



**OFFICIAL REPORT**  
AITHISG OIFIGEIL

# Meeting of the Parliament

**Tuesday 7 June 2016**

**Session 5**



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Pàrlamaid na h-Alba

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# Scottish Parliament

*Tuesday 7 June 2016*

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

## Time for Reflection

**The Deputy Presiding Officer (Linda Fabiani):** The first item of business this afternoon is time for reflection. Our time for reflection leader today is the Rev Dr Stewart Gillan, the minister of St Michael's parish church in Linlithgow.

**The Rev Dr Stewart Gillan (St Michael's Parish Church, Linlithgow):** I thank you, Presiding Officer, for your kind welcome and for the invitation. It is an honour to address Parliament in this time for reflection.

I bring you greetings from St Michael's parish church in Linlithgow, that ancient and royal burgh with its storied part in the body politic of Scotland through all centuries, not least the 21st century. Linlithgow is set to celebrate its annual riding of the marches and children's gala day next week.

We are met in this chamber at an historic juncture, with the date for the European Union referendum fast approaching. One may say nothing, of course, of the ins and outs of the matter, but I thought that I would mention it—the elephant in the room. They are large things, elephants in rooms. They are not meant to be indoors; they are high maintenance; and they squeeze out the available space for other, needful things.

I spent 12 years of my life in Lesotho and South Africa, from 1986 to 1998. Those were years of historic change, from the imposition of a national state of emergency by P W Botha through the release of Nelson Mandela and his election as state President—it is so easy to rhyme it off now; it was so much more difficult then—and the presentation of the first five volumes of the report of the Truth and Reconciliation Commission.

I had five congregations in townships in and around Johannesburg. Though the lingua franca of the struggle against apartheid was English, my parishioners were more at home in their first language, which was southern Sotho. Often, when they spoke of their lives, they referred to Sotho stories and proverbs, some of which introduced elephants. I thought that I would pass on two bits of what we might call elephant wisdom, with an eye on our current moment.

My first lesson came by way of a proverb: when two elephants fight, it is the grass that gets hurt. I heard that often in Alexandra township, where the

people, though they were resilient in their defiance, were battered and bereaved, valiant and vulnerable. Hearing the proverb today, we might think of refugees and of our desire to welcome them warmly and wisely. It is a call to diligence regarding our care of those who are most vulnerable, even when large campaigns are being waged.

The second lesson features an elephant and a hippo. Early on, I received the following guidance as a young Canadian in Africa: you must be like the elephant, and not like the hippo. The hippo has a very large mouth and very small ears. The elephant, on the other hand, has very large ears and a small mouth. You must be like the elephant, and not the hippo. You will know who you are.

The challenge to listen well comes into its own precisely when we disagree with what we are hearing, or with the person who is saying it, or both. There is no end of opportunity to test that elephant wisdom.

Elephants—how much better they look when they are let out of rooms.

May God grant you grace and wisdom as, together, you serve the people of Scotland.

## Topical Question Time

14:04

**The Deputy Presiding Officer (Linda Fabiani):** The next item of business is topical question time. Question 1, in the name of Jackie Baillie, has been withdrawn.

### Police Scotland (Financial Difficulties)

**2. Oliver Mundell (Dumfriesshire) (Con):** To ask the Scottish Government what assessment it has made of financial difficulties at Police Scotland following the departure of its director of financial services. (S5T-00010)

**The Cabinet Secretary for Justice (Michael Matheson):** The Scottish Government is committed to protecting the police resource budget for the entirety of this session of Parliament, delivering an additional £100 million of investment over the next five years. We have also provided an additional £55 million of reform funding in 2016-17.

The departure of the director of financial services is a matter for the board of the Scottish Police Authority and Police Scotland. The Scottish Government has no role in the matter.

**Oliver Mundell:** One of the most significant driving factors behind the establishment of Police Scotland was promised cost efficiencies. With this on-going development and the warnings in last year's Audit Scotland report about a potential £85 million shortfall in the policing budget by 2018-19, what analysis has the Government made of the impact that its broken promise will have on front-line services, particularly in rural communities such as Dumfries and Galloway?

**Michael Matheson:** I am not entirely sure whether the member is aware that Audit Scotland's report has been overtaken by events. The report referred to the financial situation in the previous spending review period and did not take into account the funding allocations that have been arrived at by the Scottish Government. For example, the report took no account of the additional £55 million of funding as part of the reform budget to which I have just made reference. It also worked on the assumption that no further financial savings would be achieved in Police Scotland, but that is exactly what the reform budget is there to do—to invest in areas in order to get greater efficiencies. The financial position that was set out in the Audit Scotland report does not reflect the situation following the spending review.

I hope that that will reassure the member about the actions that the Scottish Government is taking to continue to invest in our police service in Scotland. We certainly do not copy the approach

that has been taken by his colleagues in England and Wales, which has resulted in the loss of almost 17,000 police officers.

**Oliver Mundell:** Does the Scottish Police Authority have a long-term financial strategy, as was recommended in the Auditor General's report in November 2013 and again in her report of December 2015?

**Michael Matheson:** Again, that is a matter that has been overtaken by events, because the SPA has set out its initial version of its long-term, 10-year financial strategy, which will take it up to 2025-26. I understand that the SPA intends to revise the strategy further in the next few months. The matter will be progressed by the SPA, which has set out its initial approach for its long-term financial strategy, as was recommended—and rightly so—by Audit Scotland.

**Liam McArthur (Orkney Islands) (LD):** On Police Scotland's finances, the cabinet secretary will be aware of today's press story that Police Scotland's redundancy bill has come to £34 million so far. More than 1,000 civilian staff have lost their jobs since the creation of the national force. Does he acknowledge that the arbitrary target for officer numbers on which the Scottish National Party and the Tories reached agreement after the 2007 election has contributed to the haemorrhaging of skilled civilian staff, forcing officers to undertake jobs that they were not trained for? In some cases, that has caused real harm.

**Michael Matheson:** In reforming policing, we always made it clear that there would be areas of overlap. When eight forces came together into one, it was inevitable that certain aspects that were being provided in one area would be ones that had already been delivered in another. The necessary consequence of that has been a change in Police Scotland's staffing levels. As part of the reform journey, we were clear that there were areas of duplication and that that would result in Police Scotland having a lower level of staff than we had across the eight forces.

The redundancy programme is there to allow those staff who find themselves in posts that are no longer required as a result of the reform programme to take early retirement or voluntary redundancy. The member will also acknowledge that we have an agreed position of no compulsory redundancies. That is the approach that the SPA is taking forward.

The member should recognise that the up-front investment of some £33 million that has been put into voluntary redundancy and early retirement packages will release some £33 million each year going forward. That has been a necessary part of the reform approach to ensure that resources are diverted into more effective areas of policing,

rather than being used in areas that no longer have to be covered or are being duplicated elsewhere. We will continue to work with Police Scotland so that it can take that reform programme forward. That is exactly why we have provided an extra year of the reform budget in this financial year—to assist Police Scotland in the reform programme that it has been taking forward over the past three years.

**Ben Macpherson (Edinburgh Northern and Leith) (SNP):** Will the cabinet secretary say how much Police Scotland is required to pay annually in VAT?

**Michael Matheson:** The member may be aware that Police Scotland is the only force in the United Kingdom that is required to pay VAT—or that is unable to reclaim VAT. Of the 44 other police forces in the UK, none is required to pay any VAT. It is exactly the same for our fire service in Scotland. The situation is costing the Scottish taxpayer between £25 million and £30 million per year. That is the equivalent of approximately 1,000 members of staff.

We have repeatedly made it known to the UK Government that that discriminatory approach to Police Scotland is entirely unacceptable and that it should treat Police Scotland in the same way as every other police service across Great Britain and Northern Ireland is treated. Police Scotland should be treated with parity and allowed to reclaim VAT.

The only reason why that has not been taken forward is that UK ministers cannot be bothered to lift a pen to make sure that action is taken to redress what is an extremely unfortunate situation that discriminates against Police Scotland.

**Neil Findlay (Lothian) (Lab):** Does the cabinet secretary believe that morale in the police has improved or deteriorated following the establishment of Police Scotland and the subsequent financial problems that the service has experienced?

**Michael Matheson:** I will try my best to answer the member's question. There is no doubt that there are serious issues around morale in Police Scotland, which were highlighted in the staff survey that was published towards the end of last year. The new chief constable has made it clear that a key part of the work that he will be taking forward is making sure that the issues of concern that were raised in the staff survey are addressed. Police Scotland, along with the SPA, is taking forward a range of work to address the concerns that have been raised by staff.

As I am sure that the member will recognise, when any major organisation goes through significant reform there are consequences that can have an impact on staff morale. His party was supportive of the creation of a single force in

Scotland. The chief constable and the SPA have set out clearly the course of action that they will take to address the issues that were highlighted in the staff survey.

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

The cabinet secretary and my colleague Oliver Mundell both mentioned the Auditor General's report. The Auditor General said that the 2014-15 SPA accounts were

"incomplete, of poor quality and were subject to substantial changes."

She went on to say:

"This is exceptional in our wider experience of auditing public sector accounts."

To use the cabinet secretary's own words, has he lifted a pen—or has there been any action since the Auditor General made that statement—to get the Scottish Government and the SPA to work together to ensure that such a substandard set of accounts is not presented in future, to allow us to have proper scrutiny of Police Scotland's budgets?

**Michael Matheson:** Again, the member is slightly behind the curve, because action has already been taken to address those very issues.

The first part of that was addressed in the Government's police governance review, which was taken forward by the chair of the SPA, and which set out the need to make sure that the accountable officer—who is the chief executive of the SPA—is in a position to undertake the actions that are necessary to deal with police finance matters.

The SPA has also set out its financial strategy, which was published towards the end of March this year, and which sets out the course of action that it is taking.

A range of actions have been taken forward, and I have no doubt that the SPA and the chief constable will continue that programme of work to address the concerns that Audit Scotland raised.

**Gil Paterson (Clydebank and Milngavie) (SNP):** What support has the Scottish Government had from the other parties in the Parliament to end the farce of Police Scotland being singled out to pay VAT, unlike any other police force in the United Kingdom?

**Michael Matheson:** I hope that all members recognise the situation in which Police Scotland finds itself, in being discriminated against in that way by the UK Government. The situation is completely unacceptable.

I know that there has been finger pointing and that it has been said that we knew before we created Police Scotland that the situation would arise. I often hear excuses from Conservative

members and others, who say that it arose because we created a single force. However, if that is the case, why does the Police Service of Northern Ireland, which is a single force that covers Northern Ireland, have the right to reclaim VAT? Exactly the same situation applies to the fire service.

The Conservatives were happy to give Highways England VAT exemption when they created it. I note that heads are down on the Conservative benches. Maybe Conservative members will start to stand up for Scotland's and Police Scotland's interests at some point and ensure that Police Scotland is treated fairly and in exactly the same way as every other police service in the UK is treated, by being given the right to reclaim VAT. The situation costs the Scottish taxpayer between £25 million and £30 million a year.

**Alex Johnstone (North East Scotland) (Con):** Will the cabinet secretary confirm that the full cost of Police Scotland, including the VAT, is covered from the Scottish block grant, and that if our police force no longer had to pay VAT it would be wholly reasonable for the cost of the VAT to be removed from the calculation of the block grant?

**Michael Matheson:** That is the warped way in which the Conservative Party wants to look at the issue. The reality is that most emergency services in the UK, including police services, are given the right to reclaim VAT, and Police Scotland is the only service in the whole of the UK that is not able to do that. Given how often Alex Johnstone is keen to demand that the Scottish Government does X, Y and Z, I would have thought that he would be big enough to stand up to his colleagues in Westminster and say, "Put this right and ensure that Police Scotland is able to reclaim VAT, just like any other police force in the UK."

## Taking Scotland Forward: Health

**The Deputy Presiding Officer (Linda Fabiani):** The next item of business is a debate on motion S5M-00346, in the name of Shona Robison, on taking Scotland forward: delivering a healthier Scotland.

14:18

**The Cabinet Secretary for Health and Sport (Shona Robison):** It is a privilege to be back in the job that I relish, driving forward a healthier Scotland and ensuring that services are fit for the future.

The Government has a mandate to ensure that health and social care remains at the top of our agenda. That reflects our strong record of protecting our national health service from the impact of the United Kingdom Government's austerity measures; continuing to protect people from prescription charges, which are, of course, a tax on illness; continuing to champion an NHS that is in public hands, with services that are free at the point of use; continuing to press for explicit protection for the NHS on the face of the transatlantic trade and investment partnership agreement; and continuing record levels of investment to ensure that our NHS remains world class and recognised for quality and patient safety. That reputation has been won by the thousands of dedicated staff who work in our health and social care sector. We pay tribute to their tireless effort whenever we debate health and social care, and I do so again today.

**Neil Findlay (Lothian) (Lab):** Is it only the NHS that the cabinet secretary is concerned about in relation to TTIP? Why will she not give unequivocal opposition to TTIP?

**Shona Robison:** We have made it very clear that we want explicit protection for the NHS in the TTIP agreement. We have been consistent about that and see it as the key priority for that trade deal and other trade deals.

We want to go further in this session of Parliament. We will enshrine safe staffing levels in law and put nursing and midwifery workforce planning tools on a statutory footing. We will create an additional 1,000 nursing and midwifery training places, retain the nursing and midwifery bursaries, and explore ways to support those in greatest need—including a discretionary fund of at least £1 million for nursing and midwifery students who face financial hardship. We will increase the number of general practitioners and nurses working in communities. We will increase the number of GP training places and medical school places—including by establishing a new graduate medical school—and we will train 500 additional



advanced nurse practitioners. We will also train 1,000 paramedics to work in the community. We will improve recruitment and retention and—alongside the continuation of our no compulsory redundancy policy—we will enable the living wage to be paid to social care workers, who support some of the most vulnerable members of our society.

Despite the record of success and the priorities that I have laid out, I do not shy away from the difficult issues. There are considerable challenges ahead to improve population health; to tackle health inequalities; to ensure parity between mental and physical health; to shift the balance of care to people's homes and communities; to ensure positive interventions for children; and to ensure that health and social care services are seamlessly responsive to local needs.

Those things matter to the people of Scotland—they told us so last year, as part of the national conversation on creating a healthier Scotland. That conversation reached around 9,000 people through 240 events, with more than 360,000 website and social media inputs. That fantastic response formed the basis of the report on the key outcomes of the conversation, which I published in March. The report focused on six key themes: preventing illness; the vital importance of mental health and wellbeing; person-centred care; the need for increased awareness of the range of social care services available; the need for more accessible and flexible services; and a real recognition of the challenges ahead and the need for clear priorities.

What is important here is the interrelationship between our priorities for health and wellbeing and those for increasing attainment and sustainable economic growth. In her press conference after her election victory, the First Minister referred to education, health and economic growth as the Government's top priorities. The three are inextricably linked: improving the population's health and addressing health inequalities cannot be tackled solely as a health issue. It needs, and will get, cross-portfolio working—for example, between health, education and social security. A healthy population and returning people to health are key to economic prosperity.

I am committed to taking forward our health and social care agenda in the context of public sector improvement and against the four pillars of public sector reform in our response to the Christie report: prevention; integration at a local level; workforce development; and a focus on performance, with outcomes-based targets.

In that context, as our delivery of health and social care changes, we will ensure that the structure of our NHS and its relationship with local government reflect those changes. That is why we

have committed in this session of Parliament to review the number, structure and regulation of health boards and their relationship with local councils, with a view to reducing unnecessary backroom duplication and removing impediments to better care.

That is also a cornerstone of our national clinical strategy, which will be the blueprint for health and social care over the next 15 years. Its foundation is to provide care as locally as possible through a whole-team, community-based approach. That is vital to the future of the NHS and will allow the vast majority of people to continue to be treated close to home or in their home.

I want the best results for patients when hospital care is needed. Evidence shows that people who need very specialist treatment often get better outcomes by receiving it from teams who perform complex operations more frequently. The strategy therefore outlines how complex treatments may be delivered in specialist centres, with follow-up treatment available locally.

The strategy also outlines proposals to support smaller and rural hospitals to deliver for their communities, including having clinicians working in more than one hospital to allow specialist input to be delivered in remote and rural locations. There are good examples of that happening already, and we need to build on them to ensure equity of access to expert care for everyone.

The key commitments in our manifesto underpin this Government's future focus for health and social care so that, by 2020, we will have secured our vision of people living longer, healthier lives at home or in homely settings and, over the period to 2030, we will have in place policies, systems and services that support people to begin their lives well, live well, age well and die well.

Our approach will continue to be underpinned by the quality strategy and the triple aim of better health, better care and better value. It will deliver transformational change in three key areas: shifting from a fix-and-treat approach to prevention and anticipation; shifting from doing things to people to working with them in active partnership; and shifting the balance further from hospital to community care. We will drive those changes through four interconnected key initiatives: the reform of public health services and a renewed emphasis on population health improvement; a renewed focus on getting it right for every child; the implementation of the national clinical strategy; and the continued roll-out of health and social care integration.

The national clinical strategy and continued integration, driven at local levels, will put clinicians—in consultation with the public—at the centre of redesigning care to deliver better patient

outcomes, and they will support the transformational shift from hospital to community-based care, and from unplanned to planned care. That direction of travel reflects the approach in the chief medical officer for Scotland's report, "Realistic Medicine", which has been widely welcomed.

The key commitments in our manifesto will therefore be the building blocks for transformational change. We will support people to start their lives well through the development of a 10-year child and adolescent health and wellbeing strategy and the continued roll-out and extension of family nurse partnerships to provide support for young first-time mothers. We will support people to live well through the cancer strategy, which enjoyed widespread support in other parties' manifestos and which will be supported by £100 million of investment, and through a range of commitments to expand primary care services by, for example, giving GP practices access to enhanced pharmacists and recruiting 250 community link workers. I want GP practices to become more of a community health service that involves teams of health professionals and others working together under the guidance of a GP, with people seeing the right professional at the right time. We are testing that approach already through new models of care, some of which are based around community hubs, and we will underpin it with the new GP contract in 2017.

In addition, we are developing a 10-year plan to transform mental health care. Mental health was a key theme to emerge from the national conversation. That commitment, along with the appointment of Maureen Watt as a dedicated Minister for Mental Health, shows that we have listened and acted. Maureen Watt will say more about mental health in her closing speech.

We will support people to age well through the protection of free nursing and personal care for the elderly; a new three-year dementia strategy; and investing £200 million in five new elective centres and expanding the Golden Jubilee hospital so that we can meet the increased demands of an ageing population, are better prepared for winter pressures, and can reduce cancellations, delayed discharge and the use of the private sector. We will also support people to die well by ensuring that everyone who needs it has access to palliative care that is designed with people and their families in mind, and we will ensure that there is parity between public funding for children's and adult hospices.

I am also committed to ensuring that our approach to targets will be outcomes based to give people the best possible care according to need. Targets have served us well and have driven many demonstrable improvements over the

past 10 years, such as lower waiting times and safer environments. Some targets continue to be, and will remain, vitally important to patients, such as speedy access to cancer treatment, swift progress through our emergency services in and out of hospital, and the sharp focus on tackling delayed discharge.

However, the time is now right to take stock of what we ask from the NHS, in conjunction with our partners in social care, to ensure that our approach is consistent with the outcomes-based focus of health and social care integration that is enshrined in statute and with the new integrated delivery landscape. I therefore announce that, over the summer, we will undertake a consultation, in conjunction with staff, stakeholders and social care and clinical partners, to review our approach to targets with a view to publishing a document on the way forward in 2016-17. An expert group will be set up to lead that review.

It is also important that we have systems in place that allow us to see how the NHS is performing, regardless of whether a specific target is in place, and to ensure more consistency across Scotland. I will therefore consider as part of the review how we monitor performance more generally, including performance in areas where there is no formal target.

All parties called for a review of targets during the election campaign, so I hope that that will have cross-party support today. I suggest to Labour members that they feed in their views on appropriate cancer targets through the review, rather than through their amendment, which is premature.

Delivering transformational change will involve extensive engagement with the public and professionals alike. People expect—rightly—to engage with us on health policy and delivery, and I am committed to having that engagement.

Last year, I announced the establishment of our voice, which is a framework to support people in getting involved at every level to improve health and social care services. We are recruiting 1,200 members of the public to a national citizens panel that will consider a range of important questions that relate to health and social care. We are supporting people to feed back on their day-to-day experiences of healthcare services through the independent website Patient Opinion, and we are supporting teams across Scotland to build a culture of continuous improvement that is founded on asking the people who use services what matters to them.

