says that effective scrutiny is a crucial element of the creation of good law. It is therefore essential that there be further clarity in both policy and drafting terms at an early stage to allow for proper scrutiny and appropriate stakeholder engagement.

I am mindful of other flagship bills that the SNP-Green coalition has tried to push through Parliament over the past couple of years. Here we go again. When it comes to the latest SNP rebrand of the National Care Service (Scotland) Bill, Health, Social Care and Sport Committee members are well aware that there is a dearth of detail and so many unanswered questions. The bill is far from ready for a stage 1 vote. There is criticism from professional organisations, unions, charities and councils. All four members of the committee who are not SNP or Green dissented from up to 46 of the 110 recommendations, including support for the bill's general principles.

The so-called principles are so broadly drawn that it is not clear who the principles apply to, how accountability and enforcement would work, how the principles will be evaluated and how they fit with rights under the Equality Act 2010—we all know how important that is lest legislation goes pear-shaped.

The SNP-Green Government argues that we were asked to approve a framework bill, that much of the detail will be set out in secondary legislation, and that it is simply trying to work at pace and be efficient. However, the many areas that we highlight are ones that should be addressed in primary legislation. The Law Society of Scotland's view is that that is not inconsistent with the aim of ensuring responsiveness and adaptability. Furthermore, the approach whereby the bill is scrutinised in advance of the co-design process limits our committee's role to provide full and effective scrutiny at that stage of primary legislation, given that important details are simply not available.

The SNP-Green Government's approach to co-creation is highly problematic. There is no statutory basis for the co-design process in the bill and no statutory guarantee for meaningful engagement from a full range of stakeholders. There are many understandings of co-design, but we do not know what the SNP-Green Government has in mind, nor do we have a plan for how it intends to go about it. That might suit a Government that has a reputation for secrecy and—according to some of its own members—authoritarianism. The Scottish ministers will be responsible for the national care service in a way that seems to them to best reflect the national care service principles. Despite shared legal responsibility with COSLA, the Scottish ministers are responsible for monitoring and improvement of services, with significant discretion afforded to themselves.

We all agree that social care reform is well overdue. The Scottish Conservatives support key recommendations of the Feeley review, including national employment conditions for staff and treating social care as an equal partner to the NHS. However, instead of opting for a centralised, top-down approach to care, as advocated by the SNP, we believe that there are many approaches tailored to those needing support that we could be doing now, as Monica Lennon suggested earlier. That can include caring for people with a terminal illness, many of whom are spending their end-of-life journey at home. By 2040, 60,000 Scots will have palliative care needs—10,000 more than today. We need to ensure that everyone in Scotland has a right to the palliative care that they need.

The SNP-Green coalition is bent on centralising social care at the expense of local authorities. This has all the hallmarks of a power grab that will not improve social care delivery, and it is an expensive power grab at that. Parliament's Finance and Public Administration Committee has repeatedly raised concerns about how it will all be funded and the fact that the costings do not, and could not, reflect the actual cost of the provision of the bill. The SNP Government decided to plough ahead with its failed scheme, ignoring the concerns of experts.

The SNP-Green Government is spending more than £800,000 every month on civil servants for the national care service already. We were told by the Minister for Social Care, Mental Wellbeing and Sport, Maree Todd, that to get a national care service up and running, we should expect a total spend of £1.6 billion—now we are told that it will be less, but it will still be almost £1 billion.

The type of national care service that is advocated is the wrong priority for Scotland. Where are the efforts to eliminate delayed discharge that were promised by Shona Robison by the end of 2015? Yes, you heard right—2015. As the Royal College of Physicians of Edinburgh reports, in the year ending in March 2023, there were more than 660,000 days spent in hospital by people whose discharge was delayed because they did not have a social care package to support them at home. There is a double whammy: Scottish Care has warned that one care home per week is closing in Scotland. We now have 19 per cent fewer care homes than in 2013, with private care homes being cheaper for the public purse.

Humza Yousaf is the mastermind who drafted the National Care Service (Scotland) Bill in June 2022, with a plan to complete stage 1 by March 2023. The fact is that the NCS bill has been delayed four times. It had to be radically overhauled, and implementation was postponed until 2029, but just yesterday and today Maree Todd tried to tell us that she was going to prevent delay. The SNP-Green coalition is making up the timeline as it goes along.

If the issue were scrutiny, we would have everything with us already. We need to ensure that the enormous challenges that are faced by patients, young and old, are dealt with today.

15:23

Jackie Baillie (Dumbarton) (Lab): Social care is in crisis right now. Care packages for some of our most vulnerable people are being cut, almost 10,000 people are stuck waiting to receive assessments and care, and providers are handing back contracts because they cannot afford to

deliver. Staff morale is at rock bottom, with people leaving the profession in droves.

Nothing in the bill addresses that immediate crisis. Instead, we have a framework bill with little detail that was introduced 20 months ago. Despite the minister's warm words, implementation will not happen until 2028-29, at a projected cost of £2.2 billion. Not one penny will go towards care packages right now, and there will be nothing either for hard-pressed social care staff.

The bill should have been about raising standards and quality of care; removing care charges; standardising eligibility criteria; encouraging independent living; valuing the workforce with consistent terms and conditions, collective bargaining and pay; and bringing about cultural change not just structural change. It is a framework bill with little detail that has frustrated stakeholders and Parliament. It has been described by many as a bill without vision, a bill that simply does not address the challenges now and a bill without ambition.

The bill, as introduced, has been considered by numerous committees—the Health, Social Care and Sport Committee; the Education, Children and Young People Committee; the Finance and Public Administration Committee; the Delegated Powers and Law Reform Committee; the Local Government, Housing and Planning Committee; and more besides. Concerns have been expressed by the overwhelming majority of them. Indeed, the Finance and Public Administration Committee has looked at the bill twice and still does not believe that the sums add up. It is not alone—the voluntary sector, the independent sector, carers, those experiencing care, and trade unions all have concerns. The committee report runs to more pages than there are sections of the bill, and page after page is filled with criticism.

I will not rehearse the arguments made yesterday about further scrutiny, but it is really simple. The bill, as introduced, is about to change beyond recognition because of a deal done with COSLA. It has simply not been scrutinised. The SNP and Greens do not care about the integrity of this Parliament; they want to ride roughshod over the legislative process, and just railroad the bill through. It is a mess, and this is a recipe for bad legislation.

I will consider a few of the provisions that we do support: Anne's law and the right to respite breaks. We support Anne's law 100 per cent. The right of relatives to see their loved ones in care homes must be legislated for. We cannot repeat the heartbreaking experience of too many families during Covid. The current provisions in the bill are weak, but there is a strong argument to decouple them from the bill. I invite the minister to consider amending the Social Care and Social Work

Improvement Scotland (Requirements for Care Services) Regulations 2011. That would be a much faster legislative vehicle, which would undoubtedly carry the unanimous support of the Parliament.

We also support the right to respite breaks 100 per cent. Again, there are other legislative opportunities that can be explored, but the truth is that that element will take resources. The financial memorandum estimates that the amount of additional money required for 2025 is £5 million, rising to £133 million in 2035—and that is for just 10 per cent of carers. It is fantasy budgeting. Like so much of what the SNP does, this legislation might be passed but it will not be enacted, and carers will be let down in the process.

Social care staff are the backbone of the delivery of quality social care, yet they are leaving their jobs—they are going to work in Lidl or Asda because they pay more. We first proposed £12 per hour in early 2021, rising to £15 by the end of the parliamentary session. Had the Government done so then, the hourly rate now would be worth £14.43, and we would not have the haemorrhage of social care staff.

It is, regrettably, always the same with this SNP Government. It talks a good game, but it fails to deliver. Where are the fair work principles in the bill, including the improved terms and conditions, the right to full sick pay from day 1 and the opportunity for sectoral bargaining? They are simply not there.

Today, the *Daily Record* outlined the pressure that social care workers are under. A recent GMB survey of front-line care workers in Glasgow shows that 80 per cent of social care staff believe that workloads are now unmanageable, and 89 per cent are warning that vulnerable service users are now at risk. One carer said:

"We are rushing from one visit to another, always chasing our tail, never being allowed to give enough time to people ... I used to absolutely love my job but am terrified someone is going to be so rushed they make a terrible mistake. I just want to get out before it's me."

The National Care Service (Scotland) Bill will do nothing to address those problems. It will do nothing for those whose care packages are being cut now, nothing to help a sector that is on its knees and nothing to stem the flood of staff who are leaving.

It was Scottish Labour that proposed a national care service more than a decade ago, but the SNP said no. The bill as it stands does not implement the Feeley review. It will not work as it stands. We will continue to engage constructively at stage 2, but the process must be lengthened to allow for proper scrutiny. There is no room for arrogance or hubris in something this important, and I fear that,

instead of listening to the many reasonable suggestions from stakeholders, the Government is now hard of hearing.

Please do not ignore the warnings from those with care experience. Do not ignore them from social care staff. Do not ignore them from social workers or the sector as a whole. This bill must not be an excuse for the SNP not to act now to avert a crisis in social care. Stop the cuts to care, boost pay in the sector and deliver Anne's law and a right to breaks, so that those things can deliver for those who work, live and care in our social care system.

Finally, we reluctantly cannot support the general principles of the bill. The committee has not scrutinised the substantial changes that are being made, but we will continue to engage constructively at stage 2.

