



OFFICIAL REPORT
AITHISG OIFIGEIL

Meeting of the Parliament

Tuesday 18 February 2020

Session 5



The Scottish Parliament
Pàrlamaid na h-Alba

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Scottish Parliament

Tuesday 18 February 2020

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

Time for Reflection

The Presiding Officer (Ken Macintosh): Good afternoon and welcome back, everyone. Our first item of business is time for reflection. Our leader today is the Rev Aftab Gohar, who is from Abbotsgrange church, Grangemouth, and who is wing chaplain for the west Scotland wing of the Air Training Corps.

The Rev Aftab Gohar (Abbotsgrange Church, Grangemouth, and Wing Chaplain for the West Scotland Wing of the Air Training Corps): Good afternoon, Presiding Officer and members of the Scottish Parliament. I would like to thank you for inviting me to address the Parliament.

Psalm 133 says:

"How wonderful it is, how pleasant, for God's people to live together in harmony!"

Last month, we commemorated international Holocaust memorial day in our churches and schools, and each November we commemorate armistice day and remembrance Sunday, when we remember the lives lost in two world wars.

We have examples of the many wars and genocides that have been carried out throughout the world in the past few decades. They are the worst examples of mass killing. There is also a long chain of killing through terrorism. Personally, I experienced the loss of my mum, nieces, nephews, cousins, uncles, aunts and friends in a double suicide attack at my home church in Peshawar, Pakistan, in 2013. Even today, when we look around us, we can see a lot of mass killings throughout the world, especially in countries such as Myanmar, Sudan, Nigeria, India, Pakistan, the USA, Israel and Palestine, all on the basis of religion, colour, race or language.

Have we ever thought about the cause of that hatred, fighting and killing? For me, the main reason for it is lack of tolerance. The word "tolerance" means to allow something that you do not approve of, or to put up with something unpleasant. In other words, to live with someone whose thoughts, religion, race, colour or language is different from ours. The problem is that many people judge others around them on the basis of their religion, race, colour, language, ability or disability. If we all learn this one word—tolerance—we will be able to see real peace and harmony around us. The best and most

appropriate alternative word for "tolerance" is "acceptance". We need to accept others as they are and try to live with them peacefully.

Two world wars, the Holocaust and all the other mass killings are there to teach us that they are the worst examples of intolerance and inhumanity. We can avoid those events happening again in our time by accepting everyone, with all their differences. Those atrocities have happened and can happen again, so we must learn from our past and help our generation—and the next—to avoid any repeat of them in our time.

May God bless us all. Amen.

Business Motion

14:04

The Presiding Officer (Ken Macintosh): The next item of business is consideration of business motion S5M-20900, in the name of Graeme Dey, on behalf of the Parliamentary Bureau, setting out revisions to this week's business.

Motion moved,

That the Parliament agrees to the following revisions to the programme of business for—

(a) Tuesday 18 February 2020—

after

followed by Health and Sport Committee Debate:
Social Prescribing: Physical Activity is
an Investment, Not a Cost

insert

followed by Ministerial Appointments

(b) Thursday 20 February 2020—

delete

2.30 pm Parliamentary Bureau Motions

2.30 pm Portfolio Questions:
Government Business and
Constitutional Relations

and insert

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions:
Government Business and
Constitutional Relations

after

followed by Stage 3 Proceedings: Scottish Elections
(Franchise and Representation) Bill

insert

followed by Legislative Consent Motion: Terrorist
Offenders (Restriction of Early Release)
Bill—[Graeme Dey].

Motion agreed to.

Members indicated agreement.