We move forward in the direction that I have outlined from solid foundations. Under this Government, we have a record-high health budget of £12.4 billion in 2016-17, and we will increase

the NHS revenue budget by £500 million more than inflation by the end of the parliamentary session. We have record-high staffing levels, as confirmed in today's official figures. We have high patient satisfaction ratings—86 per cent of people are fairly or very satisfied with local health services. We have cleaner hospitals—the number of MRSA cases was down by 93 per cent between March 2007 and December 2015. We have a 16.5 per cent reduction in hospital standardised mortality ratios since the implementation of the Scottish patient safety programme in 2008. That is about 20,000 fewer deaths than expected, which is an astonishing reflection of the hard work of thousands of dedicated staff.

Everyone who works in health and social care can—rightly—be proud of that record. However, I am aware that there are huge challenges ahead, difficult choices to make and priorities to set. I hope that we can unite across the chamber to rise to the challenges and to continue to build on the consensus that we secured in last year's national conversation. As I did for that conversation, I invite the Opposition spokespeople to meet me to discuss how best to take the plan forward. I hope that that invitation will receive a positive response.

I am happy to move,

That the Parliament agrees that the NHS is the country's most cherished public service and must remain free at the point of need and be publicly owned, funded and operated; further agrees that health and care services must continually evolve, including delivering the benefits of integration; recognises that meeting these challenges necessitates working in partnership across the health sector and the Parliament; believes that primary, community and social care and mental health should all receive an increasing share of the NHS budget each year to ensure that as many people as possible can lead fulfilling, independent lives; considers that health resource funding should increase above inflation every year, with the aim of being £500 million higher than real terms only increases by the end of this parliamentary session; supports a robust consultation process to help develop a new 10-year mental health strategy that cements the parity of status between mental and physical health; notes that the changes to the welfare system being put in place by the UK Government are exacerbating inequalities and putting more pressure on the NHS; considers that health inequalities will require an approach that looks beyond the NHS and that roots activity to address inequalities across government; agrees that the real living wage can help in addressing these inequalities; believes that it would be totally unacceptable if the proposed Transatlantic Trade and Investment Partnership, or any other trade agreement, were to go ahead without explicit protection for the NHS and public services on the face of the agreement, and calls on the UK Government to demand that this be included.

**The Deputy Presiding Officer:** I call David Cameron to speak to and move amendment S5M-00346.4—[*Interruption.*] Sorry! How could I? I meant Donald Cameron.

**Donald Cameron (Highlands and Islands)**  
(Con): At least the name was not Donald Trump.  
[*Laughter.*]

**The Deputy Presiding Officer:** I do not think that I will respond to that, thank you.

I will start all over again. I call Donald Cameron to speak to and move amendment S5M-00346.4.

14:33

**Donald Cameron (Highlands and Islands)**  
(Con): Thank you, Presiding Officer. I reiterate my congratulations to Shona Robison on her reappointment as health secretary, and I welcome the other members of her team.

I am delighted and humbled to have been appointed shadow Cabinet Secretary for Health and Sport. The portfolio comes with a huge responsibility that I and my colleagues in the Scottish Conservatives' health team take seriously. We look forward to working with the cabinet secretary towards the healthier Scotland that everyone wants. Where we can find common ground with the Scottish Government, we will work together and do so consensually. I am happy to accept the invitation that the cabinet secretary just extended to meet her to discuss matters. However, we will not shy away from holding the SNP Government to account on all aspects of health, and I will set out concerns that need to be highlighted and addressed as soon as possible.

Our priorities are to ensure that our health service has the sustainable funding that it needs, that patients can tailor treatment to their preferences and that mental health achieves parity—in principle and in practice—with physical health. We welcome the Scottish Government's commitment to mental health care, but we would like an extra £300 million to be committed to it.

The urgency of the issue is highlighted by the staggering statistic that one in four Scots will suffer from mental health problems at some point in his or her life. The Scottish Association for Mental Health has noted that one general practitioner appointment in three has a mental health component, and that that figure rises to one in two in Scotland's most deprived areas—a real and stark example of true health inequality. Our young people in particular deserve improvement in mental health provision. There is much to do; my colleague Miles Briggs will elaborate on some of our plans.

On sport, we will continue to advocate the opening up of access to clubs and facilities, which delivers huge benefits in terms of health and opportunities. Preventative healthcare will be a key focus in the current session of Parliament; my

colleague Brian Whittle will set out our priorities in that area later this afternoon.

On the key issue of funding for our health service, the first thing to do is to repeat my predecessor Jackson Carlaw's clear conviction: the Scottish Conservatives are committed to a publicly funded health service that is free at the point of use. We are also committed to protecting NHS funding, which is why we want it to be protected by a health guarantee whereby funding increases each year by the highest of inflation, Barnett consequentials or 2 per cent—a triple lock, as it were. That would mean an extra £1.5 billion of funding by the end of the current session of Parliament, which would take the overall budget to £14.5 billion by 2021-22. We stand by that aim.

It is welcome that the Scottish Government has committed to increasing the NHS revenue budget by £500 million more than inflation by the end of the session, but will the cabinet secretary set out for the sake of clarity exactly how much the Scottish Government expects the overall budget to reach by the end of the session? In addition, will she commit the Scottish Government to matching the triple lock in our health guarantee? As we all know, NHS budgets in Scotland in the previous session did not rise by as much as they did in England.

On targets, the Scottish Government must recognise—I note, in the light of what has just been announced, that it has done so—that top-down targets that are imposed on the NHS may in some cases be putting pressure on staff. That will not be in patients' best interests. We therefore believe that now is the time to review the top-down targets system in order to identify which targets effectively drive improvements for patients and which do not. That should be the acid test. A full review of NHS targets is needed so that staff always focus directly on patients' needs. We sought such a review of targets in our manifesto. I am grateful that the cabinet secretary has announced a consultation, but I ask her to set out a definitive timetable for when it will occur and report.

As well as considering those arrangements, we must focus on the principal challenge that faces the NHS: its model of primary care. The advent of GP hubs is welcome, but I am aware of the huge pressure that is already facing GP surgeries across Scotland, not least in terms of GPs' workloads. List sizes for practices have grown by 10 per cent since 2005, which has been exacerbated by the crisis in GP recruitment and retention. Although staffing levels across the NHS in general are seriously concerning, the situation relating to GPs in particular must be addressed urgently.

By 2020, according to the Royal College of General Practitioners, Scotland will be 740 GPs short of bringing coverage per head back to 2009 levels. That statistic has already been cited in debates in the chamber in the past few weeks, but it is an important one and it bears repeating. We should make no mistake—this is a crisis, and it is one that the SNP must have seen coming. If it did not, it should have done so—not least because it has been in power since 2007—but it has singularly failed to prepare for the desperate situation that we now find ourselves in. With a third of GPs being set to retire within 10 years, we need a lot more than the increase of seven GPs per year that the Government managed between 2009 and 2013. Can the cabinet secretary say how many more GPs she expects by 2020? I sincerely hope that the Scottish Government will produce a detailed and meaningful plan to deal with the crisis, and I look forward to hearing it. To start with, budget allocations to general practice should increase in both absolute and proportionate terms each year.

The scope to relieve pressure on hospitals can be further realised by putting pharmacies at the heart of primary care. As was set out clearly in the Scottish Conservatives' manifesto—which the First Minister and her many acolytes apparently forgot to read before her speech a couple of weeks ago—we, too, propose that the minor ailments service be expanded in order to benefit primary care. I notice that the Scottish Government has already made some nods in that direction, so I hope that it will back those up with concrete commitment.

I move on to hospitals and health boards. New elective and diagnostic treatment centres are welcome, but we must not allow those schemes to detract from the many small community hospitals that are so important to the public across Scotland. I represent the Highlands and Islands and am acutely aware of the need for remote and rural areas to have access to the same health services as are available elsewhere. For example, a pregnant woman in Ardnamurchan who requires a scan needs to travel to Inverness, which is a round trip of approximately eight hours. Another example is that a parent who lives in Aberfeldy must drive to Dundee to access out-of-hours services if their child falls ill at the weekend. We Scottish Conservatives are determined to open up access for rural Scotland, so I look forward to working with stakeholders to make that a reality.

Another priority in the Scottish Conservatives' plan for health is to put patients in charge of their own treatment and care. If the health service is to be sustainable in the face of demographic challenges while remaining responsive to each user's need, it must combine flexibility with personal responsibility and self-management. We

believe that the right way to approach that is using the principle, "No decision about me without me." Patients will be consulted on treatment decisions and can express preferences on aspects including the location of appointments.

We also need to increase the availability of information for the public so that everyone is fully aware of the services that are available to them without having to navigate myriad phone numbers and websites. It is worth considering the idea of sending out to people's homes annual statements that set out local health and social care services to people.

On the other hand, providing more flexibility should bring more responsibilities for patients themselves. There needs to be an injection of personal responsibility to ensure that the health service can serve everyone to the best of its ability. It is worth our while to consider allowing health boards and GPs in certain circumstances to fine patients who miss appointments three times without good reason.

The final area that I want to touch on is integration of health and social care. We have been, and remain, supportive of on-going integration, and we share the recognition by members across the chamber of the potential for more effective service delivery. However, we have concerns about the resourcing to support that. Is the Scottish Government confident that the allocated budgets are adequate and will they be spent efficiently? I will continue to provide constructive input as the partnerships develop, but we must ensure that we do not end up simply moving bureaucracy from one body to another. There is an overarching need to promote more joint working and information sharing between health and social care and the third sector so that organisations such as housing associations, pharmacies and voluntary bodies can bring their full weight to bear.

The Scottish Conservatives will work with the Scottish Government to secure the best approach to reform of the health service, but we are also here to ensure that every decision is made in the best interests of patients and the general public. That will always be our starting point. We will hold the Scottish Government to account on planned reforms and daily performance. The Government needs to think deeply and radically about long-term reform of the NHS. Will it be enough just to keep the NHS afloat in its present state by patching it up here and there with short-term solutions, or will the Scottish Government grasp the chance to make our whole health service sustainable in the long term? The debate is about not just the next five years but the next 25 years: it is about the health service that will exist then meeting the needs of our children and

grandchildren, and it is about having the vision and courage to remodel that service for future generations in the face of huge demographic challenges. That is where the Scottish Conservative Party team has set its sights.

I move, as an amendment to motion S5M-00346, to leave out from "notes" to end and insert:

"believes that the time has come for a review of targets in the NHS to assess whether they are having a positive effect on patient care; aims to put patients at the centre of a flexible decision-making process across health and care services; approves of the UK Government's decision to include protection for the NHS in the proposed Transatlantic Trade and Investment Partnership, and calls for a programme of government that will secure the sustainability of the health service for the next generation and beyond".

14:44

**Anas Sarwar (Glasgow) (Lab):** My first job was in the NHS, so it is with great pride that I rise to speak in this debate as Labour's shadow cabinet secretary for health. I congratulate Shona Robison on her reappointment as cabinet secretary and I look forward to working constructively with her and her colleagues in the health team.

I believe that there will be many areas of common ground where Labour and the other parties in the chamber can work together; I believe that a majority of members across the chamber want to be bold in how we tackle Scotland's health challenges. The question is whether we have the will. We have an opportunity today to demonstrate consensus and send a message to cancer patients and the wider Scottish public that this Parliament will be bold, will act and will help to deliver transformative change.

I have listened to the cabinet secretary's comments about a review; of course Labour will engage in that process but a review cannot be a way of avoiding failures with missed targets. Another question that patients will ask is how long they will have to wait for the outcomes of any such review. If the review is such a fundamental part of today's debate, why was it not included in the motion? I suggest that our amendment was in place first and the review came afterwards.

I do not think that the review will be of any comfort to a cancer patient who is waiting to hear about a possible cancer diagnosis, so I hope that the minister will reconsider how the SNP will vote on our amendment because I believe that we can find consensus on this issue. I will say, respectfully: if we cannot have a target on cancer, what should we have an NHS target on?

**Shona Robison:** We have targets on cancer—we have the 62-day and the 31-day targets—and we are making a £100 million investment in the cancer strategy. Would it not be better to engage

with clinicians and other stakeholders in looking at what further work needs to be done on getting the right measurements rather than just doing it through an amendment today, which runs counter to the whole direction of travel?

**Anas Sarwar:** I am happy to engage with stakeholders. We have the 62-day waiting time guarantee, but it has not been met since the last quarter of 2013. We need to have action from the Government, not just reviews and bland promises.

I believe that we can find consensus, but there will be times when we will of course have to challenge the Government's record and the Government's performance. Over the past two weeks, we have seen extensive media coverage of the chronic failures on waiting times in accident and emergency, failure on cancer treatment times and shameful figures on the widening health gap between the richest and poorest in our society.

However, let there be no doubt that criticism will never be a reflection on our NHS workforce, who I know from personal experience go above and beyond to care for and support Scotland's families. Indeed, many of my criticisms will be because I am defending NHS staff, who are often overworked, overstretched and undervalued. I look forward to meeting and learning from the thousands of hard-working and passionate healthcare and social care staff from across our NHS who, every day, seek to do their best for their patients. I am sure that the whole Parliament will want to send a clear message of thanks to each and every one of them.

The Government has already made clear that its priority in this session of Parliament is to close the attainment gap. We can do that only if we are serious about closing the inequality gap too. The health inequality statistics make grim reading for all of us. They are shameful. Health inequality is on the rise. Life expectancy is mapped out on the basis of people's postcode, the circumstances of their parents and their level of education.

Health inequalities limit social mobility, restrict economic growth and strangle opportunity for far too many of our fellow citizens. The scale of the gap is so wide that I believe only a bold and ambitious approach to new ways of working in the NHS and genuine collaboration across this chamber will deliver the long-term changes that we all want to see. Indeed, tackling inequality should be our greatest cause.

I welcome the Government's commitment in the motion to increase spending in real terms on the NHS, but I must question the Government's commitment to tackling inequalities given its refusal to use the tax powers of the Parliament to end austerity and provide more money for public services. Make no mistake—over the course of

this session of Parliament, we will look closely at health board budgets, which are set by the Government, to see whether, despite promises of more resources, local services are being cut. Families will be looking closely at decisions on the children's ward at St John's hospital, the children's ward at the Royal Alexandra hospital and maternity services at the Vale of Leven hospital.

I am sure that the cabinet secretary knows that some of her greatest challenges come from the care sector, an ever-growing older population and budgetary pressures. The situation is not helped by the £1.4 billion of cuts that have been imposed on local authorities since 2011. Those cuts cause problems not only for council services, as the backlog of patients who are waiting for a care package has a knock-on effect on our NHS, with beds blocked, procedures cancelled and resources lost. It is Scotland's shame that, last year, 270 Scots died waiting for care packages. That is why the Government needs to be bold and speed up the time that it takes to agree a social care package.

Time constraints limit what I can say about mental health. My colleague Monica Lennon will say more about the issue, but I want to say that parity between mental and physical health is long overdue. The impact of mental health problems on individuals and families is just as great as the impact of physical health problems; in many cases, it is greater. For many people, mental health problems are with them for long periods of their lives, often from childhood into adulthood.

I turn to my amendment. For cancer patients, the link between the speed of referral, treatment and outcome is well documented. How quickly someone is diagnosed and when their treatment starts are vital in ensuring the best possible chances of a positive outcome. Women who are diagnosed at the earliest stage of breast cancer are six times more likely to survive than those who are diagnosed at the latest stage. The evidence could not be clearer, but more than 3,500 cancer patients have not started treatment within the Scottish Government's waiting time target, when we know that every day counts.

Yesterday's cancer patient experience survey showed that almost one in five patients say that they think that they should have been seen sooner after suspicions arose. That is why we continue to support Government efforts—

**The Minister for Mental Health (Maureen Watt):** Will the member give way on that point?

**Anas Sarwar:** I apologise, but I am running out of time.

Labour's amendment recognises the Government's position on a number of areas but says that we need to do more. Today, the

Parliament has an opportunity to better the experience for cancer patients. We believe that, if a GP suspects that a patient has cancer, that patient should see a specialist and get the results within a fortnight. We have an opportunity for the Parliament to work constructively to set an achievable ambition and improve the experience of cancer patients. Cancer is Scotland's biggest killer, and it is time to be bold in how we treat it. I urge the Scottish Government and members across the chamber to support Labour's amendment.

I move amendment S5M-00346.3, to insert at end:

“; further recognises the link between early diagnosis, treatment time and positive outcomes when dealing with cancer, Scotland's biggest killer, and therefore believes that the Scottish Government must also prioritise achieving the 62-day cancer waiting time standard, which has not been achieved for over three years, and further ensure that, if a GP suspects that a patient has cancer, they should be entitled to see a specialist and get results within a fortnight”.

**The Deputy Presiding Officer (Christine Grahame):** We move to the open debate, with speeches of up to six minutes.

14:52

**Clare Haughey (Rutherglen) (SNP):** Members might be aware that this is the first national infant mental health week. As a mental health nurse who has worked with mothers and their infants for the past 12 years, I warmly welcome the initiative and I hope that it will be the first of many such weeks that are aimed at raising awareness and knowledge of that very important issue.

Many members might wonder exactly what infant mental health is. The term refers to how well a child develops socially and emotionally from birth until the age of three. It is about a child developing the ability to form secure relationships with adults and their peers, being able to manage and express a full range of emotions and being able to explore their environment and learn from it. All of those are essential building blocks for developing well-rounded and healthy children and adults.

When a baby is born, it is pre-programmed to seek out and adapt to a relationship with a primary carer or parent. Babies look for that person and develop a strong bond with them. That is evolution's answer to the prolonged period of helplessness that a human child experiences—it is a way of ensuring survival. The baby looks to a parent for love, food, care and comfort from distress. That attachment to the care giver helps to create the basis of a sense of self, inner confidence and a place in the world—a sense of

security and certainty that their needs will be met and that they will be looked after.

Early brain development is the foundation of human adaptability and resilience. It provides a window of opportunity in which there can be a huge effect on a child's chances of achievement, success in life and happiness. However, genes provide only a blueprint for an infant's brain and an infant's environment and experiences carry out the construction work.

Research on brain development in infants has rewritten the textbooks over recent years. There is strong evidence to suggest that the quality and content of a baby's relationship with their parents may affect the development of the neurobiological structure of their brain and that that structure is harder to alter the longer that that development goes on for better or for worse. As the first few years of life see the most rapid brain growth, with 700 new neural connections being produced every second, it is not difficult to realise the importance of getting it right for every child from the start of life. In other words, for a baby's brain, if they do not use it, they lose it and, if a part of the brain does not fire, it does not wire.

Through the national parenting strategy, the Government sets out an aspiration to make Scotland the best place in the world in which to grow up, providing parents and families the information and tools that they need to ensure good infant mental health and development. That is essential.

There are programmes such as the play, talk, read campaign, in which people are encouraged to interact with their babies and public health messages about the importance and benefits of such interactions are explained. We continue to provide families with books, materials, advice and support through the bookbug programme, which not only gives families books to read and share but, in its singing and rhyming sessions, promotes the benefits that such interactions have for developing speech and language and building confidence and social skills.

Midwives, antenatal education and health visitors also play a key role in promoting good mental health. The additional 500 health visitors by 2018 outlined in the manifesto will help to enhance that work. However, some parents have more complex needs and other services have been developed for them. That is why I particularly welcome the significant investment that the Scottish Government has made in the family nurse partnership. That is a strong, evidence-based programme that was developed in the USA over the past 30 years. Research shows that it has significantly improved the health and wellbeing of disadvantaged children.

The family nurse partnership is a preventative programme for vulnerable first-time mothers. It offers intensive and structured home visiting by specially trained nurses. The named individual nurse works with the family from early pregnancy until the child is aged two. The family nurse partnership has three aims: to improve pregnancy outcomes, to improve child health and to improve parents' economic self-sufficiency. Following a pilot in NHS Lothian, it was rolled out to other health boards and has evaluated well in a Scottish context. It will continue to be rolled out to provide targeted support to all eligible teenage mums by the end of 2018. With further investment—initially of £4 million—the programme will also be extended to vulnerable first-time mothers aged 20 to 24, who currently do not qualify for the service, and to include more children who are at risk of going into care.

In addition to those initiatives, the Scottish Government promised in its election manifesto to work with mental health charities, stakeholders and service users to put in place a 10-year plan. That plan will transform mental health services, including those for children and young people. Additional funding for child and adolescent mental health services has already been delivered and the number of child psychologists has doubled, but infant mental health must be seen as an essential part of any future service development.

We need our babies to be healthy physically and mentally so that they can grow into healthy, resilient children and adults and be able to fulfil their potential and succeed in life.

14:58

**Brian Whittle (South Scotland) (Con):** I declare an interest as a director of a company that is developing technology for the healthcare sector. I receive no remuneration for that position.

It is a privilege to speak in the chamber for the first time—unexpected though that may have been a short few weeks ago. Indeed, my competitor in running for the Kilmarnock and Irvine Valley constituency, Willie Coffey—I use the term “running” loosely—has suggested in the chamber that I got in via the vagaries of the voting system. I assure him that whether I got in through the back door, front door, side door or skylight, I am here. *[Applause.]* He has five years to get used to my dulcet tones.