15:30

Alex Cole-Hamilton (Edinburgh Western) (LD): Here we are again, debating another iteration of what was, in essence, a line in the SNP's manifesto in 2021. The election was three years ago, and we are here again, with another amorphous form looking for a function. I will come back to that.

Yesterday, in the debate on Jackie Baillie's motion to refer the bill back to the lead committee, the focus from the Government evoked the establishment of the national health service. I am gratified that that has not happened so far today—although I dare say that it might—but the rhetoric would suggest that we are on the threshold of some great reform, and that the names of Beveridge and Nye Bevan are soon to be joined in the annals of our national story by the likes of Kevin Stewart and Maree Todd. However, we are not on the edge of a great reform. This is an amorphous and ever-changing structure that is looking for a role in our society. All that we have heard from Opposition members such as Jackie Baillie and Sandesh Gulhane—and rightly so—is that it is still to find that role in our society.

I have heard the minister suggest that the Liberal Democrats, in their staunch opposition to the bill and the establishment of a national care service, would also have opposed the national health service, were we all transported back to 1948. However, you will recall, Presiding Officer, that although the vision for the NHS was executed by a Labour parliamentarian, it was the brainchild of a Liberal parliamentarian, William Beveridge. When William Beveridge wrote the Beveridge report, he identified five great evils in our society: ignorance, idleness, squalor, want and disease. It was the final one that he felt was most important in establishing a basis on which we had equal

access to healthcare that was free at the point of delivery and readily available in every community of this country.

In relation to the national care service, the nomenclature is where the similarities end. We know that this is a form looking for a function. No lives will be saved in its creation. Nobody who did not get free care yesterday will get it on the implementation and royal assent of the bill. No care workers will be paid any more as a result of it, but we will be paying the cost of it through the taxpayer purse. There are significant concerns about the bill among stakeholders and, indeed, members of the Health, Social Care and Sport Committee. We have heard some of that today. The committee report on the bill has been damning. The word "concerns" features 28 times in the summary alone.

Around 238,000 people receive social care support in Scotland. Many of them will be known to those of us in the chamber and many of them will be related to us. That is 4 per cent of our population. Social care is a vital and important part of our society. Those who work in it and manage the sector are clear that it needs to be better funded and, of course, that it needs reform, but they are not talking about the ministerial power grab of centralisation that lines the pages of the bill. Do not take my word for it. Listen to COSLA, which just this week said:

"the reality is that national funding decisions ... will further squeeze local care and social work services which are already under incredible pressure."

COSLA put out a briefing this afternoon saying that, despite the agreement that it has come to with the Government, it still harbours significant reservations, particularly about the nature of the funding settlement that it has been met with this week. Instead of providing support, the Government has delivered a hammer blow to local authorities in its budget.

It is hard to imagine a worse plan for social care than the one that is before us or a worse time for its execution than now. It is a bureaucratic exercise that will cost large sums of money and consume vast amounts of time. Right from the start, there have been serious concerns about its skyrocketing costs, which could reach more than £2 billion, and about the design process. Each and every iteration of the bill has proved to be outrageously expensive and completely unworkable. That is why we keep having to go back to the drawing board, and why the Government has deferred it and deferred it again.

Care organisations, unions and local authorities have united to condemn the bill. Even SNP Finance and Public Administration Committee members have suggested that the sums do not add up, and there are still hesitations and

concerns among the members of that committee. It is no wonder that the bill has been pushed back three times. I put it to you, Presiding Officer, that we are only here now because the SNP is running out of parliamentary time to deliver on its flagship manifesto commitment before we rise for the next Scottish parliamentary elections. That is why we are here today.

Just when the sector needs clarity and support, the Government has embarked on a grand bureaucratic crusade that is characterised by confusion and chaos. It is form looking for function.

Scottish Liberal Democrats have always rejected plans for a ministerial takeover of social care, and we always will. We firmly believe that local authorities, care providers and those on the front lines are best placed to make decisions about how to implement and structure care services in their communities. We believe that power works best when it is as close as possible to the people whom it is there to serve.

However, there is yet more confusion around just what powers ministers would be given as part of the plans, with the committee report saying:

"It remains unclear to what extent Scottish Ministers will have similarly extensive powers with respect to the proposed National Care Service Board."

The Government is all over the place on that.

Right from the start, things have not been done properly. The committee says that one of its challenges with the bill is

"the lack of available detail at the start of"

its scrutiny. Only this morning, the minister circulated a target operating model for the national care service, which we have been waiting for for a long time. On the day that we are expected to vote on the bill's general principles, we are given that. It is simply not the way that we should do things.

We are now forced to waste our time voting on a hollowed-out nothingburger of a bill that does zero to address the very real issues in social care—a bill that no one on the front lines wanted in the first place. It will not make care free at the point of delivery; it will not make care a profession of choice; and it will not relieve the interruption in flow that is currently causing a crisis in our NHS, because people cannot be released from hospital because there is no adequate provision in our communities to receive them.

Free up the funds of this billion-pound bureaucracy. Scrap the bill today and use the money to improve the pay and working conditions of our social care staff, whose selfless, quiet and heroic efforts often go unnoticed and unrewarded.

The Deputy Presiding Officer: Mr Cole-Hamilton, you must conclude.

Alex Cole-Hamilton: That is what we should be focusing on today and not this ill-fated bureaucratic waste of time.

15:37

Emma Harper (South Scotland) (SNP): As a member of the Health, Social Care and Sport Committee who has been present during the entirety of the committee's scrutiny of the bill and preparation of our stage 1 report, I welcome the fact that we are debating the bill at stage 1 today. I thank everyone who has been involved in providing evidence, the clerks and, of course, anyone who provides care for our people across Scotland.

We must remember that the bill is about a change that might be described as monumental, just as the creation of the national health service was. That was done through framework legislation, just like this bill.

The evidence that we have taken at committee has clearly demonstrated that the current social care landscape is cluttered and complex and that, fundamentally, it is not working for those requiring care, who are some of the most vulnerable people in our society. The Parliament has a duty to those individuals to get the bill right and to create a social care system that meets the demands of our society and that is underpinned by the principles of human rights, respect and person-centred choices.

There is a need for standardisation of the social care system, employment practices, education for social care workers and social care standards across all of Scotland.

Gillian Mackay (Central Scotland) (Green): Does Emma Harper agree that, as part of that, we must also look at self-directed support and how that is delivered across the country? When we look at the national care service as a whole, we need to ensure that it is about not just directly delivered services but self-directed support, too.

Emma Harper: I will come on to self-directed support, but it is part of the complex landscape that needs to be reformed, so that we can make changes and help to support the most vulnerable people who need care.

It is clear from the evidence that one of the best ways to make the necessary changes is by reforming integration joint boards, as the minister set out to the committee. The committee has heard repeatedly from people with lived experience that the current adult social care system must change so that we can drive up standards to a consistent level across our country.

One of the ways in which it is intended that the aims of the bill be met is through the creation of a national care service board. The NCS board will ensure that consistent, fair and human rights-based social care support and community health services are in place. It will be responsible for reviewing and overseeing the performance of local strategic plans. To support that, the Scottish Government proposes to transfer ministerial powers of intervention to the board, which will be able to invoke them as a last resort. That will give the board the levers that it will need to drive and support performance, and—if required—to act.

As a former clinical educator and a nurse, I am interested in how the NCS board will help to standardise how we approach social care and social work and care across Scotland. Just this week, my office spoke to a local organisation that provides care across Dumfries and Galloway about the NCS board and standardisation, and it welcomed the approach.

Stewartry Care, which is one of the largest providers of social care in Dumfries and Galloway, gave evidence to the committee when we visited Dumfries. The other day, it told my office that, although it provides mandatory moving and handling training for its staff, much of the training that it provides on top of that is not mandatory. Stewartry Care also trains staff on how to assess nutritional status, and staff are educated on how to spot the signs and symptoms of malnutrition among those within their care.

However, as was evident from my meeting with the Food Train last week, the provision of such education is not universal practice. Many care providers do not offer such education or training, despite the importance of nutrition and the commitments in the Good Food Nation (Scotland) Act 2022 that was passed by this Parliament.

That is just one example of an area of education that would benefit from standardisation across Scotland. I ask whether the minister agrees with me and whether she will consider making nutritional monitoring one of the national standards as the bill progresses. I am not necessarily suggesting that it should be done in primary legislation; I am simply saying that we should consider it as we seek to make progress on standards.

I also want to touch on the commitment to establishing a national social work agency, which COSLA has agreed with. For the people who work in the social work profession and their leaders, the establishment of a national social work agency is a vital piece in the jigsaw of reform. As has been noted by Social Work Scotland, the current national arrangements for social work are messy and inefficient, with the Scottish Government, employers, the Scottish Social Services Council,

Social Work Scotland, improvement bodies and many others all separately “leading” on aspects of social work’s development.

If we are to effect the changes in social work systems and practice that were outlined in the independent review of social care and the Promise, which the profession itself has called for, we need to create an enabling context. The national social work agency has real potential to address those challenges.

Dumfries and Galloway Council pays its social workers lower wages than any other Scottish social work department. That is why some of our social workers are leaving to go and work south of the border or in other parts of southern Scotland. That issue could be addressed by progressing a national agency.