Topical Question Time

14:05

Queensferry Crossing (Closure)

1. **Mark Ruskell (Mid Scotland and Fife) (Green):** To ask the Scottish Government what lessons have been learned from the recent closure of the Queensferry crossing. (S5T-02006)

The Cabinet Secretary for Transport, Infrastructure and Connectivity (Michael Matheson): Following the occurrence of falling ice in March 2019, Transport Scotland engaged with a range of expert advisers and undertook a review of worldwide experience of the issue. The review concluded that operational management remained appropriate and that arrangements should be made to enhance it by additional forecasting and monitoring. Acting on lessons learned, our engineers were monitoring the conditions on 10 February, which allowed them to act quickly when conditions worsened.

Initial learning from the events of 10 February has resulted in a five-point plan being put in place to further enhance monitoring and gather increased intelligence from the observations. A full debrief is due to take place on 24 February. A technical briefing will also be provided to Rural Economy and Connectivity Committee members and local MSPs to inform them of the circumstances of the closure, our developing understanding of why such events happen and how we plan to manage and respond to challenges ahead.

Visual monitoring, which remains the primary source of understanding the effects of such conditions, will be assisted by the installation of ice sensors in the coming months.

The design of the bridge was approved by Parliament in 2011.

Mark Ruskell: The closure of the bridge came as a shock to many, not least to Fife Council, which last week informed me that it had no prior warning of the plan to close the bridge from either Transport Scotland or Amey; nor was it consulted on that action. Is a formal emergency closure procedure in place for the bridge? If so, who are the key stakeholders for the procedure? Was it implemented according to the plan, and why were local councils excluded from the process this time round?

Michael Matheson: I understand and recognise the difficulties that the bridge closure caused people, and I regret that, given that a very quick decision was made to close the bridge. As I am sure the member and others in the chamber will

appreciate, the decision was taken for safety reasons. It was recommended by the operator, Amey, and supported by Police Scotland, which is why the action was taken to close the bridge within a short period of time.

From the discussions that I have had with the engineers who were involved in the decision, my understanding is that, because of the diversion works that needed to be put in place, they engaged or sought to engage with Fife Council in order to make it aware of the closure. They also contacted public transport providers to look at what enhanced public transport provision could be made. I therefore understand that attempts were made to make contact with Fife Council within the very limited period of time that was available between the decision to close the bridge and the diversion being put in place.

However, the debrief on 24 February that I mentioned, which will be conducted by the engineers and those managing the bridge, is an opportunity to look at further measures that can be put in place to improve communication when such instances occur again.

Mark Ruskell: I welcome the fact that those matters can be considered at the debrief, and I hope that lessons can be learned. However, last Tuesday, I was also contacted by residents of Kincardine, whose village once again faced gridlock following the official advice from Transport Scotland for people to divert via the Kincardine and Clackmannanshire bridges. Given that the opening of the Queensferry crossing has resulted in more than a million extra vehicle journeys across the Forth, will the cabinet secretary accept that simply diverting traffic via Kincardine is no longer an option, and that emergency closure plans need to be developed that prioritise the modal shift to public transport first and foremost.

Michael Matheson: I very much recognise the concerns and challenges that have been created for residents who live on the diversion route, particularly in places such as Kincardine. When the decision to close the bridge was arrived at, action was taken to look at what enhanced public transport provision could be provided. For example, one of the carriageways on the Forth road bridge is presently undergoing major refurbishment work, but the other carriageway is operating as a contraflow for public transport provision. It was agreed with Stagecoach and other bus providers that there would be a 50 per cent increase in bus provision the following morning for people who were trying to make their way into Edinburgh and people trying to make their way from Edinburgh to Fife. Alongside that, ScotRail considered what enhanced morning peak-time services it could provide. Those services were enhanced and additional buses

were provided to deal with overcrowding. As soon as the diversion had to be put in place, the first port of call was enhancing the public transport provision.

Given that major refurbishment work was taking place on the Forth road crossing, one of the actions that I have asked my officials to consider is minimising works on the crossing in future winter periods so that it can be used as a diversion route should that be required. That would reduce the need for the extended diversion route through places such as Kincardine.