I thank the people who voted for me—nearly doubling our share of the vote in the constituency—and those who voted otherwise but nonetheless took the time to speak to me. Sometimes they attempted to point out the error of my ways, but they were always courteous and good humoured. That is important, because if we

listen only to those who agree with us, we get a polarised view of the world.

Getting to this spot has been an interesting journey. I was an international athlete for 13 years. To those members who have mentioned it, I say thank you for remembering. Those who said, “I do not remember you but my dad said that you were not bad,” have made a happy man feel old.

Presiding Officer and fellow athletes, my passion lies in the firm belief that education is the solution to health and welfare issues—not only academic education but also coaching in sports, the arts, drama and any activity that can engage, enthuse and engender passion in our youngsters.

It has been stated in this chamber that the greatest inequality is inequality of opportunity, and I whole-heartedly agree with that. However, we have not done particularly well at addressing that. When we compare state education and private education, what is the difference? It is most certainly not the quality of the teachers; it is, quite simply, the access to opportunity. Sport and activity are the norm in the private school sector—that is borne out by the fact that a third of the 2012 Olympic team was made up from the 7 per cent of our population who are privately educated and that the Scottish schools sports championships are fast becoming the bastion of private education.

From the mid-1980s, when sport in state schools was decimated, there has been a steady decline in the physical literacy of our children. That has had a worrying effect on the health of our nation. Our farmers produce the highest quality food in the world, yet we are the unhealthiest nation in Europe and the unhealthiest small country in the world. That suggests that our home-grown produce is not making its way to the Scottish table.

Some 10 per cent of the Scottish NHS budget is spent on the treatment of type 2 diabetes, a disease that is predominantly linked to inactivity and obesity. One in four accident and emergency cases are drink and drugs-related, and we are all aware of how stretched our A and E staff are. Further, there has been a 10 per cent increase in child tooth extractions in just four years. Those issues are preventable yet they cost the Scottish NHS billions of pounds. We are all so focused on financing the NHS that we have missed the fact that there is a serious financial benefit in tackling preventable disease. As a leading Glasgow diabetes consultant said to me,

“We are sleepwalking into an economic health nightmare.”

The preventable disease epidemic is the greatest threat to our most treasured institution, the NHS. Those were not my words; the warning was from front-line healthcare professionals.



Kids nowadays are accused of laziness—of always playing computer games on phones and tablets and watching DVDs. I challenge that. Who is giving them those things and what are we offering as an alternative? In my experience, if they get the chance, kids want to participate.

We need a progressive physical literacy programme, alongside the academic one, that goes from pre-school active play into primary school active games and on to secondary school sport. We all agree that increasing children's access to nursery education is a good thing, so can we agree to lay the foundations for an active, healthy lifestyle? If a child wants to participate in out-of-school activity, they need to go home first and then go somewhere else. That makes no sense, because most of the facilities are in schools. With a bit of innovation and thought, we can reintroduce extracurricular opportunities across the country for children, irrespective of background or personal circumstance.

To do that, we need agreement and co-operation across the chamber. The task will take a generation—yes, a generation—which means that although it is for this chamber to set the path, others will reap the rewards of the decisions. However, in the words of Harry Truman:

“It is amazing what you can accomplish if you do not care who gets the credit.”

If we choose to open up choices to our children and allow them opportunities to find their passion—if we stoke their enthusiasm and engender self-belief, self-motivation, self-awareness and a drive towards achievement, whatever they decide that achievement will be—they will seek to make better lifestyle choices.

The importance of self-awareness cannot be overstated. If we help them to achieve that, no matter what discipline they are involved in, it will have a profound effect across all other aspects of their lives and across society. However, if we choose to ignore the issue, the situation will continue to deteriorate, with the result that health inequality will increase and the attainment gap that we want to eliminate will widen.

I will finish with words from a great hero of mine, whom we sadly lost a few days ago. Muhammad Ali said:

“He who is not courageous enough to take risks will accomplish nothing in life.”

This chamber must be bold and must make the changes that are required to open up opportunities for our kids and to make Scotland a healthier and happier place for them to flourish in. [*Applause.*]

**The Deputy Presiding Officer:** I think you referred to me as a fellow athlete—to anyone who knows me, that is strange news indeed.

I call Tom Arthur, to be followed by Monica Lennon.

15:05

**Tom Arthur (Renfrewshire South) (SNP):** I congratulate the Cabinet Secretary for Health and Sport on her reappointment and also Maureen Watt and Aileen Campbell on their appointments.

I welcome the tenor of the Government motion, which acknowledges the multifarious challenges that we face in delivering a healthier Scotland and, importantly, recognises the need for a joined-up, collaborative approach to meet those challenges.

I also welcome the creation of a dedicated position of Minister for Mental Health. That has a great deal of cross-party support and signals the clear intent of this Administration to bring about long overdue parity between mental and physical health. Mental health must be a national priority.

As the son of a retired psychiatric nurse, I am keenly aware of the incredible work that mental health clinicians and staff perform. I look forward to the detailed development and implementation of the proposed mental health strategy. The commitment to increase mental health spending to more than £1 billion by 2020 is welcome, as is the investment of £4 million a year in the recruitment of 100 mental health link workers in Scotland's most deprived areas. It is vital that those in need are able to quickly access service providers such as Recovery Across Mental Health, which provides support to many people in my constituency of Renfrewshire South. Such organisations are invaluable and we must continue to support them.

In this debate—as in many others—we must consider the challenges posed to society by growing inequality. We are all aware of the complex reasons behind health inequalities. My constituency has been subject to many of the challenges that are faced by post-industrial communities in the west of Scotland. Compared with the national average, people in Renfrewshire South are more likely to be admitted to hospital and there are significantly more alcohol-related hospital stays. The Government's recognition that

“health inequalities will require an approach that looks beyond the NHS and that roots activity to address inequalities across government”

is welcome, and I look forward to that principle continuing to inform proposals for the new social security powers that are coming to the Scottish Parliament.

However, it is important to remember that for too many people, inequality begins in the womb. I am delighted that the Government has taken important steps to address that, with baby boxes

and the recent announcement that all pregnant women will receive free vitamins by next spring. That builds on the work already undertaken by the Government to address neonatal inequality, for example by overcoming the barriers to breastfeeding that too many women face.

As with mental health, the work of the third sector in making Scotland healthier in that respect must be acknowledged. Last weekend, at the outstanding Lillas Day event in Kilbarchan, I met Melanie and Hazel from the Breastfeeding Network. The network does outstanding work in communities such as Johnstone, Linwood and Kilbarchan to support mothers to make informed decisions about breastfeeding and to provide access to help when they need it. It is vital that we continue to support organisations such as the Breastfeeding Network to ensure that they continue to play an active role in making our communities healthier.

I conclude by addressing those people who challenge the principle that the NHS should be free at the point of use, in particular those in the chamber who were elected on a commitment to reintroduce prescription charges—although, admittedly, they have been decidedly more coy on the matter since being elected than they were during the campaign. Those who adduce arguments in support of the proposition—I summarise—invariably follow the formula of asking why someone on a high salary should be exempted from a nominal fee for medication prescribed by a GP and contend that such a charge would provide a welcome source of revenue and would be entirely compatible with the principle of fairness, as only those who could afford the fee would be required to pay it.

One could respond to such an argument by highlighting the way in which, in the previous system of prescription charges, many on low incomes slipped through the net and consequently were subject to charges that they struggled to pay. One could also raise the question of how much of the fee would reach resource budgets once it has been through the bureaucratic wringer of means testing. However, as important and valid as those technical critiques are, my view is that the most fundamental objection to prescription charges is that they undermine the universalism that must be a motivating ideal in the delivery of all our public services, especially our NHS.

Universalism is not an ideal that is easy to realise, but it serves as a beacon. It shows that our minds and thinking are not bound by the present and that we dare to imagine the kind of truly equal society that we can and will be.

Over the coming parliamentary session—and indeed the coming decade—Scotland, like many countries, will face great challenges in the delivery

of health and care services. However, it is clear that this Government recognises those challenges and has the ideas and the vision to deliver the healthier Scotland that we all seek.

15:10

**Monica Lennon (Central Scotland) (Lab):** I welcome the opportunity to contribute to this debate on delivering a healthier Scotland.

Although Scotland is, generally speaking, becoming healthier, deep-rooted health inequalities remain. Despite Scotland's health improving in recent years, to our shame we have the widest health inequalities in western Europe. That will not be a surprise to returning members, because the Scottish Parliament's Health and Sport Committee reported in 2015 that

“despite many well-intended initiatives, none have made any significant difference. Indeed, although health is improving, it is doing so less rapidly than in other European countries and although the latest figures are a little more encouraging, health inequalities remain persistently wide.”

That is why this week organisations such as Voluntary Health Scotland are calling for a comprehensive Scottish Government strategy for tackling health inequalities.

Health inequalities are intrinsically tied to poverty and income inequality. The Scottish Council for Voluntary Organisations is absolutely right when it says that deep-rooted health concerns have to be addressed by improving social conditions, strengthening communities and empowering individuals to fulfil their human rights.

Tackling health inequalities requires an approach that looks beyond the NHS to examine inequalities across all parts of Government. I hope that there is consensus on that across the chamber. I am pleased that there is consensus among all political parties to treat mental health with parity of esteem, but warm words are not enough. The SNP Government knows that it must deliver.

Let us look at waiting times for child and adolescent mental health services and psychological therapies. Today's figures represent an improvement, but on-going missed targets ultimately mean that too many vulnerable patients are being badly let down; as the mother of a nine-year-old daughter, I hope never to experience the fear and desperation that that causes families. I have listened to parents and young people in my region of Central Scotland who have shared a little of their horror with me as their loved ones wait and wait.

Members will recall that the now-retired Dr Richard Simpson MSP, a psychiatrist with more than 20 years' experience, pointed out that the longer young people with mental health problems

wait for treatment, the worse their conditions get. The waiting is not some sort of inconvenience; there is a genuine argument that it worsens their condition.

Figures obtained just the other week by the National Union of Students Scotland under freedom of information provisions show a 47 per cent increase in students trying to access mental health support services. NUS Scotland's research reveals that university and college services are

"struggling to meet this demand".

The commission on health inequalities revealed that whole communities have been at breaking point. In Kilwinning, for example, a sharp rise in young male suicides led to the community describing the situation as a crisis, yet the waiting time for a psychiatric appointment was 18 months in some cases. The local community, no longer able to stand by and watch young people die, took action. A local organisation hired a counsellor to treat some of the young people who were waiting for treatment.

Just last month, *The Courier* reported that in Dundee there has been a rise in the number of people of all ages taking their lives. Horrified by the alarming regularity of incidents, campaigners chose to speak out and call for improvements to be made to mental health care across Tayside and Scotland as a whole. The ex-assistant chief constable of Tayside Police, Angela Wilson, who served on the beat in Tayside and dealt with suicide as part of her role, argues strongly that society and the Government must treat mental and physical health as equals. She said that the statistics show that

"they don't put as much money into mental health issues, particularly young people's mental health ... There's not enough money gone into research and there's certainly not enough money gone into treatment."

Sophie Pilgrim, who heads the children's charity Kindred Advocacy, said:

"There are very long waiting times for diagnosis so for example one in ten children have a condition which has a diagnostic label but there's long delays in getting that information and if you don't have a diagnosis you can't get the right treatment for that condition."

The number of patients, especially children, who are waiting longer for mental health treatment than they should have to is simply unacceptable.

Like the cabinet secretary, I pay tribute to our dedicated NHS staff. Our health professionals are working as hard as they can, but understaffing and under-resourcing is putting their own mental health at risk. We need more mental health professionals throughout our health service, from primary care settings to A and E.

**The Minister for Public Health and Sport (Aileen Campbell):** Will the member give way?

**Monica Lennon:** I think that I am in my last minute.

**The Deputy Presiding Officer:** The member is in her last minute.

**Monica Lennon:** I am; sorry about that.

To deliver a healthier Scotland, we must invest in our future and help our children and young people to achieve their potential.

Health inequalities are not just about health services or about lifestyle and behaviour; they are about justice. Although mental health issues hit all genders, ages and socio-economic groups, the incidence is three times greater in areas of socio-economic deprivation. Our mental health service is still too narrowly focused on the acute side of care rather than on prevention.

We need to ensure that our NHS, which was established in the 1940s, is fit for the challenges of the 2040s. That means treating mental health every bit as seriously as physical health.

It is essential that the mental health strategy is informed by an evaluation of the 2015 strategy. A transformative approach to mental health requires a long-term vision supported by sustained investment.

15:16

**Ash Denham (Edinburgh Eastern) (SNP):** When thinking of health, our thoughts naturally often turn to the NHS and to medical treatment. The rise in the Scottish Government's health spending to a record high of nearly £13 billion this year will rightly be welcomed by members on all sides of the chamber. In my constituency of Edinburgh Eastern, the NHS Lothian budget in 2016-17 will be £1.3 million, which is up by a huge 50 per cent since 2007.

I was pleased to note the Government's ambitious £100 million new cancer strategy. Although cancer mortality rates have come down significantly—by 11 per cent over the past 10 years—the new cancer strategy directs resources towards improving prevention, detection, diagnosis and treatment still further. The topic stands out for me as I, like many others, have personal experience of the devastation that cancer that is detected too late can bring. When I was 17, my parents sat me down and told me that my father had cancer. Yes, it was very serious, they said, and no, nothing could be done. He died 10 weeks later, aged just 49. That sort of thing changes you for ever. For me, our fight against cancer is not just numbers on a page: it is personal. I believe that I speak for many families when I say that the new cancer strategy is very welcome.

I met with Cancer Research UK just before the election, and I will meet the organisation again this Friday. I was pleased to hear that it was very happy with the SNP Government's cancer strategy. It said that it sees the plan, with 50 actions, as a strong plan that will impact on cancer survival in Scotland.

In addition, the first ever Scottish cancer patient experience survey results were published this week. Of 5,000 patients who were surveyed, 94 per cent rated their care as highly positive. That is good, but there is still much more to be done. Promoting cancer awareness and educating people to spot the early signs and symptoms of cancer will also help to increase early detection rates.

A report that was compiled by Cancer Research UK last month confirms what we already know: that there is a link between poverty and cancer. Being brought up in poor housing or with a very low income affects not only the child, but the adult that they will go on to become.

Health and wellbeing is not just about the NHS; it is not always about medicine. It is about other matters, such as poverty, lifestyle, nutrition, housing, the environment and levels of inclusion. In that spirit, I will highlight two fantastic projects in my constituency that promote health in that wider sense of health and wellbeing.

Caring in Craigmillar takes referred clients who are elderly, disabled or vulnerable. When they attend, they get company and lunch; they also get to do activities. When I was there recently, I spoke to one of the regulars, who is 91 years old. He is a widower, and he said that if he did not come along he would not speak to anyone from one end of the week to the other. Isolation is an enemy of good health, and vulnerable members of our society benefit hugely from such interaction. Caring in Craigmillar also operates a simple but highly effective service called PhoneLink. Users sign up to receive a daily reassuring phone call. For those who feel isolated, the service—a daily chat with someone at the other end of a phone—is a lifeline.

At the other end of the age spectrum is the Venchie centre. Unfortunately, the council has recently removed its core funding. It is one of only three of its type across Edinburgh. It operates in Craigmillar, which the Scottish index of multiple deprivation reports is in the 15 per cent most deprived areas of Scotland.

The service is run by a committed team, who start off the morning driving around, collecting referred primary school children and bringing them to the centre. They do that in two trips because the minibus can carry only half the kids. Once at the centre the children receive a healthy breakfast of their choosing. In some cases that, together with

the free school meal, will be the only meal that those children will eat. The kids are then walked to school, ensuring that they arrive on time, well fed and, most important, ready to learn. Clearly, the service has wider implications for helping to close the attainment gap.

Decades of research shows that children who do not get enough to eat, particularly in the morning, have impaired cognitive capacity. Their brains do not have enough fuel for attention, concentration or learning; they do not have enough fuel to behave appropriately. Not eating breakfast can rob children of their potential.

Children from chaotic backgrounds need and deserve our care. Clearly, going hungry will be bad for such children's development. Missing school impacts now and in later life, on future wellbeing and possibly on whether that child will stay healthy or suffer from a disease such as cancer.

Without a new funding source, Venchie will have to close its doors to those kids, so I would welcome any help that the cabinet secretary could suggest to support such services for my constituents.

**The Deputy Presiding Officer:** I ask the member to wind up, please.

**Ash Denham:** Keeping our NHS in public hands and prioritising cancer treatment will help us work towards a future Scotland where fewer families suffer like mine did. Sometimes, the simplest ideas—a hot breakfast for a small child or a phone call to an elderly person—can achieve great strides towards wellbeing.

15:23

**Rachael Hamilton (South Scotland) (Con):** Not to be outdone by my colleague, Brian Whittle, I also think that it seems appropriate in a debate about delivering a healthier Scotland to pay tribute to Muhammad Ali. He was a man who understood the power of sport and how it can change a nation. He enriched not only America but the world. He said:

"Impossible is just a big word thrown around by small men who find it easier to live in the world they've been given, than to explore the power they have to change it."

Each and every one of us, including our family and friends, has at some point in our lives used the NHS's fantastic services. Parliament should recognise the tremendous work done by those working in the health sector. More important, this Parliament should ensure that the resources needed for first-class health system are delivered.

Scotland faces huge challenges: an ageing population with multiple long-term health problems, a growing diabetes problem and a

general practice that simply cannot meet demand. Rightly, the motion calls for cross-party support in Parliament to meet the challenges ahead. However, we have an SNP Government that wants to work together but then attempts to shift the blame to the UK Government. It is time for this Government to stop treating the NHS like a political football.

I was pleased to hear Shona Robison use the words “preventing illness”, “prevention” and “preventative” in her opening statement. In encouraging a healthy lifestyle, it is important to establish good habits that start early and last right throughout childhood and adulthood. We all know the factors of a healthy lifestyle: regular exercise and healthy eating. However, in Scotland, two out of every three adults are overweight or obese, 31 per cent of children are at risk of being overweight, and obesity levels of 40 per cent are predicted by 2030. Those are the highest rates in the UK and among the highest in the Organisation for Economic Co-operation and Development countries.

A Scottish Parliament information centre report last year estimated that the cost of obesity was £4.6 billion a year to Scotland—resource that could be directed to hospitals, nurses and general practice. If we work hard to get Scotland active now, we will see a return on that vital investment.

In 2014, the Scottish Government reported that physical inactivity contributes to nearly 2,500 deaths and costs the NHS £91 million per year. In order to combat inactivity, we must encourage participation in sports and recreational activities in and out of schools.

I currently help to coach Earlston high school netball team, in the Borders, and I see at first hand the benefits that sport—particularly netball—can bring. Indeed, its qualities have been recognised and an initiative set up by Netball Scotland, called bounce back to netball and aimed at ages 18 and over, was recently launched. A further goal—excuse the pun—is to offer netball in more secondary schools throughout Scotland by educating our educators.

We must replicate the example set by Netball Scotland and help tackle health inequalities. Let us take that positive illustration and be constructive, not blaming the UK Government for an obstacle that we have the power to overcome. The Scottish Government has new powers, and it is time to be accountable, get to work and offer solutions to Scotland’s health problems.

In fact, it is with the help of the UK Government’s commitments to the NHS that the Scottish Conservatives were able to pledge a health guarantee in the 2016 manifesto. As Donald Cameron said, we want to see the health

budget rise annually by whatever is highest out of inflation, 2 per cent, or Barnett consequentials. Under current projections, that would mean an additional £1.5 billion for our health service by the end of this session of Parliament, with the budget reaching £14.5 billion by 2021-22.

To make best use of an increased NHS budget, the Scottish Government must show leadership. That is echoed in an Audit Scotland report that states:

“The Scottish Government needs to provide stronger leadership and a clear plan for implementing the 2020 Vision”

which is to enable

“everyone to live longer healthier lives at home.”

The 2020 vision has cross-party consensus, but it will be the Scottish Government’s ability to apply the vision that underpins its success.

It is the UK Government that has the ambition to be among the best in Europe at reducing levels of premature mortality. Premature mortality is something that Scotland is blighted by. It is affected by numerous factors that are the responsibility of the Government or the NHS, including diet, climate, personal circumstance and lifestyle choice. The Scottish Government must take more responsibility and accountability. By encouraging physical activity, we can reduce the chance of type 2 diabetes—which is a growing problem in Scotland—by 40 per cent, cardiovascular disease by 35 per cent, and breast and colon cancers by 20 per cent, and we can also improve mental health.