Another example is that of self-directed support, which Gillian Mackay’s intervention was about. Different local authorities take a variety of approaches to the administration of SDS. While some perform really well, others perform less well. Therefore, I ask the minister to confirm that it is the Scottish Government’s intention for the national social work agency to deal with such discrepancies, to support the social work profession and to get it right for those who engage with social work.

It is clear that the bill is needed to improve the social care and social work landscape in Scotland. I will support the bill at stage 1, and I urge other members to do so.

15:44

Liz Smith (Mid Scotland and Fife) (Con): When a major committee of this Parliament concludes that it is concerned that the Scottish Government has, so far, been unable to articulate and communicate a model of how some proposed new legislation would operate, that is hardly a ringing endorsement. It is worse still for something that is supposed to be one of the most important pieces of legislation that the Parliament has seen.

Both the minister, Maree Todd, and First Ministers Nicola Sturgeon and Humza Yousaf argued that the National Care Service (Scotland) Bill was to be a flagship piece of legislation. Indeed, in their words, it was to be

“the most ambitious reform of public services since the creation of the NHS”.

That is quite a pledge. I do not doubt the Scottish Government’s ambition, but, in the usual way with legislation, particularly given the flagship nature of this bill, we should have had the right to expect a well thought-out, wholly coherent and well costed bill. We should also have had the right to expect a fully watertight scrutiny process that would give

committees and parliamentarians the maximum opportunity to engage in detailed scrutiny, but that has not been the case. It is not the case with the structure of the bill and it is not the case with the costings, which I will come to in a minute.

The first iteration of the bill faced considerable criticism from no fewer than four parliamentary committees: the Health, Social Care and Sport Committee, the Local Government, Housing and Planning Committee, the Public Audit Committee and the Finance and Public Administration Committee. There was no clarity whatsoever about the related costs, which is why, as Kenny Gibson rightly said, the Finance and Public Administration Committee would not accept the first financial memorandum. It was also why the Delegated Powers and Law Reform Committee raised concerns. Just as importantly, the bill faced widespread criticism from local authorities and health service stakeholders. In short, the bill was in deep trouble last summer, including in the view of some SNP MSPs.

Given those circumstances, Maree Todd was well told that there must be a major rethink. What did we get? We got three changes to the bill, two of them very major. There would no longer be any transfer of local authority staff and assets, and there would be no new care boards for each of the 32 local authorities. To accompany those changes, there was a second attempt at a financial memorandum, which was marginally better than the first but still did not satisfy the Finance and Public Administration Committee, as its members have made clear.

There are also issues regarding parliamentary scrutiny. The Scottish Government has made substantial changes to the accountability and governance provisions in the bill, but it has not provided detail in the legislation of what those changes will look like. The finance committee has particular concerns about the lack of detail on the new national care board. The minister tells us that the bill is only a framework bill and says that she will share the detail of governance and accountability provisions should the general principles of the bill be agreed to, but that is unusual territory and is not something that we feel makes for good legislation.

Framework bills have suddenly become quite fashionable here. If I was being charitable, I would say that that is because of the principle of co-design, which allows ministers and stakeholders to work together to design bills. I will come back to that idea. If I was being less charitable, I would say that the Scottish Government is finding it impossible, for whatever reason, to produce the detail that Parliament needs.

If, as someone who has been here for a long time, I may be allowed to say so, having too many

framework bills on the statute book presents a scrutiny problem. That might be an important issue to consider when the Presiding Officer looks at parliamentary reform, because, as Jackie Baillie rightly pointed out, we cannot have bad legislation.

The finance committee remains very sceptical about the co-design process—not in principle, because there are many good things about co-design, but because of the lack of estimates to allow measuring of the economic benefits as set against projected costs. It is also sceptical about how to measure the co-design costs at all, given that that process is still on-going. We feel that the co-design process should have been completed before the revised bill was brought to Parliament.

We know that having a framework bill has been roundly criticised by stakeholders and Parliament committees because of the lack of detail about what would appear in primary legislation and what might appear in secondary legislation. That is not good enough and it is why, during the first iteration of the bill, committees put their scrutiny concerns on record, with the DPLR Committee making what I thought was a revealing comment when it said that the Scottish Government's approach is

"unacceptable and risks setting a dangerous precedent, undermining the role of the parliament."

I will say that again. It risks

"undermining the role of the parliament."

I have said before that I can remember occasions when there were issues with financial memoranda. The Children and Young People (Scotland) Act 2014 and college regionalisation are two examples, but they were not so out of kilter with the ambitions of the bill that was presented, so lacking in detail and so risky to taxpayers.

The Scottish Government, yet again, is guilty of negligence when it comes to the provision of baseline evidence to support the policy basis of a bill. One wonders how on earth ministers ended up in this situation.

15:50

Ivan McKee (Glasgow Provan) (SNP): I think that everyone agrees on the critical importance of social care. It is a requirement for more and more people in society, and that will continue, due to demographic changes. It has an impact on the wider health system and its lack can be a potential blockage in relation to delayed discharge and many other aspects of the wider system. So, it is critical that we get this correct, and I welcome the Government's focus on taking this work forward.

There is a commitment to provide long-term sustainable solutions to the challenges that we face not just in Scotland and the UK, but

internationally, and to build on the work of the Feeley review, which lays out clearly the steps that need to be taken.

I suggest that everyone can agree with the general principles that are articulated in the bill as introduced, such as the recognition that spending on social care is an investment in society; the need for financial stability; the commitment to fair work; the human rights focus; the importance of dignity, equality and inclusion; and the commitment to co-design. I think that, so far, everyone can absolutely sign up to those principles.

It is unfortunate that too much of the recent debate on the bill has focused on process. It is important that we recognise that process is there for good reasons. It is there to ensure that we make good legislation that delivers on the principles that are clearly articulated in the bill. It is important to get that right.

It has been recognised in the debate that the Health, Social Care and Sport Committee and other committees have identified uncertainties in the proposals that have been laid out, and significant changes have been made to the bill as introduced in order to arrive at the proposals that have been agreed with the Government, which the minister and COSLA have articulated over the past few months and which have been taken forward in the co-design process.

I very much welcome the provision by the minister and the Government of the target operating model, which came out in the past two days, and the fact sheet that was sent to MSPs alongside that.

Jackie Baillie: I understand that the member has been asking for the target operating model for some time. Does he think that it is acceptable that it appeared only yesterday, when there was no time for committee scrutiny?

Ivan McKee: As Jackie Baillie identifies, the committee has been asking for that information for a while, and I am glad that it came out before the debate. To be fair, the Government's commitment was that it would come out in advance of the debate, but we would obviously have liked more time for scrutiny, and I will come on to that as I continue my remarks.

I look forward to the Scottish Government providing stage 2 amendments by 29 March, as was asked for by the committee. That will enable the committee to undertake extended stage 2 scrutiny in order to meet the timetable that has been laid out. I am glad that the minister confirmed during the debate that the amendments will be lodged by that date.

I know that the Government takes the bill very seriously as a priority, and I understand that the team that is working on it now numbers 160 civil servants. We have been given assurances by civil servants that there is no lack of resource being deployed on developing those amendments and taking forward proposals to thrash out the details of the bill as amended.

I would like to focus briefly on the finance proposals in the operating model, which I have looked through over the past couple of days, and on the fact sheet that was provided and the minister's responses. There is a commitment to have a clearer funding model with greater transparency, and there is a provision for ministers and the board to fund specific local activities directly in certain circumstances, but I would like clarity from the minister on that. That seems to suggest that the bulk of the funding—around £5 billion in total, I think—will continue to flow, as it does presently, either through health boards or through local authorities. Some clarity on that—on what is meant by the suggestion of greater transparency in the funding flows—would be helpful.

A key priority that is critical to get right for the whole sector is its pay rates. The commitment to, and delivery of, a minimum of £12 per hour is welcome, as it takes everyone to at least the real living wage and shows that the mechanism was already in place to deliver that in advance of the bill. That increase and future increases towards £15 per hour will help to tackle the sector's major challenges in recruitment and retention, notwithstanding the impact of Brexit, immigration restrictions and the lack of devolution of immigration to Scotland, which have significantly hampered the sector.

We all recognise that that pay rate and the taking forward of the wider fair work agenda are absolutely critical. However, I make the point that that is not only to the benefit of the staff and those who are served in the social care sector. Because of the scale of that sector, any additional pay increases that are delivered to its workers have a wider economic benefit not just in how that money is spent, but in driving the labour market in the private sector to increase wages across other sectors that, unfortunately, still suffer from low wages. I suggest that that is one of the most cost-effective ways in which the Government can tackle poverty across society more generally.

In conclusion, I hope that the debate can now move on to issues of substance in the Government's proposals and to amendments to the format of the delivery of the national care service. I look forward to the details of the Government's main amendments—as do stakeholders, so that they can take their positions

on those—and I look forward to the further evidence that we will take at stage 2 and our engagement with stakeholders on that. I welcome the Government's commitment to supporting the committee and others in that work, because, as I said at the outset, it is critically important that we get this right, to deliver for generations now and into the future.

15:57

Carol Mochan (South Scotland) (Lab): I thank the clerks and members for their participation in the process. The establishment of a national care service gives the Parliament the chance to be bold, ambitious and innovative. Members should take seriously that opportunity and the responsibility that comes with it, and act in a way that our constituents would expect: that is, to read the report, act with conscience and truly decide whether the bill should progress to the next stage.