The Presiding Officer (Ken Macintosh): I inform the cabinet secretary and members that eight members wish to ask supplementary questions. We will try to get through as many as we can.

Murdo Fraser (Mid Scotland and Fife) (Con): For my constituents in Fife, one of the most frustrating aspects of last week's closure of the Queensferry crossing was the fact that—for entirely understandable reasons—they were not able to divert across the Forth road bridge. Given what the cabinet secretary has just said, in the event of a potential future closure of the Queensferry crossing, will consideration be given to allowing vehicles to access both carriageways on the Forth road bridge, thereby avoiding some of the congestion in west Fife villages to which Mark Ruskell referred?

Michael Matheson: Murdo Fraser makes a reasonable point. There is a challenge in striking a balance between continuing the public transport provision and using the Forth road bridge as a diversionary route for cars, and I have already asked my officials to explore that possibility. I am very keen to explore and understand the issue, but we have to recognise that that could cause significant congestion in areas such as South Queensferry, given that temporary road works would have to be put in place.

All those issues have to be worked through, and I have asked officials to ensure that that is done—including, as Murdo Fraser suggested, by identifying whether further measures could be put in place to manage the situation better.

Gordon MacDonald (Edinburgh Pentlands) (SNP): I think that most motorists understand that safety has to be paramount and that the closure of the bridge was, indeed, due to exceptional weather conditions. Will the cabinet secretary outline what measures are in place to optimise information sharing with motorists? How can that be improved going forward?

Michael Matheson: As soon as the decision to close the bridge was made, a range of information was placed in the national media and across social media to inform people of the decision and

its implications for them. That included information on the need to use the diversionary route, and on enhancement of public transport provision that was being made.

It is clearly important to ensure that, when such incidents occur, our communication of information is as timely and effective as possible. I am sure that all members recognise that, when a safety issue arises as it did last week, it is important that action is taken swiftly. There were attempts to communicate as effectively as possible, but I am always prepared to look at how we can enhance communication in the future. I will ensure that the points that Mr MacDonald and others have raised are taken forward in the debrief.

Colin Smyth (South Scotland) (Lab): The issue was first identified last March, and the cabinet secretary advised the Rural Economy and Connectivity Committee in May that contractors had been

“appointed to monitor the issue, identify the exact source of it and look at what mitigation may have to be put in place”.—[*Official Report, Rural Economy and Connectivity Committee*, 15 May 2019; c 14.]

If work has been going on since the spring, what exactly have those mitigation measures achieved? Why was there not full mitigation in time for this winter?

Michael Matheson: A range of work has been undertaken. As I have mentioned, expert advisers have been engaged with, and advice has been taken worldwide on the particular problem and ways in which it can be more effectively addressed. A number of points that relate to enhancing the weather forecasting for the bridge and looking at the introduction of weather sensors and ice sensors have arisen from that. That work was all finalised last November. There has been a procurement exercise and the award of the contract is due to take place in the next couple of weeks, the plan being to install the sensors in the coming months.

All the expert and international advice is that human observation is the critical element in identifying whether there is any ice on the bridge's structures. The incident that occurred last March involved an unspecified area of the bridge—at that time, the engineers were not able to identify where the ice had come from. The incident that occurred last week clearly involved the cables. That information will inform the approach that will now be taken with ice sensors and the installation of any other equipment that will be necessary to monitor the issue.

Mitigation measures could, however, be more complex, given that such icing occurs only in very specific circumstances. There was no problem with snow or ice accumulation on the Queensferry

crossing during the beast from the east, and there have been no problems in other periods of adverse weather. The problem appears to occur only in very specific circumstances, which will make it more challenging to find a means of mitigation. However, that is part of the work that engineers will take forward in the weeks and months ahead.

Jamie Greene (West Scotland) (Con): I welcome the new members of the Government's front bench and thank the Cabinet Secretary for Transport, Infrastructure and Connectivity for the manner in which we have conducted our debates in the past few years.