It is clear that promoting and encouraging an active lifestyle can do so much good. We should prioritise doing that as much as we prioritise warning of the dangers of smoking and drinking.

With reference to the motion, I also expect TTIP to bring much good, delivering £10 billion to the UK economy each year. I commend the UK Government for achieving it and I recognise that there is no way in which TTIP will affect how the NHS decides who will provide the best service.

**The Deputy Presiding Officer:** I ask the member to wind up, please.

**Rachael Hamilton:** To conclude, Scotland faces significant challenges, and we must all work together to make Scotland healthier. I have stated the case here to focus on physical activity as a pre-emptive means to fight future battles with ill health. We really must act now to ensure that Scotland has a healthy future.

**The Deputy Presiding Officer:** I remind members that, for every 30 seconds or minute that they go over their time, someone might be cut off

their own speaking list. That is why we have to be rigorous.

15:30

**Richard Lyle (Uddingston and Bellshill) (SNP):** Presiding Officer, I congratulate you on your election and wish you all the very best in all that you do. I also congratulate the cabinet secretary and her team, and I wish them well.

At the outset of my remarks, I want to reflect on my predecessor, Michael McMahon, who held for some 17 years the Uddingston and Bellshill seat, which was formerly known as the Hamilton North and Bellshill seat. He worked incredibly hard, from his work as a welder at Terex at Newhouse to his activities in the trade union movement and his work as a parliamentarian in the Scottish Parliament. Although we may have disagreed politically on many occasions, it must be said that we got on very well. Therefore, I feel it most appropriate to pay tribute to him and to place on record my thanks for the work that he did on behalf of his constituents in representing them. I am sure that members will join me in wishing him and his family all the very best in the future. *[Applause.]*

Having spoken of Michael McMahon's representation of constituents, I want to turn to those constituents next. I was first elected as a local government councillor in Bellshill in 1976—I held that seat until 2012—and I was elected to the Scottish Parliament in 2011 as a list member for Central Scotland. There have been many political high points in my career, but none has matched the feeling of elation and responsibility that I had when I was elected to serve as the first SNP MSP for Uddingston and Bellshill in May. I promise to do my very best to represent all the people of Uddingston and Bellshill in everything that I do in the Parliament and, indeed, in our community.

I turn to the important debate on keeping Scotland moving forward with a healthier Scotland. During the election campaign, I spoke day in, day out with people who wanted to know what we were going to do with the NHS. Many of them outlined to me the sheer importance of the NHS to them and their families. Each day, I reaffirmed our commitment to the NHS, and the cabinet secretary has shared that commitment with us again today. The SNP stands proud on that commitment. Under an SNP Government, the NHS will be kept free at the point of need and publicly owned.

With an increase in the health revenue budget in real terms every year, we need to shape a national health service that can meet the needs and challenges of our ageing population. We are now spending over £13 billion on Scotland's health service, which is one of the best in the world.

However, I know that we have to continue to improve it. That is why I have full confidence in the Government's proposals, which include continuing to protect free personal and nursing care for the elderly. That benefits more than 70,000 elderly people in Scotland, and I am sure that it benefits many of my constituents in Uddingston and Bellshill.

We have been clear that it is not just business as usual. I am pleased that the Government will examine the extension of free personal care and nursing care to those under 65 with a diagnosis of dementia, to continue to deliver for those who need help the most.

This is carers week. I want to take time—as I am sure that many members in the chamber will do—to thank our carers for the work that they do day in, day out. I note that the Government will build on the Carers (Scotland) Act 2016 by considering a national or regional approach to supporting carers and cared-for people. It will equalise the carers allowance with jobseekers allowance, which will benefit around 64,000 carers by around £600 per year. That is an increase from £62.10 to £73.10 a week. The Government will also increase the carers allowance for those who look after more than one disabled child, which will help approximately 2,000 carers throughout our communities.

On primary care reform, I note the proposals to bring together multidisciplinary teams in GP surgeries, help to deliver a community health service, recruit 500 pharmacists, and train 500 advanced nurse practitioners for primary care teams. More than 1,000 paramedics will be trained over the next five years to work in community settings. They will contribute to the delivery of a new primary care out-of-hours national delivery plan. We are increasing GP training places from 300 to 400 a year and I note the increase in GP numbers. It should be noted that, under the SNP, NHS staffing is at a record high, up by more than 11,400 staff.

It is clear that, under the SNP, the NHS will take a different course from that of the NHS in other parts of the United Kingdom. We in the SNP will work every day to deliver a national health service that is enshrined in its core and founding values; a national health service that has the support it needs to continue to deliver for all of the people of Scotland; and a national health service that is owned by the people, is for the people and is truly free at the point of need.

I look forward to playing my part in working to deliver for the people of Uddingston and Bellshill not only our vision for the NHS but our vision for Scotland.

15:35

**Jackson Carlaw (Eastwood) (Con):** I, too, congratulate Shona Robison on her reappointment as Cabinet Secretary for Health and Sport. I welcome the appointment—as I did before—as Maureen Watt as Minister for Mental Health, and I welcome Aileen Campbell to the health portfolio team.

One way or another, Shona Robison and I have spoken on health for almost nine years in the Scottish Parliament, with brief interludes—she for the Commonwealth Games and me elsewhere for a short time. I want to thank all the various organisations, professional bodies and others who have been so helpful in keeping me informed and in helping to shape health policy over the past nine years. I am moving on, but I do so with mixed feelings, because health is such a fundamentally important subject and one in which there is a huge emerging consensus across Parliament; it began in the last session and will continue in this one.

I note that nearly all the other health spokesmen are not only new to the portfolio, but are new to Parliament. That is hugely encouraging because it allows a line to be drawn beneath some of the battles that were fought before; it will allow achievement of the consensus that is acknowledged across the chamber, and it will enable the progress that will be required during the course of this parliamentary session.

I was slightly disappointed by the motion; it was not as consensual as I had hoped it might be, and there is a slight tone of belligerence at certain points, aimed at the Conservative part of the chamber. It is important that that consensus be achieved, because the British Medical Association, the Royal College of Nursing, the royal colleges of physicians and surgeons, the Royal College of Emergency Medicine and all the allied health professionals will look at the debate for early signs of the tone that will be taken in health debates in this parliamentary session.

This is the decisive session of Parliament. We have recognised for some time that the increase in pressure on our health service cannot be remedied by budget alone—albeit that all the parties are committed to a considerable increase in spending. There is now consensus in this Parliament—unlike in any of the other Parliaments of the United Kingdom—that we want a publicly owned health service that is delivered free at the point of need. Therefore, we must have a means of addressing, on a cross-party basis, the challenges that exist in healthcare. I know that the cabinet secretary is committed to that and I welcome her commitment to convene talks with the other parties. However, it will be important that we have, as well as those talks, a process that everybody understands and by which they can

contribute to the thinking on healthcare, instead of just being asked to agree with whatever decisions the Government makes.

The cabinet secretary mentioned the need to look at the structure of tertiary health boards and others during this session. I welcome that. There is no agenda or determination to drive through structural change; nevertheless, there is recognition that the development of secondary care depends on an understanding of what the whole health board structure should be. There is recognition that primary care must be the focus of major change in investment during this parliamentary session, and there is recognition that mental health provision must move on from removing the stigma that is associated with mental health conditions to ensuring that we create parity with physical health conditions in respect of the services that we provide. Although the 10-year programme is welcome, I hope that it will contain a lot of urgent action for the five years of this session and not seek to achieve ends only in the session after this one.

Less was said about the development of new medicines. In the previous session, we agreed on the process by which new medicines would be approved, but I was dismayed to discover, as Parliament dissolved, that the Scottish Medicines Consortium had rejected Translarna, which is the first drug to have been developed for young men who suffer from Duchenne muscular dystrophy. It is some time since the new process was put in place, and we must constantly review matters to ensure that in this golden age of new pharmaceutical developments for conditions that have bedevilled generations, we can offer those new treatments to patients as they are made available. We must accept that because the treatments are often for conditions from which very few people suffer, the net cost of the drugs will be high—they will be expensive. However, now that we have found treatments for conditions such as Duchenne muscular dystrophy, we must find a process by which we can offer them to patients and give them hope.

I will conclude on the budget. I saw the round-the-block queues of evangelical nationalists who turned up to hear Nicola Sturgeon deliver her manifesto commitments. As the tears flowed from the glass eyes of the Government, she said that the Scottish Government would be spending £15 billion annually on health by the end of the session. Almost within 24 hours, Jamie Hepburn—who, at the time, was a health minister and with whom I was on a television programme—said that the figure would be £14 billion, and I have heard other figures in between. Today, I see that the commitment to spend £15 billion on health has become just an “aim” to increase spending on health by £500 million over and above the rate of

inflation between now and the end of the parliamentary session.

In order that not just MSPs but all those in the wider healthcare community can understand the financial envelope within which they will be working, I would very much welcome the Government setting out exactly the planned programme of health spending over the course of the session so that we can understand what is to be available and when it is to be available. If we work together, there is the prospect in this session of Parliament—which I think is the one that will determine whether we have a sustainable health service in the future—of securing that objective. It is a prize that is worth all of us working together to achieve it.

15:42

**Maree Todd (Highlands and Islands) (SNP):** I am delighted to be part of this Parliament, in which I am speaking for the first time today. As several of my Conservative colleagues do, I, too, feel surprised at having gained entry to this chamber—but for different reasons, I am sure.

When I was a wee girl growing up in Ullapool, the Scottish Parliament had not yet reconvened, and politicians were distant and different from me. I was thinking about that the week before the election as I was travelling from Gairloch for a public meeting, when I passed the very beautiful Loch Maree, which I was named after. Later, on my way round the coast to Ullapool, I passed the big house at Gruinard where my granny was a servant before she married my granda, who was a joiner.

My other granny from Lewis was a herring wifie, and she was fiercely proud until the day she died that she was never in service, because those were the only two careers that were open to her. Instead, she followed the fishing all round the coast of Britain, and spent long hard days gutting and salting the silver darlings far from home. Her husband—my granda—was a whaler who travelled the world for work. The story of migration to find work is part and parcel of my family history; indeed, it is part of the history of most families whose history lies in the Highlands and Islands. Families migrated and women worked. That was normal; it is not something that has been invented in the 21st century.

By the time I finished school, I had a lot more options than my grannies did: girls can do anything now. Of course, I still had to move away to study science at university, but my pharmacy degree meant that I could at least come back to the Highlands, if not quite back home to Ullapool.

Like so many of my colleagues in the chamber, I am deeply grateful for the educational

opportunities that I have had, and I am proud that here in Scotland we recognise and nurture talent, regardless of background, and focus only on the value that educated citizens bring to our nation.

It is a huge privilege for me to represent the Highlands and Islands; I have a passion for that part of the world. My constituency is enormous—it stretches from Kintyre in the south to Shetland in the north, and from the Western Isles across to Moray. It covers nearly half the landmass of Scotland and is stunningly beautiful—it is packed with lochs, mountains and islands.

The vast distances and wild terrain can make delivering healthcare a challenge. That our young people leave to study and find work, while older people come to retire, is another challenge. All of us who live in the area want fast access to healthcare treatment as close to home as possible, but modern healthcare has become more and more specialised, and travelling to centres of excellence can mean exhausting journeys and isolation from family and friends. Technology will be vital to service improvement, but we must make sure that it does not replace face-to-face contact, but instead enhances such contact. The challenges that we face in the Highlands mean that we need to think clever, deliver in partnership and fully develop and use the whole multidisciplinary team's skills. That will enable us to improve quality and efficiency.

The Highlands and Islands were the first region in Scotland to integrate health and social care, and we are using that advantage to look ahead at new delivery mechanisms. As others have said, health is about much more than just treating illness—social care, housing and education are also vital to good health.

Health inequality is closely related to wealth inequality, but how we deliver healthcare can have an impact. There are already examples of new partnerships and collaborations that include working with communities and creating employment and training opportunities while improving service delivery.

I have worked as a clinical pharmacist in mental health for 20 years and I am fiercely proud of what the SNP has accomplished since it has been in charge. The spending commitment for mental health and the long-term planning will help us to achieve parity with physical health. My colleagues in the pharmacy at New Craigs hospital in Inverness have embraced prescription for excellence and are working hard to get their expertise in choosing the right medicine out of the hospital and into the community, where most of our patients are. Soon, all the clinical pharmacists will be prescribers, and they are developing a pilot scheme to work part time with community mental health teams and GP practices in order to improve



the speed of access to specialist care and to improve the quality of prescribing.

We need to build on such examples and deliver the services that people want, where they want them. The Government's job is not to micromanage the health service from the centre but to create the circumstances that empower people and communities to find their own solutions. With this Government in power, I know that we can do that. *[Applause.]*

15:47

**Lewis Macdonald (North East Scotland) (Lab):** The principle of equal access to healthcare was at the core of the national health service when it was founded in 1948, and the principle remains central to the NHS's purpose today. Earlier this year, that principle appeared to be put at risk for patients in the north-east when SNP ministers ordered a review of their decision—a decision that they took and announced in 2014—to have a trauma network with a major trauma centre in each of Scotland's four largest cities.

When clinicians in Aberdeen were invited to meet the Scottish Government advisers who were conducting the review a few weeks ago, they were horrified to find that they were being consulted on only one option, with major trauma centres only in Glasgow and Edinburgh. They were told that that model was being considered because it would deliver the best possible trauma care for 75 per cent of the Scottish population.

It is little wonder that many surgeons and physicians at Foresterhill responded to that proposition by calling for ministers to honour their original decision and support a major trauma centre in Aberdeen. Within a few days of the private consultations, 57 senior clinicians signed an open letter that said:

"The plans for two centres in Edinburgh and Glasgow would appear to leave 25% of the Scottish population, including the people of Grampian, with a second-class service ... We are deeply worried that a solution for the central belt of Scotland will leave the rest of Scotland out in the cold."

That critique of the Government's review went to the heart of the matter and goes to the heart of the Government's motion. A second-class service for a quarter of the population would fly in the face of the founding principles of the NHS, which all parties still endorse.

I am delighted that the campaign for a major trauma centre won the support of thousands of people across the north-east. It was taken up enthusiastically by NHS unions and staff and by Aberdeen Trades Union Council, and it was explicitly endorsed in Labour's election manifesto. It became a major election issue across the

region, and by polling day it had won support from all parties including the SNP. I was delighted when Nicola Sturgeon came to Aberdeen on 3 May and revealed that she had "always been persuaded" of the merits of a major trauma centre in Aberdeen.

I was even more pleased when the health secretary told *The Press and Journal* last week that to have four major trauma centres in place this year was once again the Scottish Government's policy position. It was as if the review of that policy, which she had ordered a few months before, had never been. All is well that ends well, and I am sure that Shona Robison will put those commitments on the parliamentary record today in order to allow attention to be focused on the necessary development of capability and capacity at both Aberdeen royal infirmary and Ninewells.

If the cabinet secretary does that, she will recognise that the outstanding issue for healthcare in Grampian remains a continued shortfall in funding compared with the Government's NHS Scotland resource allocation committee—or NRAC—formula. It is important to put those numbers on the record today. Independent researchers at the Scottish Parliament information centre confirmed last week that, under NRAC, NHS Grampian's allocation for 2016-17 should be £897.4 million. In November, John Swinney told the Parliament:

"We remain committed to moving all boards to being no greater than 1 per cent below NRAC parity."—*[Official Report, 4 November 2015; c 17.]*

For Grampian, that 99 per cent target would mean £888.4 million this year. However, what was then allocated, even after an additional uplift, was only £882.3 million—more than £6 million short of John Swinney's commitment to 99 per cent of NRAC parity.

**Shona Robison:** The delivery of health service resource funding through the NRAC formula was way in excess of anything that Lewis Macdonald's Administration delivered for Grampian. Perhaps he needs to move on from fighting the election battle to the more positive ground of the consensus of this debate.

**Lewis Macdonald:** I am absolutely on positive ground. I am positively seeking commitments from the Government. It has been repeated in the chamber and elsewhere that at least 99 per cent of NRAC would be achieved by this year. That has not been achieved, as the cabinet secretary well knows. I simply ask her to be accountable for that and to make up the difference.

Like other boards, NHS Grampian is struggling to meet its commitments with the available funding. Savings of £18.5 million were discussed at the board meeting last week, and we know from

the cancer survey that 80 per cent of patients in Grampian received no care plan and 65 per cent were offered no information on financial help or benefits. We also know that alcohol and drugs partnerships in Grampian are facing a 20 per cent cut in the current financial year. All such cuts and deficiencies are ultimately down to the funding decisions that ministers make.

There is underfunding of £15.1 million, and savings of £18.5 million are required. The shortfall compared with NRAC and the failure to reach even 99 per cent are not just statistics or yesterday's battles. They have consequences for patient care. I hope that the Government will do better and meet its 99 per cent target next year, and I encourage it to do that.

Decisions are needed, too, on the consequential from the soft drinks industry levy, or the sugar tax, which will add millions of pounds a year to the Scottish Government's budget from 2018. We have advocated using that money to support after-school sports, because we believe that that would bring direct benefit to young people in terms of health and confidence while also reducing inequalities. The SNP has not yet made such a commitment, but nor has it ruled it out. I hope that ministers will tell us today whether they agree with our approach and will use the sugar tax to give sports for young people the boost that they need and deserve.

**The Deputy Presiding Officer (Linda Fabiani):** Time is really tight. I call Alison Johnstone, to be followed by Emma Harper.

15:54

**Alison Johnstone (Lothian) (Green):** I thank all those who sent us their expert views for this afternoon's debate: the Royal College of Nursing, the SCVO, Inclusion Scotland, the British Psychological Society, Obesity Action Scotland and the Scottish Wildlife Trust. Each organisation has specific asks and a particular focus, but they share common asks, too, such as mental health treatment having parity with treatment for physical health.

I welcome the Government's decision to review the targets that are to be put in place and I look forward to tomorrow morning's launch at the Royal College of Nursing of its latest work on targets. It is fair to say that targets have been the topic of many a heated debate and many a heated parliamentary question, but targets make sense only when they are the right ones, and the Royal College of Nursing, with its 40,000 members, who provide care to people in a wide range of settings, is asking questions of us. Their views and the views of all those who work in health must be heard.

We need to know whether targets are skewing clinical priorities, whether we are wasting resources, and whether our focus is on the right things. The RCN manifesto could not have been clearer. It asks that

"Decisions are made to shape health and care for generations to come, rather than focussing on short-term goals".

A parliamentary session might last for five years, but we have to take a longer-term view. The RCN tells us that Scotland is not

"seeing real change in investment in community based services"

and that there has been a focus

"around acute services in isolation, rather than taking a whole service approach"

The RCN also tells us that if Scotland is serious about moving care out to the community, investment must be made in prevention.

The SCVO emphasises the need for greater focus on prevention. We need to focus on early intervention instead of simply treating the symptoms of ill-health. The Scottish Greens firmly support such a focus.

Of course, good health is hugely dependent on many factors outwith the NHS, such as a living wage, secure and affordable housing, affordable heat and nutritious food. One in four of us will suffer from mental ill-health, but only 5.8 per cent of UK research funding is spent on mental health research. We know that mental ill-health is three times greater in areas of socioeconomic deprivation where access to general healthcare is too often too challenging.

A GP who has worked in one of Edinburgh's most deprived areas for nearly 20 years wrote to me recently to emphasise that practices in such areas throughout Scotland still do not receive sufficient financial support to allow them to respond adequately to the needs of many of their patients, who often have a greater variety of medical problems and are less healthy because of the combined effect of higher levels of smoking, sometimes substance and alcohol misuse, low incomes, unemployment and family dysfunction. The GP pointed out that that was a reflection of the inverse care law, a term that was coined by Dr Julian Tudor Hart, who worked in the Welsh valleys many decades ago. His law proposed that the more care people need, the less they actually receive. Of course, that can be overcome with political will. Greater investment in general practice and primary care in the most socially and economically deprived areas is essential and urgently needed.

The cabinet secretary will be aware of the work of Professor Graham Watt in Glasgow and his

excellent deep-end project during the past 10 to 15 years.

There is good evidence that green spaces and closer contact with nature can have a measurable benefit on people's mental health and physical wellbeing. The Scottish Wildlife Trust is right to emphasise that people who are connected with their natural environment are healthier and happier. I support the trust in its request that the Government should invest more in nature. Research also shows that income-related health inequalities are reduced when people have easy access to high-quality green space, but less than 1.5 per cent of Scotland's budget is invested in the natural environment.

Scotland is not a healthy nation. One quarter of adults are obese and more than half are overweight. Obesity Action Scotland tells us that 30 per cent of our children are obese. Those are the highest rates in the UK and among the highest in the OECD countries. The Scottish Wildlife Trust highlights the impact of obesity in its briefing, saying that obesity could cost the NHS at least £3 billion by 2030. We could spend that money on more positive things.