I am extremely disappointed by the Government's approach to the progression of social care—and definitely by its approach to the progression of the national care service. I am disappointed in its unwillingness to co-operate and its inability to work with people to enhance what is a crucial piece of legislation. The minister's contribution at the start of the debate is not based on the reality of the past 10 years.

When it was clear that the bill was not ready to proceed—a view that I am sure was held by many SNP members on the committee—the Scottish Government pushed those members to carry on and progress the bill. Again, last night, it pushed its members to vote against a sensible proposal to refer the bill back to the committee. The contribution from Ivan McKee shows that some people on the committee are considering the points in hand. If the bill moves to stage 2, I hope that we can work together. I mean that genuinely.

The opportunity to improve the bill—to extend stage 1 and to take more time—was made available to the committee by Labour members. The report confirms that. However, sadly, the SNP and Green members did not take that opportunity. The report that they pushed through includes a Scottish Government and COSLA deal that was not properly scrutinised, agrees general principles that have changed significantly from those that were originally set out, and is absolutely laden with requests for more evidence and further information. Anyone who reads the report will see that.

Suggestions that the report, or the evidence in it, portrays a positive outlook on the Government's approach is absolutely absurd. Trade unions, third sector organisations, carers and those who receive care came to committee, and to members

individually, to express serious concerns about the way in which the bill was progressing, its framework nature and the lack of clarity about things that could, ultimately, be done now, but the SNP ignored them and kept pushing on anyway.

Roz Foyer, in speaking about the commissioning service that the bill proposes to set up, said:

“Our fear is that the sort of commissioning system that is being set up will neither address nor take forward fair work and collective bargaining issues in a way that gives us any surety”.—[*Official Report, Health, Social Care and Sport Committee*, 15 November 2022; c 35.]

Indeed, after the Government took many steps that ignored the co-design process, Rachel Cackett of the Coalition of Care and Support Providers in Scotland summed up well the feeling that many hold, when she said:

“there is not, in my view, a great sense that there is a clear connection between what is being heard and what is being delivered through the bill.”—[*Official Report, Health, Social Care and Sport Committee*, 31 October 2023; c 31.]

Those are quotes from the Scottish Trades Union Congress and the CCPS. If the Government is not listening to them, many will be asking who it is actually listening to.

The Government has been irresponsible at a time of critical importance, and it has played games with a crucial bill. Labour has been calling for a national care service for years, because if that is delivered properly, it will deliver the much-needed parity between health and social care, and it will deliver for workers, carers and service users. However, the Scottish Government, if it continues in its current direction, will make that proper and effective delivery highly unlikely. It is certainly not clear in the bill how the Government will deliver on those aims.

The Scottish Government would have the public believe that in order to deliver Anne's law, for example, we need a national care service, in contrast to the view of those of us who are fighting to improve the bill in order to deliver on its full potential. The Government's view could not be further from the reality. It is a Government that has a distant relationship with delivery, and which has sat on its hands rather than deliver key policies. Anne's law could be delivered—I ask the minister to address the question that my colleague Monica Lennon raised and to be clear that the Government will seek to ensure that that Anne's law is considered in other legislation as soon as possible. That would be supported by members on all sides of the chamber.

Throughout the committee process, my colleague Paul Sweeney and I called for an expert advisory board—something that is not uncommon—but the SNP rejected that

suggestion. We called on the Government to bring forward its amendments before the conclusion of stage 1 to ensure that proper scrutiny could take place, but that was rejected by the SNP. We called for the bill to be referred back to committee after third sector organisations, trade unions and many other stakeholders said that it was not clear, but that, too, was rejected by the SNP.

Despite the minister's warm words, the SNP does not seem to be standing up for care in Scotland—in fact, it is standing in the way. As the stage 1 report makes clear, the SNP's stubborn approach has proved exactly that.

It is with great regret, for the reasons that I have outlined, that I will not support the bill in its current form at stage 1.

16:03

Kevin Stewart (Aberdeen Central) (SNP): The National Care Service (Scotland) Bill offers us the opportunity to build care services that truly reflect our shared values of dignity, fairness and respect for all people. It gives us a chance to end postcode lotteries and the rationing of care, and it should lead to more person-centred care and more independence for people.

The debate around the bill has concentrated heavily on power, process and pounds. Those issues are important, but the overarching priority of all that we have embarked on has to be people. We need a national care service that leaves no one behind, and that works relentlessly to support not only those who are in need of care but their families, and the care workers who make it all possible.

Jeremy Balfour (Lothian) (Con): What one difference will the bill make to somebody who is in receipt of social care today or tomorrow? What one difference will it make to their life?

Kevin Stewart: It will make a difference through having a care service that is not only fit for today but is right for tomorrow. I know that the minister is working with great effort on today, but this is about the future, as well. With an ageing population, we have to ensure that we get this absolutely spot-on right.

The need for reform of our current care system is undeniable. The disjointed and inconsistent nature of our existing system all too often leaves many people without the support that they desperately need, and that often leads to crisis for folk and their families, which is expensive and has a massive human cost. Everyone, regardless of their postcode, should have equal access to the social and healthcare support networks that they require, with national quality standards that must

be met. The bill presents us with a chance to make that a reality.

At the heart of the bill lies a vision for a more integrated and streamlined service in which there are resources, standards and expertise across Scotland, to ensure greater fairness and accessibility for all. We need to focus on self-directed support, independent living, the right to short-term breaks, Anne's law and autonomy for front-line staff. However, the focus has drifted away from those, and process and organisation have taken centre stage. They are important, of course, but we cannot become sidetracked, as that risks the bill simply becoming a rebranding exercise.

This is all about people and their needs, their hopes and their independence. The needs of people must come before the wishes of the bureaucrats, the politicians and those with vested interests who do not want to see any change at all. The service must be a people-led one and not simply a service that does things to people.

I am glad that the minister mentioned that there will be voices of lived experience on the national care board, but I also want to see the voices of lived experience on integration joint boards. I hope that the minister will tell us more about that in summing up.

Fair work also needs to be at the heart of the change. Care workers must be treated as the professionals that they are. We know that, where they are given autonomy, we get better outcomes for those who are in receipt of care and their carers. Similarly, we need to accept that we rely on an army of unpaid carers who support family and friends. I recognise that this Government has gone further than any other in these islands to support those heroes, but the right to short-term breaks is vital and must be enshrined in law.

At any one time, one in 25 Scots will need social care support. Most of us here have had support or will need support in the future. We need a social care system that is not only right for today but is fit for the future.

I recognise that change is often disconcerting, but change is required here. Derek Feeley has told us so, many front-line staff have told us so and, most important, people have told us so. People who are in receipt of care and their carers want to see change, and they want to see change now.

The reform is the most important and ambitious reform that there has been since the formation of the national health service, which is our most valued institution. The national health service came about through a framework bill, so I do not know what the difficulty is with framework bills. It is time that we replicated that valued institution and matched it with a national care service that works

for people. Let us stop the dither and delay and get on with creating a national care service that meets the needs of all our people.

16:09

Gillian Mackay (Central Scotland) (Green): As a member of the Health, Social Care and Sport Committee, I echo my colleagues' thanks to the clerks and those who gave evidence to the committee.

There is no doubt that there are glaring inequalities in social care across the country. The independent review of adult social care outlined significant challenges in the Scottish social care system. The review questioned the effectiveness of local authorities' commissioning practices and a structure that is based on time rather than outcomes and is not responsive to people's wants and needs.

The National Care Service (Scotland) Bill is intended to put human rights at the centre of services. Many have welcomed the opportunity to end the postcode lottery in social care and establish standardised delivery practices across Scotland. There are several aspects of the bill that I think most members agree on. We all welcome Anne's law. We are supportive of the provisions to provide family members and other carers with the same access rights as staff. I am grateful to have met those who were campaigning for Anne's law outside Parliament earlier in the bill's progression. Their stories were traumatic and we should ensure that such things can never happen again.

Emma Harper: On Gillian Mackay's point about Anne's law, I note that the committee took evidence from people with lived experience, the Scottish Association for Mental Health and the Health and Social Care Alliance Scotland, and they all supported our getting on with the bill and taking it forward. Is that also Gillian Mackay's reading of the evidence that we took from them?

Gillian Mackay: Absolutely. I thank Emma Harper for mentioning SAMH in particular because, for many of those carers, the mental health aspect—the trauma of being unable to get to their loved ones—exacerbated the situation, and that led to the want and need for Anne's law in the first place.

As I have said previously, although I appreciate that Anne's law is currently proposed to relate only to social care settings, given what many people, including me, experienced during the pandemic with loved ones being in hospital, I believe that it should be extended to cover those settings, too.

We also all agree on the creation of a right to short breaks for carers. However, the appropriate monitoring will need to be in place to ensure that it

has the desired effect and is delivered consistently across the country and, crucially, to carers of all ages. As co-convener of the cross-party group on carers, I note that we have heard about the difficulties that some carers face in knowing where to go for support and help or because they have not been identified as a carer in the first place. I hope that that will be factored into the on-going work on the bill.

The general principles of the bill mark a shift in the way in which care is considered. We particularly welcome the positive language on the value of care. It describes care as "an investment in society". Meeting the aspirations in the bill, such as recognising that meeting individuals' needs is essential to achieve their human rights and that fair work principles should be key to the delivery of services, is essential if we are to change the way that care is currently delivered.