The decision to close the bridge for safety reasons was the right one, but several vehicles were damaged prior to that decision being made. It is, frankly, a miracle that nobody was injured or worse. Winter is not over. Considering the severe consequences of falling ice, what reassurance can the cabinet secretary give to motorists who use the crossing that they can cross the bridge safely and without fear or risk to themselves or their vehicles during similarly inclement weather?

Michael Matheson: I am sorry if I am behind the news—I get the impression that Mr Greene is on the move to another portfolio. I have enjoyed my exchanges with him and I wish him well in his new portfolio.

There is a five-point plan in place, whereby enhanced monitoring will take place alongside additional forecasting. Following the incident last week, forecasters and engineers now have a clearer understanding of the perimeters within which this kind of icing takes place. They did not have that understanding following the incident that occurred last March. They can now more accurately predict when it is likely to happen and know when to undertake enhanced monitoring of the cables, which is where the ice fell from last week.

Those additional measures, which are over and above what was already in place prior to this winter, will be taken should the weather forecast indicate a risk that icing could occur. Once the sensory equipment is installed, it will provide an additional measure to support the engineers' understanding. However, the primary source of information will be visual checks, which appear to be the core way in which such icing problems on any large structures of that type are identified throughout the world.

Alex Cole-Hamilton (Edinburgh Western) (LD): I am grateful to the cabinet secretary for the extensive briefing that he offered Opposition parliamentarians last week.

It is now two years since the Queensferry crossing was given motorway designation, and the

problem of icing is just one of a number of issues that have emerged during its operation. Those include problems with road layout at the bridge access and issues with traffic flow around South Queensferry. Those issues were meant to be swept up in the one-year review that was due to be published in December 2018, yet we are still waiting for the review. Can the cabinet secretary confirm when the review will finally be published?

Michael Matheson: The review has been delayed because of challenges with the data that were being used for the assessment work. I understand that Transport Scotland expects to receive that review in the spring of this year, when it will be technically reviewed. As soon as that technical review has been completed, the review will be published.

Liz Smith (Mid Scotland and Fife) (Con): In his response to Murdo Fraser, the cabinet secretary said that his team will examine the various approaches to the Forth road bridge in situations in which there are difficulties. Can the cabinet secretary confirm whether that relates only to situations in which there are problems due to severe weather or whether that is a part of a general plan to review the approach roads in response to the issues that Alex Cole-Hamilton has just raised, which involve situations outwith times of bad weather? Can the cabinet secretary confirm that he is looking at those situations, too?

Michael Matheson: I can confirm that that is not the case. The work will be only for the purposes of events during which the Queensferry crossing is not available and cannot be used. It will look at only exceptional circumstances, not the routine circumstances that the member referred to.

The Presiding Officer: I apologise to Alexander Stewart, Dean Lockhart and Claire Baker, as we have not been able to get through all the supplementary questions.

Flooding (Support)

2. Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con): To ask the Scottish Government what support it is giving to communities affected by recent flooding. (S5T-02011)

The Minister for Rural Affairs and the Natural Environment (Mairi Gougeon): This morning, I visited Newcastleton to see the damage that was caused by the storm and flooding, and the First Minister visited Hawick yesterday. My sympathies go out to those who have been affected by the recent severe weather, and I pay tribute to the first-class response by local authorities, emergency responders and the public, who went above and beyond to help others, often to the detriment of their own properties.

Reducing flood risk is a priority for this Government, and we will continue to support authorities to deliver actions that protect our communities and raise awareness among the public and businesses.

Rachael Hamilton: As the minister knows, at the weekend, storm Dennis caused unprecedented flooding across the entire Borders region, with Newcastleton being first hit as the river reached its highest-ever recorded level. More than 70 homes in the village have been affected, and it is estimated that many more homes in outlying rural areas will have been affected as well. Many people, including elderly and vulnerable people, have had to be rehoused, and the roads in the local area are almost impassable. The B6399 has seven major areas that are unsafe, and the B6357 will remain closed until Saturday due to the damage and destruction that have been left by the storm. Essentially, this already remote village is cut off in most directions.