The problem is multifaceted and there is no one solution. However, as others have mentioned, physical activity has a part to play. For example, jogscotland's growth is at a record level. More than 5,000 members have joined in the past 12 months, which is an increase of more than 47 per cent on last year's figure. Across Scotland in the same period, 303 jog leaders were trained and they have had a record 5,000 entrants to their events. That organisation is 14 years old and it has never charged for membership, which has contributed to its very inclusive profile.

There are just as many jogscotland groups in poorer areas as there are in affluent areas. Removing the financial barrier to participation is key, and no other sport's national governing body can report comparable growth figures. Despite those successes, unless there is a significant change to the Government's policy, it is likely that jogscotland's funding will cease at the end of the current financial year. I would be grateful if the cabinet secretary would address that point.

On another issue, I would also be grateful if the Government could confirm that it has not ruled out the use of PrEP—pre-exposure prophylaxis—treatment to prevent HIV and that it is still open to such a treatment.

Health is a complex area. I have found that there is a great deal of consensus across the chamber on it and I look forward to working with colleagues in this parliamentary session.

16:00

**Emma Harper (South Scotland) (SNP):** I congratulate the cabinet secretary on her reappointment. I am pleased to speak in the debate on delivering a healthier Scotland. I declare an interest as I am a member of the Royal College of Nursing and I have a licence to practise as a registered nurse. I refer people to my entry in the register of members' interests.

As we have heard, delivering a healthier Scotland has a wide scope and there are many challenges to address. The NHS is Scotland's biggest employer. It is the largest public service for which the Scottish Government is responsible.

We have already made great progress in promoting a healthier Scotland. The Scottish Government introduced the smoking ban in 2006 and, 10 years on, we are seeing fewer admissions to hospital for acute coronary syndrome and stroke, and even bar workers are enjoying improved respiratory health. The smoking ban may also be helping non-smokers, as some studies show a reduction of heart attack and stroke in that group. That improvement in health continues because of the publication of the tobacco control strategy in 2013.

The Scottish Government is working hard for a healthier Scotland. However, the austerity agenda pushed by Westminster since 2010 has undermined Scottish Government attempts to make progress on many fronts. For example, drug and alcohol charities have expressed anger at unethical Tory plans to cut the benefits of addicts who refuse state treatment. Is that not just like cutting benefits for those who smoke and refuse smoking cessation treatment?

Westminster is perpetuating a punitive approach to drug use that was ushered in during the 1980s and left a giant chasm of opinion between the policy for care approach and those working on the front line with drug users. In a recent paper, even the Home Office said that a punitive approach does not work.

The Scottish Government is working to close that gap. The new partnership for action on drugs in Scotland—PADS—group was officially launched at the beginning of this year. As my South Scotland colleague Paul Wheelhouse pledged when he was Minister for Community Safety and Legal Affairs, the group will work to find radical and brave solutions to tackle drug misuse. Brave was one of the words that Brian Whittle used and brave is what we have to be.

Since 2008, the Scottish Government has invested £254 million in front-line services. There have been significant success stories. Drug taking amongst adults has fallen; drug taking amongst young people is the lowest in a decade; and 93

per cent of patients waiting to receive treatment for a drug-related problem now get it within three weeks of referral.

However, we cannot be complacent. We must focus on the real causes of addiction and drug misuse and seek radical and brave solutions. That can be through education. Indeed, education on the topic is already being delivered across Dumfries and Galloway in secondary schools—particularly to secondary 4 pupils—as a method of prevention rather than treatment. Prevention is important, so kudos to Mark Frankland and First Base Agency in Dumfries for that.

During my healthcare degree studies, I completed a class on alcohol, drugs and addiction and it changed my preconceived notions about addiction. I give credit to Professor Iain McPhee for helping me to gain more knowledge and a better understanding of some of the research, including that by psychologists Stanton Peele and Bruce Alexander, as well as an understanding of developments in treating people who are experiencing difficulties with drugs—we need to treat them as human beings. Some of the drugs, such as alcohol, happen to be legal. I learned the importance of understanding how the environment has a great impact on the development of addiction. I urge members to search for the Rat Park studies by Bruce Alexander, which look at the environment as a causative agent in the development of addiction.

We in the Scottish Government are already promoting an environment that raises people out of poverty, provides a living wage, a decent start in life and the ability to choose an education path that suits individual needs. We will give the Scottish people hope—hope over fear—and that will undoubtedly improve their environment and contribute to a healthier Scotland.

Some politicians have mentioned previously that the cost to the NHS of supplying syringes and drugs is not a good cost. The figure in Dumfries and Galloway is £12,000 per year. Some say that that approach facilitates drug addiction and does not try to beat it, but that is a harmful idea that can come only from a stark lack of understanding of addiction.

The practice of needle exchange was introduced in Britain at the height of the AIDS epidemic to prevent HIV transmission through the sharing of contaminated needles. In countries without such a programme, the rate of HIV conversion among drug users was much higher. For example, it was 60 per cent in Russia, compared to 1 per cent in the UK. Today, other blood-borne viruses, such as hepatitis C, are more prevalent than HIV, which is why it is important that the needle exchange programme continues. Without that programme, the number of people

suffering from hepatitis C would undoubtedly soar. The cost of treating a hepatitis C patient is up to £35,000 a year, which we should compare to the figure of £12,000 for the programme in Galloway.

That is why it is misleading to decry the cost to the NHS of supplying free syringes. I would like reassurance that the Government and healthcare services can address addiction positively and address the stigma that drug users face. We must treat all patients with dignity, compassion and respect.

16:06

**Ross Thomson (North East Scotland) (Con):**

I declare an interest as an Aberdeen City Council councillor and I direct members to my entry in the register of interests.

It is truly a great privilege to be standing in the chamber today. I am incredibly grateful to the people of the north-east for sending me here and I cannot begin to describe just how honoured I feel to serve them. That said, I know that I am here because many people across my region voted Scottish Conservative for the first time. Having spoken to hundreds of voters during the campaign, I know that, for many, that was a real leap of faith. To quote one voter, their head was “scrambled” even contemplating it. I reassure those voters that I do not take that support for granted. They have given me a job to do—to hold the SNP to account, to oppose higher taxes and, crucially, to oppose any attempt at a second independence referendum—and that is exactly what I am going to do.

I also recognise that many people did not vote for me and my party. To them, I give my sincerest commitment to give our communities a strong voice in Parliament, to stand up for our region, to fight for a better deal for our residents and always to work hard on their behalf whenever they need my assistance, regardless of how they voted.

The north-east is a diverse and dynamic region. In Dundee, the city of discovery, we have a centre of excellence in gaming innovation and technology that is recognised across the globe. Angus, Scotland’s birthplace, lies steeped in history and is home to the Arbroath smokie, one of my personal favourites. In Aberdeenshire, one is taken on a journey from the snow-peaked mountains to the sea. It is a stunningly beautiful and, in my view, unrivalled landscape that produces some of the finest-quality food and drink available anywhere. And then there is Aberdeen, the city that I am proud to call home. It is the silver city with the golden sands—a beauty to behold—and it is Europe’s energy capital, the very centre of our crucial oil and gas industry. Beyond that, it is a city that is more than oil and gas and granite; it is a

city with a vibrant and flourishing cultural scene, with venues alive with music and dance.

I am definitely not one to give fashion advice, but today I am wearing my “Aberdeen Forever” tartan tie, which was a gift from the Lord Provost of Aberdeen, George Adam. The black represents oil and there is blue for the sea, white for the famous silver granite and red and gold for the city’s coat of arms. As there is wi-fi in the chamber, members can order their tie online right now.

I am proud of my home city and its people and I always will be. However, Aberdeen and the wider north-east face many challenges. Aberdeen City Council is the lowest funded in Scotland—it is ranked 32 out of 32 authorities—despite having some of the most deprived communities in all of Scotland. That has been compounded by an energy industry crisis that is affecting every part of our city, from our schools to our shops and our hotels to our taxi drivers. The council is fighting to retain businesses and to secure new business investment for the future, yet it is getting a raw financial deal. You can bet your bottom dollar that I will fight for a fairer deal for Aberdeen and Aberdeenshire.

On health, it is clear that the Arbutnott formula again disadvantages Grampian, as we lose funding to the central belt that could have been invested in our local health services. That means hard choices. Only last week, NHS Grampian decided that it needs to cut £18.5 million to sustain itself. That means cuts to agency nurses, locums and the use of independent treatment to meet treatment time targets.

That is extremely worrying for people across the north-east, who are concerned about the effect that it will have on the most vulnerable and people in rural communities. To compound that, the health board has identified that the service faces a huge £100 million cost to address the impending impact of a growing population and the demand for primary and community care from new housing developments.

On top of all that, the SNP’s tentacles of centralisation have grabbed local services and pulled them to the central belt. Vital services such as renal transplants, paediatric intensive care and paediatric cleft lip and palate surgery—to name only a few—have all gone. Those moves fundamentally undermine health provision in the north-east.

In that context, the First Minister’s belated announcement confirming a trauma centre for Aberdeen is to be given a cautious welcome. Residents across the region are, sadly, well used to the SNP making big promises with great fanfare but completely failing to deliver. However, the

centre is a resource that Aberdeen needs to rehabilitate patients and to support them in returning to a normal life. The First Minister’s words need to be backed up by action, and I will hold the Cabinet Secretary for Health and Sport to account to ensure that she follows through on that pledge and that there is no slippage in its delivery.

It is also extraordinary that the NHS in Scotland is in such poor shape after nine years of an SNP Government that is led by a former health secretary. It is even more astonishing that the same SNP that urged us to vote yes in the independence referendum to save our NHS has in fact cut the total NHS budget. The Government has failed to pass on £1.5 billion of Barnett consequential to the NHS since 2011, at a time when significant investment is needed to meet the costs of ageing infrastructure and medical equipment.

I will quote William Arthur Ward to sum up my attempts to serve in the Parliament:

“Do more than belong: participate. Do more than care: help. Do more than believe: practice. Do more than be fair: be kind. Do more than forgive: forget. Do more than dream: work.”

[Applause.]

16:12

**Alex Cole-Hamilton (Edinburgh Western) (LD):** I congratulate Shona Robison on her reappointment as Cabinet Secretary for Health and Sport. As spokesperson for health for the Liberal Democrats, I warmly accept her invitation to meet to discuss taking forward Scotland’s health.

I also welcome Shona Robison’s ministerial team of Aileen Campbell, with whom I did a lot of work during my time in the children’s voluntary sector, and—in particular—Maureen Watt. It was generous of the First Minister to recognise the Liberal Democrats’ contribution in the election campaign, in which we called for a mental health minister. It is high time that we had one; Maureen Watt is most welcome.

The measure of a civilised society is not only how it educates and brings up its young—more important is how it cares for its sick and infirm. That is the test by which all Administrations will be measured. It is fair that we have heard some examples of how the SNP is meeting that test, on which it is to be warmly congratulated. However, there are corollaries to that, which I will come on to.

One of the things that has leapt out most at me this week has been the national cancer patient experience survey that was conducted by Macmillan Cancer Support. Although much of it

was good, I bring to the attention of the cabinet secretary and the ministerial team one particular example: the case of Steven Hanson, who is a constituent of mine. He is a young father in his 40s who was diagnosed a number of years ago with metastatic bowel cancer. He and his family requested cetuximab, which is a new cancer drug, and were told that he could have it if he completed two lines of unsuccessful chemotherapy. On completion of the second line of chemotherapy, he heard the devastating news that the cancer had grown. He was told, however, that the policy had changed and cetuximab was no longer available to him because it was now used only as a first-line treatment. I have written to the cabinet secretary about that and look forward to discussing Steven's case further because not only should we not treat patients like that, we should not treat any human beings that way. There is an element of cruelty to it.

The Liberal Democrats cannot support the Government's motion, because although there is much in it that we agree with, we do not believe that it is ambitious enough, in particular with regard to the two major crises that affect our health service—slippage in the percentage of health spend that goes to mental health services and the burgeoning crisis in general practice.

Yesterday, I visited Ladywell medical centre in Corstorphine. It is a great practice, but it is at capacity. People there told me that when the garden city development that has been approved by the City of Edinburgh Council comes on stream next year, the practice will be asked to absorb another 4,000 patients—even though it will be at capacity—and it will have to close its lists, as East Craigs medical centre has already done. That is because despite year-on-year population growth in the area, no new health centres have been built in my constituency for the past 45 years. A quarter of surgeries in my constituency are trying to recruit a GP partner but cannot find one. At the end of this decade, Scotland will, as others have said today, have 740 fewer GPs than our primary healthcare requires. It was great to hear the cabinet secretary's announcement on training places, but they are worth nothing if there are no GPs to fill them.

Ask any doctor, and they will say that a quarter of surgery appointments in our GP surgeries are used by people who have underlying mental health conditions. They demand far more attention from our doctors than they currently receive from our health board funders, but in percentage terms, that funding is dropping. Last year, I was walking through the centre of Edinburgh when, very sadly, a man took his own life and died on the pavement beside me. I was the first responder at the scene and I had an ambulance there 90 seconds later. That 90-second response came at a time when his

primary care needs were absolutely nil. However, if he had walked into a GP surgery when he had begun to feel unwell, he could have expected to wait at least nine months for the kind of care that he needed. He was 41 years old and, sadly, joins the ranks of such men—among men under the age of 50 suicide is the leading cause of death. Some 700 people in Scotland a year take their own lives—almost equivalent to the number of people who die from breast cancer.

Investment in mental health will help our hard-pressed and overworked GPs, but it must also be seen as a pan-departmental issue. It is an economic issue, with 643,000 working days being lost every year due to depression. It is a criminal justice issue, with many public acts of disturbance being caused by people who have underlying mental health issues. It is also a childhood issue. The fact that six health boards have today announced that they have missed their own targets is a national disgrace. We must double the spending on CAMHS. That is the challenge that is before us.

**The Deputy Presiding Officer (Christine Grahame):** I call Graeme Dey, to be followed by Neil Bibby and Bruce Crawford. Gentlemen—as we are short of time, I can give you only up to five minutes each.

16:18

**Graeme Dey (Angus South) (SNP):** I want to focus on the practicalities of delivery of health services in areas such as the one that I represent.

Nothing that I intend to say is designed to let the Scottish Government off the hook because, ultimately, responsibility for delivery of health services lies with the Government. However, as Maree Todd said, no Government of any hue can micromanage every aspect of the workings of NHS boards that impact on day-to-day delivery on the ground, nor can it ensure that councils do their bit to maximise ready access to the services. Overarching policy ambitions can be readily undermined by underlying issues that are, ultimately, the responsibility of people at local level.

NHS Tayside's document, "The 2020 Vision for Health and Social Care in Scotland", addresses delivery of healthcare across its area and talks about ensuring that services are readily available in rural settings. However, talking the talk must be followed by walking the walk. To be fair, the health board is doing that to an extent in my constituency; I acknowledge that there have been welcome enhancements of service provision in Angus South. The advent of access to day-patient cancer services in Arbroath is a welcome step forward, and the joined-up working with GPs along

the coastal strip in Angus Council's area in order to serve dementia patients and their families better has been terrific. I look forward to that approach being rolled out in Kirriemuir. However, I would be failing in my duty as a constituency MSP if I did not highlight pinch points in delivery of the services that the cabinet secretary and Government want for rural areas.

Angus faces a particular demographic challenge in that the working-age population from which the NHS recruits is going down, while the population of people who are of an age at which they are statistically more likely to require health services is increasing. That has been exacerbated by an apparent difficulty in recruiting staff from outwith the locality to work in such rural—or perhaps, more accurately, semi-rural—settings. I am told that in part that is down to newly trained staff who, having done their training in shiny and busy modern facilities, find the older traditional service models that exist in too many rural areas to be comparatively unattractive.

We have to find a means to tackle that issue, or we will have more and more instances of what has just happened with Montrose infirmary's maternity unit in my colleague Mairi Evans's neighbouring constituency of Angus North and Mearns. That unit has had to be closed to new births until September owing to staff shortages. The NHS nationally now boasts almost 60,000 midwives—4.6 per cent more than there were in 2006—but a facility in a significant size of town is unable, albeit temporarily, to attract staff in sufficient numbers. That tells us that there is a specific problem.

Let us be clear: if that problem is not addressed, we could ultimately see a more permanent impact, on safety grounds, on locally available services—not necessarily in Montrose, but in a wider sense, as events at the nearby Mulberry unit at Stracathro hospital show. Whatever other reasons there are behind the potential threat to its future, difficulties in recruiting and retaining staff are advanced as a major reason why, under plans to close one of three mental health in-patient facilities in Tayside, Mulberry seems to be the favourite to go.

Ironically, the Mulberry unit is a modern facility that is popular with service users and their families and with the staff who are deployed there. NHS Tayside must, with all possible Government support, find a way to overcome the problem of rural recruitment. What are other boards doing? What best practice examples are out there?

I will air briefly another area of concern—primary care and how the benefits of additional funding and jointly agreed initiatives may not yet be being felt on the ground. The cabinet secretary knows that two GP practices in my constituency are keen to innovate and to embrace some of the new measures that the Government has

introduced, in conjunction with stakeholders, to address recruitment and retention of staff and the patient-access issues that the practices encounter. The initial response from the health board has not offered the encouragement that the practices were anticipating. Health boards need to promote the new measures and embrace different approaches in support of primary care—especially around recruitment issues and working models.

On patient access, a real change in approach is needed around local authority planning. When they are considering housing developments, councils seek developer contributions to alleviate any accompanying impact on education provision. However, in my experience they have until recently shown little regard for potential impacts on local GP lists, which is having tangible consequences in respect of people seeking appointments. I am partially reassured to be told that all new housing developments across Tayside will now be considered as part of the developing primary care premises strategy. The councils and the NHS need to get their acts together quickly: if the population of an area is to be increased by significant new-build housing having been sanctioned, the potential impact on access to local health services must be at the heart of the decision-making process.

**The Deputy Presiding Officer:** Thank you for keeping to time. I call Neil Bibby, followed by Bruce Crawford.

16:23

**Neil Bibby (West Scotland) (Lab):** I welcome the opportunity to speak in the first health debate of the new session. I will, again, use my speech to discuss the future of the NHS in my area and to stand up for my constituents—especially the families and staff of the Royal Alexandra hospital's children's ward in Paisley.

First, I record my support for the amendment, in the name of my colleague Anas Sarwar, that calls for a cut in cancer waiting times.

Proper funding is needed to make the NHS fit to tackle the challenges. I welcome the indication today from the health secretary that she wants to resource health services properly. However, for that to become a reality, the health secretary will need to resource health boards properly—including Scotland's largest, which is NHS Greater Glasgow and Clyde. As Shona Robison knows, that board will soon set its budget and needs to make cuts of £69 million over the coming financial year—more than £1 million every week. The Scottish Government cannot say that it is protecting the NHS budget when Scotland's largest health board has to make such significant cuts. The cuts are a threat that could decimate

local services, including the children's ward at the Royal Alexandra hospital in Paisley, which provides a vital service to local families, and where the staff provide a very high standard of care. As I have said previously, existing ward services should be maintained and not subject to closure or downgrading.

We are talking about health inequalities, so it would be remiss of us not to remember that the RAH serves the most deprived community in the country. If the Scottish Government is serious about health inequalities, it will seek to protect and improve health services at the RAH. We know that key decisions on services at the hospital, like decisions regarding other hospitals, were delayed until after the election. Now we learn from the front page of Saturday's *Paisley Daily Express* that the health board recently told Renfrewshire Council that its preferred option is to move inpatient paediatric services from the RAH to Glasgow. It is now beyond any shadow of a doubt that the children's ward has been and is under threat.

Before the election, the health secretary wrongly denied that there were any proposals, and when asked specifically about the RAH on national television, just days before the election, the First Minister said that there were no proposals, so it will not surprise the health secretary that I have a few questions for her and her colleagues about the current situation. Will she tell us whether the Government's position is still that there are no proposals to close or downgrade the children's ward? Renfrewshire Council made an effort to contact the health board about the plans for the children's ward. Is the health secretary still saying that neither she nor her officials have had any discussions whatever about the future of the ward, as she said in Parliament in March? Also, will she confirm that she still believes that NHS services, including the children's ward at the RAH in Paisley, are clinically safe, as she did in March? Will she confirm that she will ensure that there will be a full and meaningful consultation on any proposals that would affect the RAH, should the health board press ahead?

I would like an answer now to the question whether the health secretary will give a commitment to come to Paisley to listen to the views of local families who would be affected by proposed cuts to the RAH. I am sure that she would not snub such a meeting. She should come to Paisley to listen to the views of local families, because surely she would not expect local families and staff to come to Edinburgh to meet her. The ongoing uncertainty about the future of the children's ward is deeply disrespectful to, and worrying for, families and staff.