We have heard from many organisations and individuals about the appetite that many have for change and reform of social care. The bill lays the foundations for a national care service, allowing for a big part of the substantive detail to be co-designed with people who access support, those who deliver it and unpaid carers. I have been clear in committee that we need to ensure that that is done in a sustainable manner for those who are involved in the co-design process. There are a huge number of workstreams and we need to make sure that those who give their experience are supported to do so without there being a detrimental effect on them.

Structural reorganisation will go only part of the way towards realising the ambition of change and reform in social care. Delivery and implementation of change is vital both locally and nationally if we are to make a real difference to social care. That will also have to be carefully monitored to ensure that it has the desired outcomes.

Although framework bills are difficult to scrutinise, I believe that one of the bill's potential strengths lies in the fact that it is a framework bill. I believe that it is right to analyse the impact of reform and then adapt what is in the secondary legislation to improve outcomes, correct any unintended consequences and adapt to new circumstances, with appropriate scrutiny mechanisms attached.

We must be wary and note that having a legal duty to collaborate will not in itself lead to effective collaboration. Much of it will rely on consistent leadership and cultures across health and social care, which we have heard are not the reality everywhere.

Whereas the engagement on the bill's general principles has been positive, we heard in

committee that concerns remain about how some of them would be achieved in practice.

If we want the national care service to be as successful as possible, we must ensure that it is viable and that it addresses the issues flagged at stage 1. I welcome the committee's commitment to a more in-depth stage 2 process and look forward to hearing more evidence from organisations and individuals on any potential changes. Several important stakeholders who have recommended that the bill passes have also been clear that there are substantial amendments to be made at stage 2. For example, the Health and Social Care Alliance Scotland recommends amendments that support the full and equal membership of people with lived experience in reformed IJBs and on the national care service board. That would include being given full voting rights and a duty to include multiple members with lived experience if any meeting is to be considered quorate. I also believe there should be workforce representation on the board.

There is very little time to get through everything that I would have liked to get through, but the establishment of a national care service must be informed by the voices of lived experience, including those who access support and care, the workforce and unpaid carers.

The national care service offers an opportunity to improve people's experiences of rights-based, person-centred social care, if it is implemented in a way that responds to the concerns and experiences of people who are accessing social care as well as the workforce, and if it implements the recommendations of the independent review of adult social care.

16:15

Jeremy Balfour (Lothian) (Con): I declare that I am in receipt of social care.

In many ways, politics should be about prudence. One philosopher famously said that he prefers

"the actual to the possible".

That is a much better philosophy for conducting our politics than aiming for something that may seem good in principle but would crumble in practice. We owe it to individuals, carers and taxpayers to be prudent when making policy, which is why I am in favour of reforming our current social care system rather than building something completely new. We must acknowledge that the respondents to the consultation on the bill have real concerns about social care, and we must listen to their lived experience. To diminish their experiences would be very wrong. However,

that does not mean that the only way forward is wholesale change.

We all want a more efficient social care system in Scotland, but the underlying issues will not be addressed by structural change alone. Consultation responses show that the main difficulties in social care are challenges such as finding sustainable funding and hanging on to good staff. Those kinds of problems will remain, regardless of whether a national care service is implemented. Until we address the root issues, it would be much better to target those problems and reform what we have, rather than undergoing a complete overhaul.

The bill does not honour either those who receive social care or those who work in social care. It lacks essential detail, which makes our jobs very hard, as the policies are impossible to scrutinise properly. Key specifics of the bill rest on secondary legislation. We cannot know what the bill will mean for people living their lives, today and in the future. For example, there is no explanation of how the bill will affect relationships with existing local social care structures, or for how a national care service could be equipped to respond to local concerns. In addition, areas such as data, employment implications and individual rights and responsibilities are all left completely to secondary legislation. Those are hugely important areas that should be addressed in primary legislation in order to guarantee full parliamentary scrutiny. Securing those details in primary legislation would not diminish the ability to be responsive and flexible during secondary legislation. However, it would give us as parliamentarians and those who we represent confidence that the bill has the appropriate, required powers.

Social care cannot wait for the national care service; decisions need to be made now—it is too important. The bill as it is presented is distracting us from solving the real problems that we have that people such as myself and others across Scotland live with, day in and day out.

Nor does the bill guarantee meaningful accountability from Government ministers. There is no provision on how the principles underlying the national care service will be monitored, evaluated or enforced. Section 2(2) of the bill says:

"Everything that the Scottish Ministers do in discharging that duty is to be done in the way that seems to them"—

I emphasise the words "to them"—

"to best reflect the National Care Service principles."

Ministers will therefore become judge and jury.

It is even more important that there be effective metrics for success. I am not convinced that a centralised service will provide better care than is

currently offered locally. A centralised body cannot know the exact situation of every community in Scotland. We live in a diverse country, with diverse needs. The concerns of care workers and people who need care will be very different depending on where they live in the country. The situation cannot be the same up in the north of Scotland as it is here in the central belt. The issues for those of us with rural constituencies will be different from those for members who represent urban constituents.

There is no value for money for the taxpayer in the bill. The effect of centralising social care is that organisational and administration costs will balloon and become much more unwieldy than they are currently. The result will be a dramatic increase in bureaucracy, which will do nothing for efficiency and, crucially, will do nothing for those who need or who provide care. Those funds would be better off going to social care workers on the front line instead of going into a bottomless pit of bureaucracy.

I will not support the bill at stage 1. It does not tackle the current challenges in social care effectively. It is an enabling bill, but it does not provide the level of detail that is required to stand up to parliamentary scrutiny. There is no provision in it for accountability; matters are left to the subjective judgment of Government ministers. Finally, the bill will not give taxpayers value for money.

16:22

Colin Smyth (South Scotland) (Lab): At the height of the Covid pandemic, rarely a day passed without constituents raising with me their heartbreaking experiences of not being able to visit loved ones in care homes, because we did not get our act together on testing; social care packages being removed; people feeling pressure to sign “do not attempt resuscitation” forms; care home staff being frightened because they had no personal protective equipment; and the appalling death rate among people in later life. The human rights of older people were cast aside when the big decisions were being made.

Nicola Sturgeon promised to build from the Covid crisis the positive legacy of a national care service. It was to be a chance to put social care on the same level as our NHS, to create parity, and to ensure that services were fully funded and properly staffed, met national standards, were delivered locally and were accountable to local people.

However, the Scottish Government has squandered that promise with the bill. We know that it is obsessed with framework bills—or, rather,

empty-frame bills—but, even by its standards, the bill is ill judged, ill thought through and incoherent.

The bill has been almost universally criticised. For example, Unison, Unite, the Royal College of Nursing Scotland, the Royal College of Physicians and many others support the creation of a national care service but are opposed to the bill's provisions. Care providers and people with lived experience, Audit Scotland and the Convention of Scottish Local Authorities have all been scathing, and so, too, have been the Parliament's committees.

The Local Government, Housing and Planning Committee called for the submission of a full business case before the bill was voted on, but that has not happened; the Delegated Powers and Law Reform Committee said that the bill undermined the role of Parliament; and the Education, Children and Young People Committee slammed moves to centralise children's services that are still on the cards. The Finance and Public Administration Committee said that the lack of a credible financial memorandum breached the Parliament's standing orders. As Jackie Baillie said earlier, that committee has looked at the bill twice and it still does not believe the numbers. Even the Health and Social Care Committee, in its watered-down stage 1 report, is unclear about how the Government's national care service would operate in practice.

It is no wonder that that is the case. Private profiteering from big care home owners, inadequate funding, high vacancy rates, low pay, poor terms and conditions and the absence of sectoral collective bargaining have all been ignored in the bill and ignored, too, by the minister during the debate.

There is a lack of detail, big questions remain unanswered and many issues are unaddressed. Common Weal's briefing to MSPs highlights several glaring examples of that, and I will mention just a few. The briefing says that there is no clear purpose statement that sets out the need

“for creating a national care service in the first place”

and that there are

“no provisions for how resources will be determined or allocated”.

Common Weal also says that there is little clarity on who will be responsible for delivering or enforcing the crucial human rights-based approach, nothing on transitional arrangements and little on fair work principles, including national terms and conditions.

Despite that, the SNP and Greens, as in a 1960s movie, are determined to carry on regardless, but there is nothing funny about proceeding with a bill that is so fundamentally

flawed. If the Government was serious about salvaging the wreck and building consensus, it would have published its planned amendments before today's debate.

Yesterday, the bill should have been referred back to the Health, Social Care and Sport Committee to revisit stage 1 and properly scrutinise the amendments and to allow those of us who are not on the committee to debate what might be fundamental changes before we vote on the bill's principles. Either the amendments do not exist or the Government knows that they will not allay the legitimate concerns. It is not good enough for ministers to slip out an operating model that no one has seen, never mind scrutinised, ahead of the debate.

Meanwhile, the crisis that is engulfing our social care continues. When Age Scotland wrote to the cabinet secretary recently, it rightly said that older people

"cannot wait for the delivery of the National Care Service"

to fix a care system in which delayed discharge continues unabated, people are struggling to get a care assessment, more and more care homes are closing—one a week, according to Scottish Care—and older people are stuck in hospital because of a lack of carers. Ivan McKee said that about 160 civil servants are working on the bill. That is about the same as the number of vacancies in the care sector for home care workers in Dumfries and Galloway. The Covid crisis has been replaced by a care crisis. We need action now—not in four years' time—on matters including Anne's law and the right to breaks.