Like the minister, I thank the resilience team, who have worked tirelessly to ensure that residents in Newcastleton have been rehomed or looked after. However, as the minister knows, more resources are needed. Following her visit this morning, what immediate support will the Scottish Government give to the village of Newcastleton to assist in the clearing of flooded roads and of drain and flood water?

Mairi Gougeon: I echo a lot of what Rachael Hamilton has just said. What I got from the meeting that I had today and from talking to some of the residents and people who were involved in the immediate response was that sense of isolation.

I completely understand what Rachael Hamilton said about the roads, as a lot of areas are still cut off, which has compounded the problems.

As a result of the meeting and what we have learned about the issues that people encountered throughout the weekend, I have undertaken to take some immediate actions. As Rachael Hamilton noted, housing is a major issue. I know that the issue of temporary accommodation is being looked into, but I am also raising it with the Minister for Local Government, Housing and Planning. We want to take work forward to ensure that everyone gets the accommodation that they need, because the Government and I are committed to helping out and doing what we can to support the local authority and local people and businesses.

A host of issues were raised today. I hope that we can help with some of them immediately, but there are other issues that will need to be addressed in the medium and longer term. I would be more than happy to arrange to go back to

Newcastleton with Rachael Hamilton in a few months' time or as things settle down a bit to see how the situation is progressing and how we can move things forward.

Rachael Hamilton: I thank the minister for her response. It is encouraging that she visited Newcastleton and has addressed the issues directly. Of course, we know that incidents of flooding are only going to get worse as the frequency of major climatic events increases. Villages such as Newcastleton and others in rural areas are often the worst affected by flooding events as they do not have the same large-scale flood defences that much larger towns have. Given the nature of the widespread flooding that was caused by storm Dennis and storm Ciara, the council will be left with a significant repair bill at a time when its funding is under huge pressure.

It looks as if there has been a 10 per cent real-terms reduction in the flood risk management budget line, which is now £2.7 million. I ask the minister to look into that and consider what funding there might be in future budgets.

The Scottish Government needs to address the issue of flooding, and I believe that it is taking it seriously. However, will the minister outline exactly what support is on offer to the village of Newcastleton, and will the Scottish Government take seriously the calls for better flood defences in Newcastleton and other villages that are often overlooked?

Mairi Gougeon: Rachael Hamilton makes another important point, which I will come back to in my substantive answer. When we consider the damage that storm Ciara did, it is interesting to note that there was double the amount of rainfall compared with the most recent storm. However, snow melt and other factors compounded the problem in the most recent event.

The Scottish Government is committed to doing what we can, which is why we have committed to provide a minimum of £42 million a year until 2026, which will be available for local authorities.

There is also the Bellwin scheme. I can write to Rachael Hamilton with more details about the scheme, which allows ministers to make additional revenue support available to local authorities, to assist them with immediate and unforeseen costs in dealing with the aftermath of emergency incidents.

There are a few different options. I want to consider the issue holistically, to see what we can do in the short, medium and longer term to make sure that our communities are as resilient as possible and that we are working in partnership with everyone, so that when these events happen—because such events will happen again—we get our response right.

Emma Harper (South Scotland) (SNP): Will the minister say how local authorities, including Dumfries and Galloway Council, can access the support that she just mentioned?

Mairi Gougeon: As I said in my previous response, extra funding is available through the Bellwin scheme, the key criterion of which is the need

“to safeguard life and property or to prevent suffering or severe inconvenience”.

Any local authority that wants to make a claim should inform the Government of the emergency incident that it thinks meets the scheme's criteria; the claim will then be considered. The need for extra funding in the current circumstances could well be considered as part of the scheme.