The health secretary should visit Paisley and listen to the views of local parents on the

importance of the ward. She should listen to local mums such as Karen Meikle, who has said:

"I've lost count of the number of times we've been in the RAH. It has certainly been at least once a week since Alex"—

her son—

"was born. He suffers from seizures, infections and breathing difficulties and every second counts when it comes to getting him treatment. Getting there quickly is so important."

The final question that the health secretary will need to answer is whether or not she will protect ward 15 at the RAH and provide the health board with the necessary resources. In January, the health secretary told the *Paisley Daily Express* that she would have the final say over any proposals. Having wrongly denied the existence of proposals to local families, it would be unforgivable for the health secretary to back any plans to close or downgrade the children's ward against their wishes. It is time for the Scottish Government to be honest with and to listen to local families and RAH staff. It is time for the local health board to be properly funded and it is time for the health secretary to make sure that there is no closure and no downgrading whatsoever of the RAH children's ward.

**The Deputy Presiding Officer:** I call Bruce Crawford, who will be the last speaker before we move to the winding-up speeches, for which members who have taken part in the debate should be in the chamber.

16:28

**Bruce Crawford (Stirling) (SNP):** I am delighted to speak—

**The Deputy Presiding Officer:** We need your microphone and card, but not necessarily in that order.

**Bruce Crawford:** I have probably now lost a minute—forgive me.

**The Deputy Presiding Officer:** I will give you it back, in deference to your age.

**Bruce Crawford:** Thank you very much. I will come to age in a moment.

I am delighted to be able to speak in the first health debate in this new parliamentary session. Right across the chamber, we have all agreed that our most cherished service is our national health service, and we have also agreed that it faces significant challenges. I enjoyed the contribution from Jackson Carlaw, who rightly recognised that there is an emerging consensus. The way that he put it across was very effective. I hope that as we go through the next five years, we can keep that



consensus, to help to deliver the changes that will be needed in the health service.

There are a number of challenges and I will touch on a few of them. We know that inflation in the NHS runs ahead of that in the normal economy, because of the price of drugs, et cetera. We are also aware that we have a real problem with obesity and diabetes, which is driving up demand in the NHS. Brian Whittle touched on that, and I say well done to him on his first speech, and to Maree Todd and Ross Thomson on theirs—well done to you all.

Beyond the issues that I have mentioned, we have a demographic problem, with people living longer and complex conditions becoming more prevalent. I was pleased that the Scottish National Party's manifesto commitment on health outlined the idea of an elective diagnostic and treatment centre to deal with routine problems, providing cataract operations and hip and knee replacements, for example. That will be an absolute necessity in order to take the pressure off acute and primary care services in the future.

As I become more chronologically challenged myself—perhaps like you, Presiding Officer—I note that we might need that service ourselves.

**The Deputy Presiding Officer:** I would tread very carefully, Mr Crawford.

**Bruce Crawford:** I always tread very carefully around you, Presiding Officer.

The reality is that the structure must change to reflect a changing Scotland and the huge challenges of the future.

The architecture and landscape of health in Scotland includes 22 health boards, with 14 territorial boards and eight special boards. I say to the cabinet secretary that the system must be up for some sort of reform. I should also say that I welcome the cabinet secretary and the rest of her team back to their posts, and I welcome the new folk around her.

We need to tackle the scale of that architecture and landscape if we are to make it fit for purpose and to meet the huge challenges of the future. Can we find a way to remove duplication from those services and to find administrative savings that we can put into the front line? We will have to take tough decisions in such areas in order to put the national health service on a sound footing and equip it for the next decade and beyond.

I am glad that the cabinet secretary touched on some of those issues in her opening contribution. I will highlight a couple of local issues that underline the need for such a reform, particularly in relation to cross-territorial boundary challenges.

I have constituents in Strathblane and Blanefield who, although they should access services through NHS Forth Valley, are often required to access services in hospitals in Glasgow. In the recent past, when GPs have suggested on occasion that people should go to particular hospitals in the Glasgow area, there have been significant difficulties in achieving access to them. Some of the issues have been resolved, but they highlight the sort of cross-boundary issues that we need to begin to deal with. Why on earth should boundaries cause such problems for GPs and patients?

The situation is the same for those of my constituents who live in places such as Killin, Tyndrum and Crianlarich. Those who live in Dalmally, just across the border of NHS Argyll and Bute, have special transport arrangements to get them to hospital in Oban, but that is not the case for those in Tyndrum and Crianlarich. For them, getting access to hospitals is the same as it is for those who live in the NHS Forth Valley area. We need to sort out those territorial boundary issues.

Given that I was so rude to the Presiding Officer, I had better finish before 5 o'clock—

**The Cabinet Secretary for Environment, Climate Change and Land Reform (Roseanna Cunningham):** What?

**Bruce Crawford:** Sorry—I meant that I will finish within five minutes.

**The Deputy Presiding Officer:** You must keep on taking the pills.

**Bruce Crawford:** They have obviously stopped working.

I will finish by saying that now is the time for reform. As I said during the first debate, we have a window of opportunity in which to implement the necessary changes to make the NHS fit for purpose in the next decade and beyond. This is our chance, across the Parliament, to grasp the opportunity with both hands. I support the Government's motion, but I encourage the consensus that will be required to get those changes delivered.

**The Deputy Presiding Officer:** Thank you, Mr Crawford. It was a long wait for you—that is an excuse for the little stumbles that you made.

16:33

**Colin Smyth (South Scotland) (Lab):** For the record, I declare an interest in relation to the debate: when I was elected in May, I was employed by Parkinson's UK, although that employment has now ceased. I am also a local councillor in Dumfries and Galloway.

I, too, offer my congratulations to Shona Robison on her reappointment as Cabinet Secretary for Health and Sport, and I congratulate Aileen Campbell and Maureen Watt on their appointment to her team. I very much wish them well.

During the debate, we have been fortunate to hear excellent first speeches from Maree Todd and Ross Thomson, who come from some of the most beautiful regions in Scotland, and from Brian Whittle, who comes from the most beautiful region: South Scotland. This time last week, I knew exactly how they felt in making a first speech; in about six minutes' time, I will let them know whether it is any easier making a second speech in the chamber.

Our national health service is unquestionably Labour's greatest achievement. In government, we created it, and it will be Labour that will defend it in this chamber and across the country. Put simply, the principle of an NHS free at the point of use is in our party's DNA.

The speeches that we have heard today show a renewed passion for our NHS across the chamber. I am particularly pleased that Jackson Carlaw has withdrawn his reference to my colleague Anas Sarwar being an old and tired face and has now highlighted the fresh faces on Labour's front-bench team.

I am pleased that many members have recognised the outstanding contribution of those who work in the health and social care sector, including our carers, who Richard Lyle rightly highlighted. I hope that consensus on that will lead to an honest debate with the public about the significant pressures that the sector faces. As Rachael Hamilton said, we have an ageing population and an increased number of people with complex care needs. However, despite growing demand for services, local health boards face significant health savings targets. This year, my local health board, Dumfries and Galloway NHS Board, has to make so-called efficiency savings of £30 million. Neil Bibby highlighted the £69 million-worth of savings that NHS Greater Glasgow and Clyde faces and Lewis Macdonald highlighted the £18.5 million-worth of savings that NHS Grampian needs to achieve.

The picture is the same across Scotland, which is of no surprise given that Audit Scotland has confirmed that the combined NHS Scotland capital and revenue budget has declined by 0.7 per cent since 2008-09. It also highlighted the fact that our 31 integration joint boards expect to make savings of between £138 million and £157 million per annum, which is some way off the funding needed to come close to keeping pace with demand.

Uncertainty also remains about what funds will be available to meet existing demands. As someone who was instrumental in ensuring that Labour-led Dumfries and Galloway Council became the first council to gain living wage accreditation, I welcome the commitment to pay the living wage in the social care sector. However, the funding provided by the Government to meet that commitment was not based on proper costings and was provided only to meet the living wage for half a year, so I hope that when summing up the minister will make it clear—

**Shona Robison:** First of all, the funding is there as part of the £250 million to support the integration of health and social care. Secondly, it was the Convention of Scottish Local Authorities and local government that asked for the payment of the living wage to be put back to October, so that they could prepare the ground for its introduction in the social care sector. Does the member accept that?

**Colin Smyth:** I accept that, but the Government has provided funding only for six months. My question is whether when summing up the cabinet secretary will clarify whether funding will be provided to joint boards to meet the full cost of the living wage next year and beyond, and not just for a six-month period.

The budget pressures on health and social care come at a time when we have a major recruitment crisis across the sector, with hundreds of consultant and GP vacancies going unfilled. Just last week, NHS Lanarkshire confirmed that it had to close the doors to new admissions in Lockhart hospital in Lanark, citing the GP recruitment difficulties that it faces as the reason for that closure. I know that my fellow South Scotland MSP Claudia Beamish is urging the NHS to put in place robust measures to protect the hospital's long-term future. The recruitment challenges are exacerbated by the number of unfilled trainee and specialist posts.

How do we meet those challenges? As my colleague Anas Sarwar has pledged, Labour will work constructively across party lines, so we welcome the cabinet secretary's invitation to meet her; we also welcome much of what is included in the Government's motion.

We support the need to increase NHS funding in real terms and to tackle the appalling health inequalities highlighted by a number of speakers. However, the Government motion says:

"health inequalities will require an approach that looks beyond the NHS".

Based on the cabinet secretary's comments, I presume that that approach includes local government, but the Government's refusal to use the Parliament's new powers to end austerity and

properly fund councils undermines its commitment to tackling inequalities.

We very much share the Government's vision of a Scotland where mental health support is given the same priority as physical health support, and my colleague Monica Lennon highlighted in particular the waiting time scandal facing children and young people.

We support having explicit protection for the NHS in any so-called transatlantic trade and investment partnership, but I am disappointed that the motion and the cabinet secretary's response to Neil Findlay's question did not go further with a clear commitment to outright opposition to TTIP. Such a bold move would show that this Parliament is completely opposed to the privatisation of our health service, that we would fight any plan that would slash health and safety standards and that we stand against giving international corporations the opportunity to sue Governments that want to take assets into public ownership.

Although we would have liked the motion to go further, our amendment retains the Government's motion but asks that Parliament supports an additional commitment on cancer waiting times. Alison Johnstone expressed concern over targets. The Green Party has nine targets in its manifesto, including one for organic production, so I hope that it is not opposed to targets for cancer waiting times. Cancer is Scotland's biggest killer and touches almost all families, as we heard in Ash Denham's personal story. Such a move on cancer waiting times would send a clear signal to the people of Scotland that in this first health debate of the new Parliament, the Parliament will be bold—that members from across the parties are prepared to work together and will not simply kick the issue into the long grass of a review but will set achievable, ambitious goals and improve the experience of cancer patients throughout Scotland right now.

No political party has a monopoly on concern for the NHS or on ideas for how to improve our health and social care services. However, the NHS and social care are, and always will be, Scottish Labour's priority. We want to work across party lines to help to build a world-class health and social care sector that has the investment that it needs to place the patient at the heart of everything that it does; that values its staff, who work tirelessly to care for us all; and that tackles the national scandal of health inequalities, which have, for far too long, been a scar on too many communities. We want an NHS that tackles Scotland's big killers, such as cancer, and an NHS that remains free at the point of need. That is Labour's vision for health and social care. I hope that today Parliament will unite in support of that vision.

**The Deputy Presiding Officer:** I call Miles Briggs to wind up for the Scottish Conservatives. You have up to 9 minutes, please.

16:41

**Miles Briggs (Lothian) (Con):** Thank you, Presiding Officer. I start by welcoming you to your position and thank you for the positive comments that you wrote about me recently in the *Sunday Mail*. I must admit that a number of SNP colleagues have warned me since I read them, but as the warnings came only from your fellow SNP members, I have not taken them to heart.

**The Deputy Presiding Officer:** I will have to take you aside—do not say those things in public, please. *[Laughter.]*

**Miles Briggs:** Last week, I was involved in my first school outreach visits to Parliament when I met pupils and teachers from Gracemount and Bruntsfield primary schools. Speaking with the pupils reminded me of my path to becoming an MSP. Nineteen years ago, I sat in my classroom in Perthshire, listening to the newly elected MP for North Tayside telling my class about his life as our local MP and his hopes and dreams for our country. He was a tall man with what I think was affectionately described at the time as Deirdre Barlow spectacles, and he had slightly thinning hair. I can remember listening to Mr Swinney and thinking that I did not really agree with his politics or his view on Scotland leaving the United Kingdom, but that was perhaps what drove me to get involved in helping to campaign for Murdo Fraser and Liz Smith and, while I was at university in Aberdeen, to help Nanette Milne to be elected to this Parliament.

I pay tribute to the Scottish Conservative members who have served the Lothian region with such distinction since this Parliament was reconvened—from the charming gentlemen that are Lord James Douglas-Hamilton and Cameron Buchanan, to my friend Gavin Brown, who is going to be hugely missed from this chamber for the economic mind that he brought to the job, although Derek Mackay might be pleased that he will not be facing him in the debating chamber.

I would also like to pay tribute to our former leader, David McLetchie. Every party activist wants to attend an election count when their party is winning, and seeing the results come in, I could not help but think that David—who contested his first election in the Edinburgh Central constituency in 1979—should have been with us.

Like MSPs from parties across the chamber, we stand on the shoulders of many great campaigners who have gone before us, and we owe it to them to lift the level of debate in this Parliament and to work to build a better Scotland.

I would also like to pay tribute to the former Edinburgh Southern MSP, Jim Eadie. Jim is a good and kind man, and I put on record thanks to him and his office staff for the service that they provided to local residents over the last five years. Jim and I worked together in the run-up to the election on a number of local issues, including the campaign to reinstate the Edinburgh south suburban rail service. I pledge to continue that work.

Presiding Officer, there can be no greater and more pressing issue for this Parliament than the health of our nation. My own mum died from breast cancer when I was seven, and caring for her was the toughest thing that ever hit our family. Like all families who face the agony of a family member fighting a diagnosis, we came together, but I know many individuals and families who, too often, feel alone.

Gail Ross and Ashten Denham spoke about losing their fathers. Losing a child, sister, brother, aunt, uncle, father or mother is never easy, but the love, support and dedication of the hospice staff who cared for my mum will always stay with me. In fact, from the experiences that I have had with many of our medical professionals, I know that it is that human spirit and dedication to caring for others that really sustains staff's work in our often overstretched NHS.

We should rightly be proud that Scotland has some of the greatest charities that work to provide support for patients and their families—from mental health charities such as SAMH and Samaritans in Scotland to Cancer Research UK, the British Heart Foundation and hospice charities such as Marie Curie in Scotland and the Children's Hospice Association Scotland.

The demands that our health services face will only grow in the future and deciding how best to meet those demands will be critical in maintaining and improving our NHS. A difficult part of becoming an MSP has been the number of constituents who have approached me to ask for help and support in fighting appeals to the health board for vital drugs at the very time when they are at their weakest. Like every MSP, I want Scotland to be a country in which everyone with a diagnosis has the best healthcare and the best possible chance of beating the disease. We need to do more to support patients and their families. As my colleague Jackson Carlaw outlined, perhaps the time has come to look again at the establishment of a Scottish drugs fund and at how best we can provide for new drugs to be made available.

In recent years, welcome steps have been taken to tackle the stigma of mental health. The Parliament must now take real action to make Scotland a country that delivers a focused and

improved service for those who need help. I welcome Maureen Watt to her position as the Scottish Government's dedicated Minister for Mental Health and look forward to working with her to build a lasting mental health strategy for our country. I have known Maureen Watt for many years and have seen at first hand her quiet determination to get results on a number of issues. I hope that mental health is one area in which we have genuine political consensus.

I am also determined to press the Scottish Government to be more imaginative and to take a cross-portfolio approach. As Alex Cole-Hamilton has outlined, perhaps the most stark statistic is that suicide is still the biggest killer of young people under 35 in Scotland. We have a real opportunity to get that right and to truly improve mental health services.

I also welcome Aileen Campbell to her new position as Minister for Public Health and Sport. It does not seem so long since we were both on a school bus going to music practice in Perth. I look forward to what I hope will be a constructive relationship and a positive approach to developing public health policy.

There are a number of policy areas in which I think and hope that we can work together to make real progress. One group that has hugely impressed me is the Jamie Skinner Foundation in Edinburgh, which was established following the tragic death from cardiac arrest of the Liberton high school pupil Jamie Skinner in December 2013 while he was playing football for Tynecastle Football Club. He was aged only 13. The time has come for Scotland to lead, for the introduction of a national heart screening programme for young athletes in Scotland, and for the Scottish Government to make genetic screening and healthy heart practices a greater priority in the Parliament. I hope that the Scottish Government will help me to take forward that issue.

Many new SNP members have used their first speeches to welcome and promote the much-espoused baby box policy. I do not doubt the merits of that policy, but I respectfully suggest that the postcode lottery that surrounds in vitro fertilisation fertility treatment for too many families and couples across Scotland should be the real focus of SNP ministers' efforts. That is another area in which I hope we can work to improve—

**Shona Robison:** Will the member give way?

**Miles Briggs:** I am down to the last minute of my maiden speech.

To conclude, our Scottish politics and democracy may often seem divided, but they are nonetheless a thing of great beauty and the envy of those around the world who have yet to achieve them. Therefore, as we embark together on this

new session, with a minority Government, I say that we might not agree all the time on everything—in fact, we might disagree on a great number of things—but I know that we can agree that grievance, division and negativity cannot be the lifeblood of our Scottish politics. As Scotland's Opposition, we are ready and willing to work with others—from our health charities and representative bodies to Scotland's public sector union movement—to support and build our health services. Our door will always be open. *[Applause.]*

16:49

**The Minister for Mental Health (Maureen Watt):** Before I respond to some of the points raised in the excellent speeches made during this debate—including first speeches from Brian Whittle, Maree Todd and Ross Thomson—I will take some time to speak about the mental health part of the health brief.

I pay tribute to the work of my predecessor, Jamie Hepburn, who was the first minister to have mental health in his job title. I am extremely proud to be appointed Scotland's first dedicated mental health minister—the first in the UK. As the cabinet secretary said in her opening speech, last year we undertook a Scotland-wide national conversation on health. People told us how important the issue of mental health is to them, and we have listened and responded to that.

This Parliament has a proud history of highlighting mental health—it has debated it frequently. Last year we passed the Mental Health (Scotland) Act 2015, which updates the legislation to allow service users with a mental health disorder to access effective treatment quickly and easily, and contains measures to enhance service users' rights and to promote their involvement in their treatment.

I hope that we continue to work across the chamber to build on the progress we have made and to ensure that, when we think and talk about health, we treat our mental health just as we would our physical health. We have talked about parity of mental health and physical health, which is hard to describe or measure. I will set out the key areas where I want to see change to achieve that parity.

We are already investing an additional £150 million in mental health over five years to support the shift. In our manifesto, we said that we would work with mental health charities, stakeholders and service users to put in place a 10-year plan to transform mental health care in Scotland, including for children and young people. Over the past few months, we have engaged with stakeholders, including people who use mental health services, carers, service providers and professional bodies.

The Scottish Association for Mental Health also hosted engagement events.

That engagement was to inform what our priorities will be in the new strategy. I intend to publish an outline strategy for wider engagement in the next few weeks, and the final strategy will be published later this year. The engagement is important to ensure that our strategic direction and ambition for the next decade focuses on the things that people agree are most important. We are also taking action right now to build on progress already made and to remove barriers.

I will continue our focus on improving access to support and treatment for people with mental health problems when they need it—in primary care and in more specialist services. SAMH campaigned for the principle of ask once, get help fast. We want to see that become a reality during this parliamentary session.

Today, we saw the publication of the latest mental health access and waiting times statistics. At the start of the previous session of Parliament, we had no way of knowing how many people were receiving a psychological therapy or how long they were waiting to start treatment. Now, we have that data.

The figures that were published today by the Information Services Division confirm that, in the first three months of this year, more than 11,000 people started a psychological therapy. The figure has increased by 1,800 on the figure this time last year, which is an increase of over 15 per cent. Average waiting times across Scotland have fallen to seven weeks, and nearly 83 per cent of people start treatment within the 18-week standard. That increase in access to treatment is a significant improvement, but people are still waiting too long and we have a way to go before we achieve the ask once, get help fast principle.

We have already put in place a £54 million comprehensive package of support to improve access to mental health services for children and adults, which will provide funding for additional staff, workforce development and in-depth improvement support for local services. However, now that we have good information about the number of people who are starting treatment in Scotland, we know that we are likely to see demand continue to rise as services become more accessible, and we know that there is better access in some areas than in others. There is still more to do.

Around a third of GP consultations have a mental health component, and most people who experience mental health problems are and will continue to be supported in primary care. We are providing a £10 million mental health primary care fund to deliver new models of support for physical

and mental health. I expect innovative models involving link workers and peer support workers to be developed, and I expect support to be provided to help people to remain in, or return to, work.