The SNP and Greens have cynically chosen to tie people's rights to see loved ones in care homes, as well as the right to respite, to this roundly rejected bill. It is simply untrue to argue that those rights can be delivered only through the bill. The Government should get on with fulfilling its promise to families who were badly let down during the pandemic.

The mishandling of the bill has been a complete distraction from delivering on those and other social care issues, but it is symbolic of the Scottish Government's approach to policy and legislation over the past 16 years, which is to issue a press release full of hyperbole, dismiss stakeholders' concerns, steamroller legislation through Parliament and leave the details until later. The sad thing is that that impacts on people's lives. It means that vulnerable members of our society—mainly older people—who need support will not get it.

The Scottish Government's so-called national care service plans were launched to much fanfare and were described as the biggest public sector reform since devolution. Parallels were even

drawn with the creation of the NHS after the second world war, but just saying something in a press release does not make it so. The creation of the NHS in 1945 was real public sector reform. It replaced a broken private healthcare system with a universal, comprehensive service that is free at the point of delivery. It had a transformational impact on working people's lives and still does today. The SNP's plans are pale in comparison and, to be frank, the bill is not worthy of the title "National Care Service".

16:28

Ruth Maguire (Cunninghame South) (SNP):

The establishment of a national care service can be one of the most significant reforms of public services since the creation of the national health service. The significance of that work is reflected in the volume and breadth of contributors to the Health, Social Care and Sport Committee's scrutiny and in the number of briefings that colleagues have received for the debate. I am grateful to everyone who continues to share their experience and expertise.

It is fair to say that the case for change in social care is unassailable and that everyone agrees that it is necessary. The committee certainly heard that loud and clear. There is a need for all our citizens to have access to consistently high-quality social care support across Scotland, whenever they need it.

I am sure that we all want our social care workforce to flourish and would support the Scottish Government's goal—of future proofing the social care sector—to be realised for generations to come and for people who are coming into the profession.

I have not been a member of the Health, Social Care and Sport Committee for long but, through previous work as a local councillor and a member of an integration joint board, in previous and current parliamentary committee work and—perhaps most significantly for me—in my current constituency work, I recognise the importance for our nation of getting care right and the devastating costs to individuals, families, workers and communities when we do not.

Here in Scotland we have a brilliant, committed workforce in the public and third sectors and a legion of unpaid carers who are delivering high-quality care to the best of their ability in some terribly difficult situations. We also have pockets of really excellent practice and services that enrich lives.

However, there are also far too many people whose needs are not being met. Too many people are in hospital wards when they should be at home, recovering. Too many people are waiting

for adaptations to their homes to make them safe and enable them to live independently with dignity. Too many people are assessed as requiring services and interventions to realise their human rights but not receiving them because of budget constraints, distance from services, workforce shortages or rigid, inflexible approaches by institutions. To change those things, I support the principle of forming a national care service for Scotland to ensure that our citizens get the care that they are entitled to in order to live dignified lives and to ensure that, when public bodies do not meet their obligations, they are held to account.

The convener of the Health, Social Care and Sport Committee, Clare Haughey, laid out well the huge amount of work that the committee undertook to scrutinise the principle of forming a national care service and thanked all who were involved. I echo those thanks. The committee's report is lengthy and substantial, with the summary of recommendations alone running to 15 pages. I do not intend to go through them all in my speech.

There has been a lot of discussion about scrutiny. Seven committees have reviewed the bill in the 20 months since it was introduced, and the Scottish Government has met thousands of people to discuss the national care service. I am serious about my responsibilities as a parliamentarian and of course I think that that process is important, but I agree that we will let folk down if we allow ourselves to get too tangled up in procedural delay rather than get on with the important work of scrutiny and amendment of the Government's bill.

Committee members now have the requested target operating model, and I understand that committee clerks and Scottish Government officials are in the process of discussing stage 2 amendments to ensure that sufficient time is built into the timetable to allow for scrutiny and further evidence to be taken. I know that every member of the committee will approach that task with the vigour and sincerity that it requires.

I acknowledge that the committee was not united in its conclusions and that the support of members who did not dissent was not unconditional. The report reflects that, and the debate has given us all an opportunity to expand on the personal positions that we hold.

There is a great deal of work to be done at stages 2 and 3 to ensure that the bill achieves its potential. For me, one of the key points relates to accountability. Supporters of a national care service, and perhaps particularly those with lived experience, will want to know exactly what will be different and that, as part of that, the national care service will have clear accountability and a fair escalation and redress process for when things do not go right. Should Parliament agree to the

general principles of the bill this evening, I hope that we can all come together and make sure that these important reforms are the best that they can be for the people of Scotland.

The Presiding Officer (Alison Johnstone): We move to closing speeches.

16:34

Paul Sweeney (Glasgow) (Lab): At the outset of the debate this afternoon, the minister said that we need change—Labour members certainly agree. However, as GMB Scotland's secretary, Louise Gilmour, said, the

"National Care Service is going nowhere slowly".

As my colleagues before me have set out, it is—because a national care service has been a long-standing policy position of our party—a matter of sincere regret that Labour will not be able to support the general principles of the National Care Service (Scotland) Bill this afternoon. It was an idea that was proposed by the Labour Party more than a decade ago, and it was a matter on which consensus emerged in the wake of the Covid-19 pandemic.

As my colleague Mr Smyth just said, that there should be parity of esteem between the national care service and the NHS is a clear mission statement that we can agree with. However, as with many good ideas, when they reach the hands of the Scottish Government, they seem to have gone there to die.

Kevin Stewart: Mr Sweeney says that it is with regret that he will vote against the bill at stage 1. How much engagement have he and his colleagues had with the Government on the national care service?

Paul Sweeney: I can say that in committee we have tried repeatedly to engage constructively with Government ministers. That holds for two committees of which I have been a member in recent times, including when Mr Stewart was the Minister for Mental Wellbeing and Social Care. He came before the Delegated Powers and Law Reform Committee and made the repeated dubious assertion that framework bills are a matter of normal practice and that the National Health Service (Scotland) Bill of 1947 was a framework bill. I am afraid that the Hansard Society disagrees with him: the National Health Service (Scotland) Bill of 1947 was around twice the length of this framework bill, so I have to dispute his point on that.

Critical and fundamental issues with the bill remain outstanding. Indeed, in an effort to repair relationships, including by addressing key stakeholders' derision of the draft legislation, the Government has been trying to run a public

relations offensive over the past 24 hours. I have had sight of a just-published PR statement from the Government, stating:

“the National Care Service will provide support to anyone in Scotland who needs it through social work, social care support for carers, primary care and community health services”.

Then at the end, the press release says:

“the bill allows Scottish ministers to transfer social care responsibility from local authorities to a new national care service. This can include adult and children’s services, as well as areas such as justice and social work. The Scottish ministers will also be able to transfer healthcare functions from the NHS to the proposed national care service”.

Well, which is it? We are not getting clarity on the definition, even within the same press release. Is a comprehensive service being proposed, or are Scottish ministers still undecided about what will happen with children’s services, justice services, social work and so on? There is simply no definition. We do not have confidence in the draft legislation, at stage 1.

We hoped that the Government’s National Care Service (Scotland) Bill would provide the transformation that has been alluded to by members on the Government side today, but the reality is that the framework bill, as published, no longer reflects what the bill will become. It is a travesty and a usurpation of the parliamentary process.

The Conservative spokesman made the point that the Law Society of Scotland raised concerns about the tendency towards skeleton bills, as did the Hansard Society. I mentioned earlier the concern that was raised by the Delegated Powers and Law Reform Committee on the same matter—that such a bill risks undermining the role of Parliament. Ms Mackay of the Scottish Greens said that, in framework bills, the potential exists for flexibility. I note that point, but the reality is that that does not preclude us from defining key aspects in the bill and creating a baseline. That requires ministerial leadership and heft from the Government. The mission orientation that we saw from the Government of 1945 that built the national health service is, sadly, sorely lacking 75 years on. That is what we need today—what is there is not good enough.

We need to be clear that we take no joy in not being able to support the bill at stage 1, because we have engaged throughout the process in good faith. I am sure that all members of the Health, Social Care and Sport Committee can agree that we very reluctantly had to part on that final page of recommendations, but we were largely together on a lot of the substance. It is a fact that there are fundamental issues to do with lack of definition, which mean that the bill is simply not good enough or mature enough to pass Parliament at this stage.

The role of Parliament is to stand up for the people of Scotland and to ensure that the legislation that is passed into the statute books is of good enough quality to ensure that people’s lives are improved. We cannot have that confidence in the bill, at this stage.

There are major issues with stakeholders, as I have mentioned. As my colleague Carol Mochan outlined in her speech, the STUC says that

“the Bill as proposed does not address the key issues that undermine the provision of social care”.

The Royal College of Physicians says that

“serious concern must be given to whether we continue with the current proposals”.

The Royal College of Nursing says that it is

“extremely concerned that pushing ahead with the current bill will deepen the crisis”.

Stakeholders have come back to tell us that the co-design process, which is much lauded by the Government and which we would like to support in good faith, has had no transparency and no common reference points. The Coalition of Care and Support Providers in Scotland has said that there is no clear connection between what is being heard and what is being delivered in the bill. That was characterised by the member for Aberdeen Central’s speech—the text of the bill, which we have interrogated in committee, also uses grandiloquent language but, sadly, no real substance is reflected in it.

That is why, with great reluctance we fundamentally cannot support the bill. I mentioned that we had, in 1947, a bill for the national health service of 81 sections and 90 pages. This bill, of 38 pages and 48 sections, simply falls far too short, so I urge parliamentarians to reject it at stage 1.

16:40

Tess White (North East Scotland) (Con): I have been a carer myself. No one should underestimate the importance of our social care system for the physical, social and emotional wellbeing of society. However, as we have repeatedly heard this afternoon, social care is at breaking point under this SNP Government, and vulnerable people are on a precipice.

As Jeremy Balfour rightly says, social care cannot wait for a national care service; it is too important. In 12 years, one in four people will be over the age of 65, which means that more people living with complex health and care needs will be accessing a system that is already in crisis. From staffing levels to care home closures, there simply is not the capacity to meet growing demand.

Of course, reform is needed. The system cannot sustain itself like this, and there is consensus this afternoon around that point. However, how that change will be achieved is a separate and, clearly, contentious question. The Feeley review put forward a new approach. The Scottish Conservatives supported many of the report's recommendations, but we do not agree with the top-down concept of centralising social care. We want to see urgent investment in the sector, to preserve local democratic accountability through a local care service and to avoid any unnecessary structural reforms.

In ordinary circumstances, it would simply be a matter of divergence of policy between political parties, but these are not ordinary circumstances—far from it. The stage 1 deadline for the National Care Service (Scotland) Bill has changed four times since the legislation was first introduced in June 2022. The implementation date has been kicked down the road by three years, from 2026 to 2029. Spiralling costs show that the Government is making it up as it goes along—with figures of £2.2 billion and, today, £345 million, not to mention the millions spent on the army of civil servants who are trying to keep the proposals afloat.

How can you cost something if you really do not know what that something is? The goalposts keep changing. As my colleague Liz Smith highlighted, no fewer than four parliamentary committees roundly criticised the first iteration of the framework bill. They pointed to serious issues about the lack of consultation and detail in the bill and significant concerns in relation to the costings. They said that the process set out in the bill is insufficient to allow for appropriate parliamentary scrutiny and that it

“risks setting a dangerous precedent, undermining the role of the parliament.”

Ruth Maguire today called it a “can be”. SNP MSP Michelle Thomson said in a meeting of the Finance and Public Administration Committee that she had “no confidence whatever” in the level of detail found in the NCS bill financial memorandum. SNP MSP Kenneth Gibson said that introducing the plans was

“a sledgehammer to crack a nut”

and

“a monumental risk”—[*Official Report, Finance and Public Administration Committee*, 25 October 2022; c 24.]

That is hardly a ringing endorsement from the SNP back benches—[*Interruption.*]

The Presiding Officer: Let us hear the member.

Tess White: Last summer, a controversial backroom deal on shared accountability

arrangements between the Scottish Government, COSLA and the NHS was supposed to provide greater clarity on the bill, according to the disgraced former health secretary, Michael Matheson.

Michelle Thomson (Falkirk East) (SNP): On a point of order, Presiding Officer. I was unable to intervene on Tess White, but the record should be accurate. The quote that Tess White states that I made is correct, but it relates to the first financial memorandum. I want to make it clear that, in my opinion, the Scottish Government went away and did a great deal of work on the subsequent financial matters. Therefore, it is disingenuous of Tess White to quote me in that way.

The Presiding Officer: Thank you, Ms Thomson. I am sure that all members will be aware that the content of members' contributions is not generally a matter for the chair. Members will be aware, too, of the mechanism that can be used where any inaccuracy exists.

Tess White: Thank you, Presiding Officer. I am pleased that Michelle Thomson said that that was a correct quote.

From the Royal College of Nursing to Unison, and many more besides—[*Interruption.*]

The Presiding Officer: Let us hear Ms White.

Kenneth Gibson: On a point of order, Presiding Officer. Clearly, the member is trying to mislead the chamber. I, too, made such comments about the first iteration of the financial memorandum. The member should be clear about that to the rest of the chamber.

The Presiding Officer: I refer back to my previous response, Mr Gibson.

Tess White: Thank you, Presiding Officer. I wish that there had been as much clarity and scrutiny at stage 1. It shows that my colleagues can scrutinise when they need to do so.

From the Royal College of Nursing to Unison, and many more besides, stakeholders are clear that developments last summer have breached their trust and muddied the waters even more. The National Care Service (Scotland) Bill has been touted by the First Minister as the most ambitious reform of public services since the creation of the NHS, but it has been a masterclass from SNP ministers in how not to legislate, and it is a dog's dinner. The party of the defunct Gender Recognition Reform (Scotland) Bill, the delayed deposit return scheme and the dormant Hate Crime and Public Order (Scotland) Act 2021 has struck again. This is not just about policy but about process, and that process is a sham.

Today, Gillian Mackay asked Emma Harper about self-directed support. That is just the kind of

issue that needs to be ironed out in advance of the parliamentary passage of the bill. We are in the extraordinary position of being asked to agree to the general principles of a framework bill that has changed so significantly that we do not know what we are voting on. As Ivan McKee pointed out, it was yesterday—he did not say “only yesterday”, sadly—that a model was shared, which was a week after the committee finalised its report. If no one is alarmed, they should be. It is disrespectful to the parliamentary process.

I think that we all agree that the Health, Social Care and Sport Committee’s stage 1 report is well written. However, as Dr Sandesh Gulhane emphasised in his remarks, that SNP-Green majority committee has ultimately nodded the bill through with too many unanswered questions. I have outlined two examples. There may be caveats and conditions in the report that support that, but there are no consequences. That is not a threshold of scrutiny that the Scottish Conservatives can get behind.

Ruth Maguire: Will the member take an intervention?

Tess White: You had your chance, and you did not say anything during the committee process.

Members: Oh!

The Presiding Officer: Always through the chair, please.

Tess White: The social care sector is deeply concerned that the bill is becoming a battleground. We cannot lose—

Clare Haughey: On a point of order, Presiding Officer. It is my understanding of standing orders that members should treat each other with courtesy and address each other via the chair. Can you confirm that that is correct?

The Presiding Officer: That is the very point that I just made, Ms Haughey.

Tess White: Pot, kettle.

Members: Oh!

The Presiding Officer: Ms White, I am aware of some comments being made, but I cannot hear them clearly. I am aware of comments being responded to. Again, I underline the need for all members, at all times, to treat one another with courtesy and respect, and to remember that as we go about our work in the Parliament.

Tess White: The social care sector is deeply concerned that the bill is becoming a battleground. We cannot lose sight of those people who require care, nor of those people who work so hard to provide it. Ramming legislation through on a wing and a prayer will serve no one, especially the

taxpayer, who keeps picking up the SNP’s legal bills when it eventually and inevitably goes wrong.

For those reasons, the Scottish Conservatives cannot vote for the general principles of the bill at decision time, and I urge other members to do the same.

16:50

Maree Todd: I close the debate by thanking everyone for their contributions. Social care and community health services in Scotland need reform urgently. We know it, our stakeholders know it and the thousands of people who are impacted by social care who have spoken to us know it. I believe that all of us in the chamber know that, too. Although we are working hard to implement changes now, we need longer-term, widespread reform to fix some of the issues that are ingrained in the system. People across the country deserve better, and that is what the National Care Service (Scotland) Bill will achieve.

My colleague Jackie Baillie talked about the bill focusing on the wrong things. She noted culture, support for workforce, eligibility criteria and so on. I refer her to the NCS charter, the ethical commissioning aspect of the bill and the fact that fair work will be embedded in that. The principles in the bill set out a very clear path. Embedding human rights will address the issues around eligibility and holding people to account on delivering to meet need. On fair work, one of the agreed core functions of the national care service is to oversee and provide assurance on local strategic plans and ethical commissioning strategies to ensure that fair work principles will be applied consistently across the country.

Jackie Baillie: The minister has managed to join together all the trade unions—Unite the union, GMB, the STUC and Unison—in a common view: they want all of that in the bill. Why will she not do it?

Maree Todd: I am happy to continue to work with the unions on delivering on fair work and to reassure them on what we need to do to deliver fair work. I agree with the unions. In me, they have a minister who absolutely believes in fair work and who knows the transformation that fair work can bring to our health and social care system. I am determined to deliver it.

Jackie Baillie has also made criticisms of the cost estimates of the right to breaks. I am not sure whether she has read the updated NCS bill financial memorandum, which was lodged in December 2023. It sets out cost estimates for the right to breaks that increase gradually over 10 years to between £155 million and £225 million a year. As part of the modelling assumptions that have had to be made because of the level of

uncertainty, upper and lower estimates are given. As the demand and scale of provision is expected to build over time, estimated costs are given for a longer time period than for other aspects of the bill. As one would expect, officials have been discussing the estimates with statutory and carer stakeholders to ensure that they are as accurate as possible.

Ivan McKee talked about the funding flows through local government and the NHS. Yes, that will continue, but we will provide further work on transparency, including potentially having an independent chair of the NCS board. We will have national oversight of local strategic plans. We will have direct funding in specific and agreed circumstances only, which would apply to things such as real living wage uplifts for commission staff and regional and national commissioning of specialist services. That will promote transparency of spend in the system.