Improving access to services is important, but we can make an even bigger difference if we prevent problems from developing in the first place and intervene as early as possible when problems emerge. The early years is when we have the best opportunity to improve long-term mental health, and I want a concerted effort to be made on doing the things that the evidence tells us will be most effective.

The figures that were published today also show that the number of children and young people starting treatment in child and adolescent mental health services has continued to support a marked increase in the number of people seen. The figure for the first three months of 2016 was up 4 per cent on the same period in 2015, and it has gone up by 23 per cent since 2014. That is because of better identification and referral of children who are experiencing problems, better awareness of mental health problems and a reduction in stigma, which means that parents are more likely to seek help. CAMHS is important, and I expect to see results from our recent investment in those services. I expect services to meet the waiting times standards, and I will pay very close attention to that.

It was heartening to hear how many members focused on mental health, and I pay tribute to the experience that Clare Haughey and Tom Arthur bring to the field.

**Neil Findlay:** The minister mentioned the waiting times targets. Because of its budget crisis, NHS Lothian is talking about suspending waiting times targets. How will the Government address that? Will it instruct NHS Lothian not to do that? Otherwise, patients will suffer badly.

**Maureen Watt:** I said that there were discrepancies and differences across Scotland, and I want to make sure that they are reduced. As I said, that is one of the things that I will be focusing on.

One member—I think it was Ash Denham—mentioned isolation and how that can affect mental health. During my period as Minister for Public Health, I was keen to promote the charity Meal Makers, which encourages younger people—it is often students who take part—to make an extra meal and take it to someone who is living in isolation. We know that, in some, tragic cases, isolation leads to suicide. That said, although suicide rates are still a problem in Scotland, they have gone down. We also know that suicide is often related to economic circumstances.

Many members, including Brian Whittle, Rachael Hamilton and Alison Johnstone, mentioned obesity. Aileen Campbell is bringing to conclusion the work that I started on the diet and obesity strategy, which includes co-ordinated action on stopping the promotion of unhealthy foods. Conservative members might help by making sure that the Westminster Government plays its part in that by taking action on media advertising of unhealthy foods.

I am pleased that, overall, the cabinet secretary's announcement of a review of targets has been welcomed. Many members mentioned targets, and where they want them and where they do not. The IVF targets have been met by all the health boards—there is not a postcode lottery when it comes to the IVF targets.

**Anas Sarwar:** Are there any particular targets that the minister wants to scrap as part of the review?

**Maureen Watt:** The point of having a review is to ask experts and patients which targets they want to keep. I am pleased that Miles Briggs, for example, talked about the collaborative approach, which we know has worked in the past. I hope that Labour members will get on board with that, too—many of their speeches did not highlight such an approach.

We have illustrated in the debate how clinical outcomes can demonstrate how much more effective we are at supporting people to get better and have better personal outcomes, whether in their health, in employment or in relationships. We look forward to the challenges that will present themselves in the health sector and, like my colleagues in the health portfolio, I look forward to working with others.

## Decision Time

17:01

**The Deputy Presiding Officer (Linda Fabiani):** There are three questions to be put as a result of today's business.

The first question is, that amendment S5M-00346.4, in the name of Donald Cameron, which seeks to amend motion S5M-00346, in the name of Shona Robison, on taking Scotland forward: delivering a healthier Scotland, be agreed to. Are we agreed?

**Members:** No.

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

### For

Balfour, Jeremy (Lothian) (Con)  
 Briggs, Miles (Lothian) (Con)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Cameron, Donald (Highlands and Islands) (Con)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Chapman, Peter (North East Scotland) (Con)  
 Corry, Maurice (West Scotland) (Con)  
 Davidson, Ruth (Edinburgh Central) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Golden, Maurice (West Scotland) (Con)  
 Greene, Jamie (West Scotland) (Con)  
 Hamilton, Rachael (South Scotland) (Con)  
 Johnstone, Alex (North East Scotland) (Con)  
 Kerr, Liam (North East Scotland) (Con)  
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)  
 Lindhurst, Gordon (Lothian) (Con)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 Ross, Douglas (Highlands and Islands) (Con)  
 Scott, John (Ayr) (Con)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Thomson, Ross (North East Scotland) (Con)  
 Tomkins, Adam (Glasgow) (Con)  
 Wells, Annie (Glasgow) (Con)  
 Whittle, Brian (South Scotland) (Con)

### Against

Adam, George (Paisley) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Beamish, Claudia (South Scotland) (Lab)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Bibby, Neil (West Scotland) (Lab)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Campbell, Aileen (Clydesdale) (SNP)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Constance, Angela (Almond Valley) (SNP)  
 Crawford, Bruce (Stirling) (SNP)  
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)  
 Denham, Ash (Edinburgh Eastern) (SNP)  
 Dey, Graeme (Angus South) (SNP)

Doris, Bob (Glasgow Maryhill and Springburn) (SNP)  
 Dornan, James (Glasgow Cathcart) (SNP)  
 Dugdale, Kezia (Lothian) (Lab)  
 Evans, Mairi (Angus North and Mearns) (SNP)  
 Ewing, Annabelle (Cowdenbeath) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fee, Mary (West Scotland) (Lab)  
 Findlay, Neil (Lothian) (Lab)  
 Finnie, John (Highlands and Islands) (Green)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (East Lothian) (Lab)  
 Greer, Ross (West Scotland) (Green)  
 Griffin, Mark (Central Scotland) (Lab)  
 Harper, Emma (South Scotland) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Johnstone, Alison (Lothian) (Green)  
 Kelly, James (Glasgow) (Lab)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lamont, Johann (Glasgow) (Lab)  
 Lennon, Monica (Central Scotland) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Lochhead, Richard (Moray) (SNP)  
 Lyle, Richard (Uddingston and Bellshill) (SNP)  
 MacDonald, Angus (Falkirk East) (SNP)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 Macdonald, Lewis (North East Scotland) (Lab)  
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)  
 Mackay, Derek (Renfrewshire North and West) (SNP)  
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)  
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)  
 Maguire, Ruth (Cunninghame South) (SNP)  
 Marra, Jenny (North East Scotland) (Lab)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAlpine, Joan (South Scotland) (SNP)  
 McArthur, Liam (Orkney Islands) (LD)  
 McDonald, Mark (Aberdeen Donside) (SNP)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 McNeill, Pauline (Glasgow) (Lab)  
 Neil, Alex (Airdrie and Shotts) (SNP)  
 Paterson, Gil (Clydebank and Milngavie) (SNP)  
 Rennie, Willie (North East Fife) (LD)  
 Robison, Shona (Dundee City East) (SNP)  
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Rumbles, Mike (North East Scotland) (LD)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Russell, Michael (Argyll and Bute) (SNP)  
 Sarwar, Anas (Glasgow) (Lab)  
 Scott, Tavish (Shetland Islands) (LD)  
 Smith, Elaine (Central Scotland) (Lab)  
 Smyth, Colin (South Scotland) (Lab)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)  
 Stewart, David (Highlands and Islands) (Lab)  
 Stewart, Kevin (Aberdeen Central) (SNP)

Sturgeon, Nicola (Glasgow Southside) (SNP)  
 Swinney, John (Perthshire North) (SNP)  
 Todd, Maree (Highlands and Islands) (SNP)  
 Torrance, David (Kirkcaldy) (SNP)  
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)  
 Wheelhouse, Paul (South Scotland) (SNP)  
 White, Sandra (Glasgow Kelvin) (SNP)  
 Wightman, Andy (Lothian) (Green)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

**The Deputy Presiding Officer:** The result of the division is: For 30, Against 94, Abstentions 0.

*Amendment disagreed to.*

**The Deputy Presiding Officer:** The next question is, that amendment S5M-00346.3, in the name of Anas Sarwar, which seeks to amend motion S5M-00346, in the name of Shona Robison, on taking Scotland forward: delivering a healthier Scotland, be agreed to. Are we agreed?

**Members:** No.

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

#### For

Beamish, Claudia (South Scotland) (Lab)  
 Bibby, Neil (West Scotland) (Lab)  
 Dugdale, Kezia (Lothian) (Lab)  
 Fee, Mary (West Scotland) (Lab)  
 Findlay, Neil (Lothian) (Lab)  
 Finnie, John (Highlands and Islands) (Green)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (East Lothian) (Lab)  
 Greer, Ross (West Scotland) (Green)  
 Griffin, Mark (Central Scotland) (Lab)  
 Harvie, Patrick (Glasgow) (Green)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Johnstone, Alison (Lothian) (Green)  
 Kelly, James (Glasgow) (Lab)  
 Lamont, Johann (Glasgow) (Lab)  
 Lennon, Monica (Central Scotland) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Macdonald, Lewis (North East Scotland) (Lab)  
 Marra, Jenny (North East Scotland) (Lab)  
 McNeill, Pauline (Glasgow) (Lab)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Sarwar, Anas (Glasgow) (Lab)  
 Smith, Elaine (Central Scotland) (Lab)  
 Smyth, Colin (South Scotland) (Lab)  
 Stewart, David (Highlands and Islands) (Lab)  
 Wightman, Andy (Lothian) (Green)

#### Against

Adam, George (Paisley) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Balfour, Jeremy (Lothian) (Con)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Briggs, Miles (Lothian) (Con)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Cameron, Donald (Highlands and Islands) (Con)  
 Campbell, Aileen (Clydesdale) (SNP)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Chapman, Peter (North East Scotland) (Con)

Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Constance, Angela (Almond Valley) (SNP)  
 Corry, Maurice (West Scotland) (Con)  
 Crawford, Bruce (Stirling) (SNP)  
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)  
 Davidson, Ruth (Edinburgh Central) (Con)  
 Denham, Ash (Edinburgh Eastern) (SNP)  
 Dey, Graeme (Angus South) (SNP)  
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)  
 Dornan, James (Glasgow Cathcart) (SNP)  
 Evans, Mairi (Angus North and Mearns) (SNP)  
 Ewing, Annabelle (Cowdenbeath) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)  
 Golden, Maurice (West Scotland) (Con)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Greene, Jamie (West Scotland) (Con)  
 Hamilton, Rachael (South Scotland) (Con)  
 Harper, Emma (South Scotland) (SNP)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Johnstone, Alex (North East Scotland) (Con)  
 Kerr, Liam (North East Scotland) (Con)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)  
 Lindhurst, Gordon (Lothian) (Con)  
 Lochhead, Richard (Moray) (SNP)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Lyle, Richard (Uddingston and Bellshill) (SNP)  
 MacDonald, Angus (Falkirk East) (SNP)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)  
 Mackay, Derek (Renfrewshire North and West) (SNP)  
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)  
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)  
 Maguire, Ruth (Cunninghame South) (SNP)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAlpine, Joan (South Scotland) (SNP)  
 McArthur, Liam (Orkney Islands) (LD)  
 McDonald, Mark (Aberdeen Donside) (SNP)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 Neil, Alex (Airdrie and Shotts) (SNP)  
 Paterson, Gil (Clydebank and Milngavie) (SNP)  
 Rennie, Willie (North East Fife) (LD)  
 Robison, Shona (Dundee City East) (SNP)  
 Ross, Douglas (Highlands and Islands) (Con)  
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)  
 Rumbles, Mike (North East Scotland) (LD)  
 Russell, Michael (Argyll and Bute) (SNP)  
 Scott, John (Ayr) (Con)  
 Scott, Tavish (Shetland Islands) (LD)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)



Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Sturgeon, Nicola (Glasgow Southside) (SNP)  
 Swinney, John (Perthshire North) (SNP)  
 Thomson, Ross (North East Scotland) (Con)  
 Todd, Maree (Highlands and Islands) (SNP)  
 Tomkins, Adam (Glasgow) (Con)  
 Torrance, David (Kirkcaldy) (SNP)  
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)  
 Wells, Annie (Glasgow) (Con)  
 Wheelhouse, Paul (South Scotland) (SNP)  
 White, Sandra (Glasgow Kelvin) (SNP)  
 Whittle, Brian (South Scotland) (Con)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

**The Deputy Presiding Officer:** The result of the division is: For 27, Against 97, Abstentions 0.

*Amendment disagreed to.*

**The Deputy Presiding Officer:** The next question is, that motion S5M-00346, in the name of Shona Robison, on taking Scotland forward: delivering a healthier Scotland, be agreed to. Are we agreed?

**Members:** No.

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

**For**

Adam, George (Paisley) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Beamish, Claudia (South Scotland) (Lab)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Bibby, Neil (West Scotland) (Lab)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Campbell, Aileen (Clydesdale) (SNP)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Constance, Angela (Almond Valley) (SNP)  
 Crawford, Bruce (Stirling) (SNP)  
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)  
 Denham, Ash (Edinburgh Eastern) (SNP)  
 Dey, Graeme (Angus South) (SNP)  
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)  
 Dornan, James (Glasgow Cathcart) (SNP)  
 Dugdale, Kezia (Lothian) (Lab)  
 Evans, Mairi (Angus North and Mearns) (SNP)  
 Ewing, Annabelle (Cowdenbeath) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fee, Mary (West Scotland) (Lab)  
 Findlay, Neil (Lothian) (Lab)  
 Finnie, John (Highlands and Islands) (Green)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (East Lothian) (Lab)  
 Greer, Ross (West Scotland) (Green)  
 Griffin, Mark (Central Scotland) (Lab)  
 Harper, Emma (South Scotland) (SNP)

Harvie, Patrick (Glasgow) (Green)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Johnstone, Alison (Lothian) (Green)  
 Kelly, James (Glasgow) (Lab)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lamont, Johann (Glasgow) (Lab)  
 Lennon, Monica (Central Scotland) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Lochhead, Richard (Moray) (SNP)  
 Lyle, Richard (Uddingston and Bellshill) (SNP)  
 MacDonald, Angus (Falkirk East) (SNP)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 Macdonald, Lewis (North East Scotland) (Lab)  
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)  
 Mackay, Derek (Renfrewshire North and West) (SNP)  
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)  
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)  
 Maguire, Ruth (Cunninghame South) (SNP)  
 Marra, Jenny (North East Scotland) (Lab)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAlpine, Joan (South Scotland) (SNP)  
 McDonald, Mark (Aberdeen Donside) (SNP)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 McNeill, Pauline (Glasgow) (Lab)  
 Neil, Alex (Airdrie and Shotts) (SNP)  
 Paterson, Gil (Clydebank and Milngavie) (SNP)  
 Robison, Shona (Dundee City East) (SNP)  
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Russell, Michael (Argyll and Bute) (SNP)  
 Sarwar, Anas (Glasgow) (Lab)  
 Smith, Elaine (Central Scotland) (Lab)  
 Smyth, Colin (South Scotland) (Lab)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)  
 Stewart, David (Highlands and Islands) (Lab)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Sturgeon, Nicola (Glasgow Southside) (SNP)  
 Swinney, John (Perthshire North) (SNP)  
 Todd, Maree (Highlands and Islands) (SNP)  
 Torrance, David (Kirkcaldy) (SNP)  
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)  
 Wheelhouse, Paul (South Scotland) (SNP)  
 White, Sandra (Glasgow Kelvin) (SNP)  
 Wightman, Andy (Lothian) (Green)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

**Against**

Balfour, Jeremy (Lothian) (Con)  
 Briggs, Miles (Lothian) (Con)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Cameron, Donald (Highlands and Islands) (Con)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Chapman, Peter (North East Scotland) (Con)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Corry, Maurice (West Scotland) (Con)  
 Davidson, Ruth (Edinburgh Central) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Golden, Maurice (West Scotland) (Con)  
 Greene, Jamie (West Scotland) (Con)  
 Hamilton, Rachael (South Scotland) (Con)

Johnstone, Alex (North East Scotland) (Con)  
 Kerr, Liam (North East Scotland) (Con)  
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)  
 Lindhurst, Gordon (Lothian) (Con)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 McArthur, Liam (Orkney Islands) (LD)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 Rennie, Willie (North East Fife) (LD)  
 Ross, Douglas (Highlands and Islands) (Con)  
 Rumbles, Mike (North East Scotland) (LD)  
 Scott, John (Ayr) (Con)  
 Scott, Tavish (Shetland Islands) (LD)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Thomson, Ross (North East Scotland) (Con)  
 Tomkins, Adam (Glasgow) (Con)  
 Wells, Annie (Glasgow) (Con)  
 Whittle, Brian (South Scotland) (Con)

**The Deputy Presiding Officer:** The result of the division is: For 89, Against 35, Abstentions 0.

*Motion agreed to,*

That the Parliament agrees that the NHS is the country's most cherished public service and must remain free at the point of need and be publicly owned, funded and operated; further agrees that health and care services must continually evolve, including delivering the benefits of integration; recognises that meeting these challenges necessitates working in partnership across the health sector and the Parliament; believes that primary, community and social care and mental health should all receive an increasing share of the NHS budget each year to ensure that as many people as possible can lead fulfilling, independent lives; considers that health resource funding should increase above inflation every year, with the aim of being £500 million higher than real terms only increases by the end of this parliamentary session; supports a robust consultation process to help develop a new 10-year mental health strategy that cements the parity of status between mental and physical health; notes that the changes to the welfare system being put in place by the UK Government are exacerbating inequalities and putting more pressure on the NHS; considers that health inequalities will require an approach that looks beyond the NHS and that roots activity to address inequalities across government; agrees that the real living wage can help in addressing these inequalities; believes that it would be totally unacceptable if the proposed Transatlantic Trade and Investment Partnership, or any other trade agreement, were to go ahead without explicit protection for the NHS and public services on the face of the agreement, and calls on the UK Government to demand that this be included.

## Celebrating Glasgow's Third Sector

**The Deputy Presiding Officer (Linda Fabiani):** The final item of business is a members' business debate on motion S5M-00218, in the name of James Dornan, on celebrating Glasgow's third sector. The debate will be concluded without any question being put.

*Motion debated,*

That the Parliament recognises the important work carried out by the third sector in Glasgow, including organisations such as Glasgow the Caring City, which is based in Cathcart; believes that, without their input and support, many people would find themselves in much greater difficulty, and congratulates everyone involved with the third sector for the crucial role that they play in supporting the wellbeing of the citizens of Glasgow and people throughout Scotland.

17:06

**James Dornan (Glasgow Cathcart) (SNP):** The timing of this debate could not be better given that it is both carers week and volunteers week. I am sure that some of my colleagues will take this opportunity to praise the great work that is done by both carers and volunteers throughout their constituencies, and I will come back later to the work that is done by some of the third sector organisations in my constituency.

Did members know that the third sector employs 5 per cent of Scotland's workforce and includes about 1.2 million adult volunteers, that it provides more than a third of all registered social care services, or that it includes more than 3,000 organisations that work in healthcare and nearly 20,000 that work in social care and development? All that highlights the sector's importance in ensuring that Scotland becomes a healthier place.

Throughout Scotland, there are around 24,000 registered charities, 20,000 grass-roots community groups including sports and arts clubs, more than 3,500 social enterprises, 432 community interest companies—that is very specific—and 107 credit unions, and a vast number of those operate throughout and serve the city of Glasgow. In Glasgow alone, there are more than 2,000 voluntary organisations, social enterprises and community groups, and the sector contributes more than £1 billion to Glasgow's economy each year, employs more than 28,000 people and supports 95,000 volunteers.

Third sector organisations and volunteers are the backbone of many local communities and a foundation of support to those who live there. It would be difficult for me to name every organisation in my constituency, although they are all worthy of recognition. In order for me to

highlight the impact that third sector work has, I will touch on a few of them. For example, the Glasgow south east carers centre is an organisation that provides mentoring, peer group support and a social network. It provides education, resources, training and—at the most basic and maybe important level—friendship.

Carers UK highlights the impact of caring in its most recent report. One carer in three has seen a drop in their income of £20,000 or more, many say that they have had to cut back on heating or eating, and the health of many carers suffers as a result of money worries. However, the financial implications of caring are only the tip of the iceberg. Over and over again, reports and studies have shown that many carers suffer from poor physical and mental health. The physical toll of caring and the mental worry of making ends meet while ensuring that the needs of the person, who is often a loved one, are met often result in isolation. The Minister for Mental Health mentioned that in the previous debate.

Carers UK reports that 75 per cent of carers said that it was hard to maintain relationships and social networks because people do not understand the impact that caring has. Within the caring community, there are specific groups that many charities highlight as being at an increased risk of that demoralising isolation. For example, young carers are more likely to experience mental health issues and bullying than others of a comparable age.

One of my first duties as an elected member way back in 2007 was to attend a Glasgow south east carers centre event, at which I heard for myself the gruelling tale of a young girl who had been a carer from the age of nine. That had a huge impact on her life both educationally and socially, but thanks to the intervention of the centre, support was put in place that enabled her to discuss her situation honestly and openly with her teachers. Since then, she had progressed to become the fine young woman who I saw in front of me that day.