Kevin Stewart is absolutely correct to talk about enhancing the voice of lived experience. We have accepted the recommendation from the Feeley review to give voting rights to all public partners, service users, carers and workforce representatives on integration authority boards. We will take that forward in secondary legislation.

Jeremy Balfour: We all want people with lived experience to be involved in the whole process—there is no disagreement about that—but why could that process not have taken place before the bill was introduced? Would it not have been better to work out the scheme with people with lived experience, so that Parliament could have scrutinised actual proposals, rather than doing it after the bill has been considered, when Parliament will not be able to be involved in the process?

Maree Todd: I have heard that plea many times, and I will deal with it in more detail as I move through my closing speech. However, there is no doubt in my mind that we need to act with pace on the issue. As we have heard, people have been waiting for a long time without their voices being heard. I am determined that they will be absolutely central to the development of the bill.

Pam Duncan-Glancy: Will the minister give way?

Maree Todd: I would like to proceed a little further.

As ever, Gillian Mackay made wise, thoughtful and constructive suggestions. As always, I look forward to working with her on the specific issues that she raised to do with extending Anne's law to cover hospital settings and monitoring the implementation of the right to short breaks. Those are exactly the sort of things that the bill could deliver.

I reiterate that the Scottish Government is absolutely committed to delivering Anne's law. Anne's law fits well into the bill, because the bill embeds human rights in our social care system. Uncoupling Anne's law from the national care service would be unlikely to speed up the process of delivery, and it might even mean that it takes longer to deliver.

Of course, we have not waited for the legislation. Our use of existing powers to strengthen the health and social care standards and the guidance for care homes is having positive results, thereby laying the foundations for Anne's law now. Once the bill has been enacted, we look forward to commencing Anne's law as quickly as possible. We will do that as soon as practically possible once the bill has been passed.

Monica Lennon: I am glad that the minister is giving so much attention to Anne's law. I know that Anne's family are listening. Her husband, Campbell Duke, is listening, and her daughter, Natasha, will be listening. It is what they have to say that we all need to listen to.

I appeal to the minister to make time in her diary and that of the Government, between now and stage 2—if that is where we are heading—to listen to families such as Anne's and so many others, who are not visitors but essential caregivers, and to take nothing off the table. We all agree that Anne's law should be a reality. It is long overdue, and if there is a quicker and more effective route to that, let us not rule it out.

Maree Todd: I assure Monica Lennon that I already regularly meet the care home families. I publicly thank Campbell for the beautiful book that he gave me, which is a beautiful tribute to his wife. The delivery of this legislation is so important for so many people around Scotland, and I appeal to everyone in the chamber to work constructively to deliver it for families such as Anne's, whom I listen to on a very regular basis. Their words power me and strengthen me day in, day out in this process.

Emma Harper asked us to consider nutritional standards. I am very happy to do that. She also asked about social work. Social work is a statutorily prescribed role that involves assessing need, managing risk and promoting and protecting the wellbeing of individuals and communities. Because of that, the title of "social worker" is a protected title. Social workers are responsible for the discharging of statutory duties within a complex legal framework that has been created to protect the human rights of individuals.

The Feeley review recommended that a specific social work agency be established to have oversight of professional development. That is what we are going to do, in partnership with the social work profession.

Paul Sweeney: Will the minister give way on that point?

The Presiding Officer: I am afraid that the minister must conclude.

Maree Todd: Okay.

I am grateful for everyone's input today. This has been an extensive and thorough stage 1 debate, which I think has been to our benefit.

I have truly listened to the feedback that we have had, both from members of all seven committees and, importantly, from people with lived experience. We have heard from literally thousands of people, right across Scotland. The changes that I will propose at stage 2, where appropriate, will take account of all that I have heard. As I said yesterday, far from asking us to slow down, the people who are trying to access social care in Scotland today want us to speed up.

The bill is the culmination of significant work, research and evidence gathering over a number of years. Most importantly, it has been shaped by the insight that we have gathered from those thousands of people from right across Scotland. We know how our current system works and where improvements can happen. I am proud to have designed a bill that is so directly influenced by the people who will use and work from it.

The Presiding Officer: I must insist that you conclude, minister.

Maree Todd: I look forward to seizing the opportunity and to working with colleagues from across the parties to deliver.

The Presiding Officer: That concludes the debate on the National Care Service (Scotland) Bill at stage 1.

National Care Service (Scotland) Bill: Financial Resolution

17:01

The Presiding Officer (Alison Johnstone): The next item of business is consideration of motion S6M-12093, in the name of Shona Robison, on a financial resolution for the National Care Service (Scotland) Bill.

Motion moved,

That the Parliament, for the purposes of any Act of the Scottish Parliament resulting from the National Care Service (Scotland) Bill, agrees to any expenditure of a kind referred to in Rule 9.12.3A of the Parliament's Standing Orders arising in consequence of the Act.—[*Maree Todd*]

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

Decision Time

17:01

The Presiding Officer (Alison Johnstone):

There are two questions to be put as a result of today's business.

The first question is, that motion S6M-12331, in the name of Maree Todd, on the National Care Service (Scotland) Bill at stage 1, be agreed to. Are we agreed?

Members: No.

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

17:01

Meeting suspended.

17:04

On resuming—

The Presiding Officer: The question is, that motion S6M-12331, in the name of Maree Todd, on the National Care Service (Scotland) Bill at stage 1, be agreed to. Members should cast their votes now.

The vote is closed.

Oliver Mundell (Dumfriesshire) (Con): On a point of order, Presiding Officer. My app refreshed and said that I had selected yes when I had not touched the screen. I do not understand why that has happened. That is why I raised a point of order before the vote had closed.

The Presiding Officer: I regret that we cannot change any vote that has been recorded, Mr Mundell, but your point of order is on the record.

Oliver Mundell: I genuinely do not understand that in this instance, because I had not touched the screen.

The Presiding Officer: I will certainly ensure that the matter is looked into further as a matter of urgency. We will review that for you.

For

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Burgess, Ariane (Highlands and Islands) (Green)
 Callaghan, Stephanie (Uddingston and Bellshill) (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)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 McAllan, Màiri (Clydesdale) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 Minto, Jenni (Argyll and Bute) (SNP)
 Mundell, Oliver (Dumfriesshire) (Con)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Slater, Lorna (Lothian) (Green)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Choudhury, Foysol (Lothian) (Lab)
 Clark, Katy (West Scotland) (Lab)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Dowey, Sharon (South Scotland) (Con)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Eagle, Tim (Highlands and Islands) (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)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Griffin, Mark (Central Scotland) (Lab)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lumsden, Douglas (North East Scotland) (Con)
 Marra, Michael (North East Scotland) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McCall, Roz (Mid Scotland and Fife) (Con)
 Mochan, Carol (South Scotland) (Lab)
 Rennie, Willie (North East Fife) (LD)
 Ross, Douglas (Highlands and Islands) (Con)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Sarwar, Anas (Glasgow) (Lab)
 Simpson, Graham (Central Scotland) (Con)
 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)

Abstentions

Regan, Ash (Edinburgh Eastern) (Alba)

The Presiding Officer: The result of the division on motion S6M-12331, in the name of Maree Todd, on the National Care Service (Scotland) Bill at stage 1, is: For 65, Against 50, Abstentions 1.

Motion agreed to,

That the Parliament agrees to the general principles of the National Care Service (Scotland) Bill.

The Presiding Officer: The final question is, that motion S6M-12093, in the name of Shona Robison, on a financial resolution for the National Care Service (Scotland) Bill, 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)
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Burgess, Ariane (Highlands and Islands) (Green)
 Callaghan, Stephanie (Uddingston and Bellshill) (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)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 McAllan, Màiri (Clydesdale) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 Minto, Jenni (Argyll and Bute) (SNP)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Slater, Lorna (Lothian) (Green)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
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 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)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Choudhury, Foysol (Lothian) (Lab)
 Clark, Katy (West Scotland) (Lab)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Dowey, Sharon (South Scotland) (Con)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Eagle, Tim (Highlands and Islands) (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)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Griffin, Mark (Central Scotland) (Lab)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Hyslop, Fiona (Linlithgow) (SNP)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lumsden, Douglas (North East Scotland) (Con)
 Marra, Michael (North East Scotland) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McCall, Roz (Mid Scotland and Fife) (Con)
 Mochan, Carol (South Scotland) (Lab)
 Mundell, Oliver (Dumfriesshire) (Con)
 Rennie, Willie (North East Fife) (LD)
 Ross, Douglas (Highlands and Islands) (Con)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 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)

Abstentions

Regan, Ash (Edinburgh Eastern) (Alba)

The Presiding Officer: The result of the division on motion S6M-12093, in the name of Shona Robison, on a financial resolution for the National Care Service (Scotland) Bill, is: For 63, Against 51, Abstentions 1.

Motion agreed to,

That the Parliament, for the purposes of any Act of the Scottish Parliament resulting from the National Care Service (Scotland) Bill, agrees to any expenditure of a kind referred to in Rule 9.12.3A of the Parliament's Standing Orders arising in consequence of the Act.

The Presiding Officer: That concludes decision time.

Meeting closed at 17:10.

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Members and other meeting participants who wish to suggest corrections to their contributions should contact the Official Report.

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