Carers, and specifically young carers, feel that they are misunderstood and detached. We have the responsibility to ensure that a bridge is built and that their social inclusion is seen as a high priority, not just by carers organisations but by wider society. That is why I am pleased to see the steps that the Scottish Government is taking to help carers, particularly young carers.

The third sector in Glasgow is to be praised not only for its outstanding local work but for its contributions beyond the city limits. Take, for example, its response to many recent international disasters such as the current humanitarian refugee crisis sweeping Europe, which has

prompted a massive response from many Glasgow charities.

Glasgow the Caring City is a charity that I know well. It supports people at home and overseas by promoting health, education and security. Earlier this year, I had the good fortune of visiting Serbia with the charity to meet Syrian refugees and to see the clothes, soap and all the other items that had been gathered from the people of Glasgow by Glasgow the Caring City and how they were being distributed to the refugees who were coming from Syria as they reached Serbia. The experience was both a pleasure and harrowing, but it was an honour to be there and to see the outcome of the good deeds of the people of Glasgow.

A few years ago, I visited Uganda and South Sudan and saw Glasgow the Caring City's work for the child soldiers. Members will remember the child soldiers in that part of the world, and how many young children were left as orphans. We visited orphanages, primary schools, nurseries and so on. We saw people who had been through the most traumatic of circumstances but, with a wee bit of care, love and attention, they were starting to become good citizens in their own country; it was well worth seeing.

Given that I have just highlighted the great work that is being done by the third sector in Glasgow, amazingly it appears that instead of it receiving support, obstacles are being placed in its way. Glasgow the Caring City might even be forced out of my constituency, having been there for 17 years, as a result of City Property Glasgow increasing its peppercorn rent of £1 per year to a market rent of £4,000 a year.

**Johann Lamont (Glasgow) (Lab):** I absolutely recognise the work of Glasgow the Caring City, but does Mr Dornan recognise the fact that there was cross-party agreement to shift from the process whereby charities paid peppercorn rents to their being sustained through the integrated grant fund? That work was supported across parties, so perhaps it now has to be worked through as a consequence for individual charities.

**James Dornan:** I do not recognise that a charity should have to go from paying a peppercorn rent to having to pay £4,000 a year because Glasgow City Council took out a mortgage for £240 million to pay for redundancies and early retirements. I do not think that that is a justifiable use of Glasgow city property.

City Property Glasgow was a monster that was created to do exactly that. Glasgow used to have a community ethos so that empty properties could be used for community benefit until such time as they were required. When City Property Glasgow came into being, it was told to squeeze every single penny out of the tenants to pay back their

rent. The company's remit is to maximise income but it says nothing about social welfare. Glasgow City Council has to look at itself and the reason for City Property's existence.

I will finish by talking about the elderly. The Scottish population is ageing, so that by 2035 it is expected that the population of over-65s will have increased from 17 to 25 per cent. While the age at which people retire seems to be ever increasing, many reports suggest that the need for post-work support will be greater. The Senior Centre Castlemilk has just received the Queen's award for its services to the elderly community. The centre promotes independent healthy living, community engagement and, possibly most important, social interaction.

Our society neglects the wisdom and experience of our elderly at its peril. In my many visits to the centre, I have heard many stories that remind me of the difference that those people's contributions have made to my constituency and to wider Scotland. The centre would not be available without the hard work, commitment and support of the massive crew of volunteers, for which we should be eternally grateful.

17:14

**Annie Wells (Glasgow) (Con):** I echo the sentiments of James Dornan regarding the excellent work of third sector organisations in Glasgow. In my maiden speech, I laid out how I wished to see more being done to encourage and provide support for organisations such as Glasgow the Caring City and how we should encourage people from all walks of life to get involved in making their communities a better place.

Glasgow the Caring City stands out because it represents the sense of pride that we Glaswegians have in our city, our feeling of duty when it comes to helping others and, more important, our knack of simply getting things done. The charity concentrates on grass-roots solutions centred on health, education and security, recognising how they interplay with one another in society, in order to create real opportunities for young people to try something different and escape what might otherwise seem like an inevitable path.

For example, give a kid a goal—the Glasgow the Caring City project that focuses on getting pupils in schools to think more closely at an early age about issues that are important to them—encourages children to achieve their own ambitions and to seek to help other children in developing nations as well as those in their communities. The project encourages children to strive for themselves and, most important, for others. That is the kind of initiative that we need.

Another example from Glasgow the Caring City is the sofa-cycle initiative, which involves unwanted furniture across the city being redistributed to those in need. Those are commonsense solutions—in theory they are simple, but in reality they need a dedicated team of grafters who are willing to give up their time to work in their communities.

As we all know, third sector work does not stop there. Recently, I was contacted by Marie Curie, a charity that specialises in caring for patients with terminal illnesses and their families. The Marie Curie hospice in my home town of Springburn has had nearly 500 new patient admissions last year and this year alone and it boasts a volunteer group of nearly 400. Those are impressive figures indeed.

Another organisation that I want to mention is Possibilities for Each and Every Kid, otherwise known as the PEEK project. This summer, I will be rowing from Glasgow to Paris—in mileage only—for a charity that again uses new initiatives to change the lives of young people and children in the north and east of the city. The PEEK project hosts theatre groups, art groups and even blogging groups, to name a few, in order to increase the confidence and self-esteem of our young people.

Finally, I would like to highlight the current celebrations taking place up and down the country as part of volunteers week. The latest figures show us that 27 per cent of Scottish adults have carried out unpaid voluntary work in the past 10 months, 75 per cent of them having done so for more than 10 hours a week. Those are fantastic figures that make me proud to be a Scot.

Those organisations serve to highlight that, with the involvement of Glasgow's citizens in their own communities, positive solutions to those issues can be found within the city. Although action cannot be taken overnight to eradicate all the city's problems, the hard work and determination of people who give up their time voluntarily have shown what a significant difference can be made. I welcome James Dornan's motion.

17:18

**Sandra White (Glasgow Kelvin) (SNP):** I welcome Kevin Stewart to his new role as Minister for Local Government and Housing. I am sure that he will enjoy it immensely and I am sure that we will also enjoy his contributions immensely.

I congratulate my colleague James Dornan on securing the debate and I thank the whole third sector and all the volunteers, who are all ages and from all sectors of society. Without them, many organisations simply could not continue to deliver services or indeed survive.

Like James Dornan and others, I want to mention a number of organisations. In my Kelvin constituency, there are many organisations carrying out the most amazing work, including charity shops and their volunteers—people seem to forget that many people give up all their time to volunteer as front-line staff in charity shops. I can assure members that I have been in many charity shops where there have been big, bulky items that have needed big, bulky men to carry them in. Lots and lots of work is being done by amazing folk—in charity shops, delivering meals and shopping for our elderly and most vulnerable—ensuring that their presence is felt in the communities that they serve.

I have a great deal of time for many organisations. One is the Glasgow Old People's Welfare Association, or GOPWA, which is based in my constituency in Sandyford. It has the most amazing staff and does the most amazing things, bringing older people together and ensuring that they get meals and have company. Unfortunately, because of charges from Glasgow City Council, its services have been cut back slightly, but we hope that, through various ways, we will be able to get those services back again. The Glasgow Old People's Welfare Association does a fantastic job.

The Annexe Communities healthy living centre in Partick also does amazing work. I have joined in with what it calls healthy walks. I must admit that some of the older people on those walks put me to shame. People pay their £1 and they can have a walk around the Kelvin walkway as far as Maryhill and all the way up to Townhead. The centre does a lot of outreach work in Townhead and Anderston, as well as in the Partick area. It has been going for many years. Julie Fox and her staff are absolutely great people.

The Woodlands Community Development Trust is another fantastic example of people power. The trust has taken over a piece of derelict land and woodland at Prince's Street. When I was there, it was the first time that I had ever tasted mustard lettuce, which is grown there and which is absolutely fantastic. Apparently, it is native to Scotland, because it grows in damp ground. The trust opens up the gardens to the community, schools and nurseries. Volunteers have started cooking to encourage healthy eating and to ensure that people know about zero waste. That is done in the Fred Paton centre in Woodlands, which is also used by the Glasgow Old People's Welfare Association. Last Monday, volunteers cooked and served a meal for asylum seekers, who were invited there. The Woodlands Community Development Trust does a wonderful job.

Flourish House provides an absolutely fantastic mental health service. Each person who uses Flourish House is a member of the board, so it is

very equal in that respect. The charity puts people into employment and training. I encourage anyone in the Glasgow area to visit Flourish House, because it is a wonderful place. I have certainly already asked the minister if he will visit it.

Just last night, at my surgery, an issue was raised about the African Caribbean centre, which is in my constituency and which works with and promotes the African Caribbean community in Glasgow. Well over 1,000 people within the Glasgow city limits are in the African and Caribbean Network. Given the historical links that the city has, we need to work on that. However, I must again raise the point that, because of City Property Glasgow, the network is having to vacate its premises because of a rent rise.

17:22

**Johann Lamont (Glasgow) (Lab):** I am delighted to participate in the debate. I congratulate James Dornan on securing it and on securing cross-party support for it. I was delighted to support the motion and to recognise in particular the work of Glasgow the Caring City, an organisation with which I have had a great deal of contact, not least because of the energy of its founder, Neil Galbraith, who has the capacity to draw in people from all sides and of whatever political colour to focus on the work that he is so passionate about.

I of course want to recognise the role that the third sector plays across Scotland. Since being elected to the Parliament, it has been my privilege to work with some of the most dedicated and committed people in Glasgow Pollok, more broadly in Glasgow and across Scotland. In organisations that are involved in sport, housing, health and dealing with learning disability, as well as in credit unions, women's organisations that are determined to support women fleeing violence and Home-Start and other organisations that understand the challenges that families face, at every turn we meet people who do things simply because they need to be done and not to gain credit. They recognise a need and we should celebrate that, as it tells us that our society is not broken but is one where people desperately want to support those around them.

I am proud of the record of my party in that regard, at both local and Scottish Government levels. I ask the minister where we are now with the compact between the third sector and the Scottish Government and the compact with local government. We need to revitalise those agreements, which said that there was parity of esteem. They were not about us passing on challenges from our communities; they were about how we work together to ensure that there is

sustainable funding and that the third sector can do what it does best.

The third sector not only does the practical delivery but raises critical issues, shapes the thinking of the people who have the money and resources and then, critically, is part of delivering on decisions. We would never have done the work that we did on financial inclusion without looking to what the credit unions were asking for. That is simply one example. That approach of recognising the third sector was continued by our colleagues in the SNP when they came to power.

All I ask is that, no matter what we think of the individual decisions that are made in individual places, we respect the fact that, across parties at both local and Scottish Government levels, there is a commitment to the power of the third sector. It is not only for the tough times but is central to understanding and meeting need. Scottish Women's Aid was not simply about finding a place for women to go; it understood and described to us what violence against women was and what support women needed. It was not simply about bricks and mortar.

We must now recognise that there are groups and organisations that are under massive pressure. One organisation that provides care in my city will have a £100,000 shortfall because it has to fulfil new conditions imposed by Europe in relation to sleepovers and because of the new national minimum wage. That is not what John Swinney described as minimum impact. There is a huge consequence for the resources of those really important organisations.

Although we agree across the board about the importance of the voluntary sector, we must address a fundamental truth about the way that it works: warm words are not enough. The sector judges itself by its ability to make a difference. It is not just about people knowing that we care, because third sector organisations have the practical capacity to deliver on those aspirations.

Yes, we need to see, be concerned about and test the individual choices and decisions that are made at local government level. However, I contend that we also need to have a far more mature debate about resources. It is not good enough to vote through £130 million of cuts to Glasgow and then denounce the consequences of that decision. I am not defending any individual decision made by any local authority but, if £130 million of cuts are made without the capacity to raise resources locally and without the Government taking the opportunity to raise resources through fair taxation, it is not good enough for us simply to wring our hands.

It is about choices and valuing the sector. We agree on that. We will never have the capacity to

make a difference to people's lives if we cut resources to third sector organisations. As Glasgow politicians, one simple thing that we could do is to unite in speaking up for Glasgow and finding the resources to ensure that its third sector organisations continue to do what they care about.

17:28

**David Torrance (Kirkcaldy) (SNP):** I, too, thank James Dornan for securing the debate.

The third sector plays a vital role not only in Glasgow but in all communities throughout Scotland. We should never underestimate the help, support and—ultimately—the contribution to health and wellbeing that such organisations provide to the Scottish people.

One of the biggest challenges that the third sector currently faces is the impact of welfare reform on vulnerable people and the resultant increased demand on third sector services. The reforms have led to cuts to a wide range of benefits, which affect large numbers of people across all communities. People with disabilities, families and individuals in and out of work have all been detrimentally affected by the changes.

A proportion of Glasgow's citizens are in receipt of welfare benefits, and 12 areas within Glasgow have been identified as suffering most in Scotland from the impact of welfare reform. Across Glasgow and wider Scotland, an ever-increasing number of people require assistance from the third sector. In Scotland, volunteers provide a staggering 126 million hours of support per year.

The number of third sector organisations in Glasgow is growing, and the invaluable work of their volunteers is to be commended. I refer to organisations such as Glasgow south-east carers centre, which is part of the Carers Trust. It works with carers across Glasgow to improve support, services and recognition for constituents who face the challenges of caring unpaid for a family member or friend. It is estimated that three out of five of us will become carers at some stage in our lives and that one in 10 of us is already fulfilling some sort of caring role.

I would like to highlight the work of Home-Start Glasgow South, which is based in Pollokshaws. The regular support, friendship and practical help that it delivers to families across the south side of Glasgow assist vulnerable parents and help them to gain the necessary skills and confidence to enable them to give their children the best possible start in life. The service is also there in times of crisis or breakdown. If a parent or family is struggling to cope, they may feel isolated and alone, and the friendship and trust that is built through regular visits from a home-visiting

volunteer provide vital support and can make a massive difference through those stressful times.

Glasgow is also blessed with the fantastic Castlemilk Youth Complex. Its vision statement is:

“Creating a better future by inspiring young people to recognise, raise and achieve their aspirations.”

Castlemilk Youth Complex opened in 1994 and has gone on to become Scotland’s leading independent youth arts organisation, with a unique youth-led management structure. It has a state-of-the-art building that has a fully operational, flexible 80-seater studio theatre. Young people are supported to develop their interests in music through a youth music forum, and they have contributed to a number of wider community events. Through those programmes, young people are given the opportunity to develop new talents and skills. That, in turn, helps to build their self-esteem and confidence.

The unique group also provides a multitude of projects that are designed to inform and educate, from its chill me nightly drop-in programme that offers people the chance to discuss a range of diverse topics including drugs, alcohol and cyberbullying, to its link me school transition programme, which supports vulnerable schoolchildren from deprived backgrounds. Castlemilk Youth Complex brings young people from different backgrounds together and provides them with access to knowledge and understanding that have wide-ranging benefits, while encouraging their involvement in their local community.

Across Scotland, many of our third sector organisations are struggling to cope with the demand that is being placed on their services. They are also faced with the added burden of their budgets being either drastically reduced or even completely removed by local authorities. I consider that action to be short-sighted. If third sector services are reduced, extra pressure will inevitably be put on council services such as housing and social work, and on the national health service.

All MSPs in the chamber today will have a wide variety of third sector organisations across their constituencies that are all dedicated to helping individuals, families and community groups. The experiences, knowledge, support and reassurance that they provide make a considerable difference to the lives of many of our constituents, who would be a lot poorer without them.

17:32

**The Minister for Local Government and Housing (Kevin Stewart):** I thank my colleague James Dornan for securing this debate during volunteers and carers week. It gives us an opportunity to celebrate the excellent work of the

third sector in Glasgow, and to acknowledge the wider contribution that the third sector makes to communities across Scotland, to the Scottish economy and to our social and civic life.

We have heard a passionate description of the work of Glasgow the Caring City and how it is supporting children in crisis internationally and here. With its focus on health, education and the provision of long-term security for children, it is playing a valued role in the life of Glasgow and is, through its aid, supporting work overseas. In that regard, Parliament has heard before of Mr Dornan’s visits to Serbia, where he met Syrian refugees, and to Uganda and South Sudan. I compliment him on his efforts.

Glasgow the Caring City is one of many Glasgow third sector organisations that make a real difference to people’s lives. I will name but a few such organisations. There are organisations that help older people, such as the Food Train. There is Milk café, which supports asylum-seeking women in the south side, and there is the Experience, which is a social enterprise venue that is run by Kibble and provides training and employability for young people. More organisations were mentioned by Annie Wells, Johann Lamont and Sandra White during the debate. Many of those organisations operate on limited resources, but do an amazing job.

We are proud to have a vibrant, diverse and engaged third sector in Scotland. More than 24,000 charities and 5,199 social enterprises operate in Scotland, and an estimated 1.3 million people—an extraordinary figure—volunteer annually, giving their own time to support others in their communities. Volunteers week is being held between 1 and 12 June this year; it recognises and celebrates the tremendous contribution that is made by Scotland’s volunteers.

The Voluntary Action Fund delivers the volunteer support fund—amounting to £1.1 million in 2016-17—to local grass-roots organisations on behalf of the Scottish Government. The fund supports and promotes volunteering among a variety of groups, including through such projects in Glasgow as For All Bridgeton—FAB—which is a small Scottish charity that provides activities for children, families and older people in the east end of Glasgow; the Kinning Park Complex—a community centre and community interest company—which advances and promotes artistic activity, public participation in sport and recreation, good citizenship and community development; and the Africa in motion film festival in Bridgeton, which is an annual African film festival comprising screenings and complementary events.

All those activities are why this and previous successive SNP Scottish Governments have been clear and unambiguous in support for the third

sector, by maintaining investment in the sector throughout the period of recession and austerity.

Scotland is internationally recognised and leads the world because of its system of support for social enterprise, which has included helpful legislation and policy, including the Procurement Reform (Scotland) Act 2014, programmes of direct investment in the sector, support for social investment and for social entrepreneurs, highly successful work with schools, provision of dedicated business support, and a programme to improve third sector access to markets. However, we are not complacent; we are determined to maintain our reputation and standing in the field, which is why we are working in collaboration with the sector on a 10-year strategy for social enterprise that will take us to the next level and position us well for the next decade.

**Sandra White:** I am interested in the 10-year strategy for social enterprise. Will it include rental? I am thinking of the difficulties that are faced in Glasgow through City Property Glasgow.

**Kevin Stewart:** I am coming to that. In respect of reports about the rent hike that has been facing Glasgow the Caring City from CPG—which I understand is an arms' length external organisation, or ALEO—I understand that the current position is that the charity has now vacated its premises and hopes to confirm arrangements for a new lease in a more central location within the next few days.

I am aware of reports of other such instances involving charitable organisations. I simply say this: the operation of an individual ALEO is a matter for the council and that organisation. However, when a council delivers services through an ALEO, it must demonstrate that that provides best value for its communities, and that the ALEO secures a balance between social, economic and environmental wellbeing in how it operates. I urge that consideration be given to the broader picture in order that we recognise the immense good that organisations such as Glasgow the Caring City are doing in our communities.

**Johann Lamont:** Will the minister confirm that he believes that people in Glasgow City Council, of all parties, support the voluntary and third sectors, and that he is not suggesting that they are in some way wilfully attacking Glasgow the Caring City? I asked for the re-establishment of a compact in which the impact of the cuts to Glasgow's budget on the third sector and its ability to deliver the things that matter could be assessed. Would the minister support that?

**Kevin Stewart:** We will always work in collaboration with people, but that is a matter for the ALEO and for Glasgow City Council, which, as I said, need to ensure that services secure a

balance between social, economic and environmental wellbeing.

The Scottish Government is determined to play its part. As we said in our manifesto—*[Interruption.]*

**The Deputy Presiding Officer:** Could members stop arguing across the chamber, please?

**Kevin Stewart:** We will also consider what more we can do to support the wider third sector, including how we can give more financial certainty, and how we can streamline and improve how funding is provided.

As the Cabinet Secretary for Communities, Social Security and Equalities has said, we would like to take steps to consolidate voluntary sector funding into single-grant funds in order to provide greater clarity to applicants. We would also like to give organisations more financial certainty by introducing three-year rolling funding, where possible. We will also introduce a system across Government that indicates when funding is due to end, in order to provide greater clarity for the sector and to allow better planning for the longer term. We would encourage all funders, including local authorities, to try to move away from short-term funding arrangements.

We believe that the third sector plays a crucial role in tackling inequalities, supporting people and communities, and delivering public services. We want to work with the sector to create a fairer and more inclusive Scotland, and we want to see the sector work to its full potential.

*Meeting closed at 17:40.*



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

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