Fife Ethylene Plant (Elevated Flaring)

3. Annabelle Ewing (Cowdenbeath) (SNP): To ask the Scottish Government whether it will provide an update on elevated flaring at Mossmorran. (S5T-02004)

The Minister for Rural Affairs and the Natural Environment (Mairi Gougeon): A period of elevated flaring occurred on Thursday 13 February, during the restart of Fife ethylene plant. The Scottish Environment Protection Agency recorded a significant increase in complaints regarding the site during that period.

We fully appreciate the concerns and anxieties of local communities about the impact of flaring, which have been expressed repeatedly in this chamber. Prior to the recent shutdown, the frequency of unplanned flaring was unacceptable and our expectation is that work carried out during the shutdown, combined with work to address SEPA's permit variations, will bring about a reduction in the frequency and impact of flaring.

Annabelle Ewing: I stress that the unplanned elevated flaring last Thursday night was truly apocalyptic in its manifestation—I do not know whether the minister saw it; I certainly did. It went on for four long hours, causing extreme disturbance by way of light pollution, in particular, and giving rise to fear and alarm among many of my constituents.

Surely it is time that SEPA pressed for an accelerated timescale for the proposed new ground-flare capacity to be installed. The current position is entirely unacceptable.

Mairi Gougeon: I completely understand the concerns that the member raised, which are reflected in the number of complaints that were received during the incident.

SEPA has been clear about its objective of making flaring, which is an important safety

mechanism, the exception rather than a routine. SEPA's action is driving the installation of noise-reducing flare tips this year and in 2021, and the planning, design and delivery of new ground-flare capacity as soon as possible thereafter.

The ExxonMobil chemical site at Mossmorran is jointly regulated by the Health and Safety Executive and SEPA, both of which are independent of the Scottish ministers.

Annabelle Ewing: I know what the minister is saying, but the fact is that the patience of many of my constituents has been exhausted. Does the minister agree that it is time for SEPA to get tough and use its enforcement powers to impose stringent penalties for breaches by the operators?

Given that SEPA's investigation into the April 2019 unplanned elevated flaring incident is about to be completed, will the minister commit to commissioning an independent inquiry into the environmental, health and social impacts of Mossmorran?

Mairi Gougeon: Again, I completely understand the strength of feeling around the issue. SEPA has confirmed that it is focused on a rapid conclusion to its independent regulatory investigation, which is being undertaken to an evidential standard.

SEPA's enforcement powers are exercised independently of Government and in line with SEPA's publicly available enforcement guidance, in order to maximise transparency. It would not be appropriate for me to comment in any way that would prejudice SEPA's independent regulatory investigation or limit its ability to act. However, SEPA has been clear that compliance with Scotland's environmental laws is non-negotiable.

Given the action that has already been taken by regulators, the planned investment by the operators and the publication of a recent report by NHS Fife, it is not clear what any independent inquiry would add at this time. However, that will be kept under review.

Alexander Stewart (Mid Scotland and Fife) (Con): Residents feel utterly abandoned by management and ministers on the issue of flaring. The community wants action, not words. Therefore, will the minister commit to meeting local residents in the community to allay their fears and support them, given their concerns, as a matter of urgency?

Mairi Gougeon: I reiterate that we absolutely appreciate the concerns and anxieties of local communities. However, as has been indicated, the intervention of ministers would not be appropriate while a regulatory investigation by SEPA is ongoing. I assure the member that we are receiving regular updates on the situation.

Alex Rowley (Mid Scotland and Fife) (Lab): What we need is an independent inquiry that will look at the condition of the plant. I was a teenager when that plant was built, and I have lived in the communities around it for most of my life. I am well aware that unplanned flaring happens when something in the plant breaks. The flaring is a safety precaution, and if it did not occur, there would be a danger. At a recent public meeting about the plant, a young person asked, "Is it safe? Will it blow up?"

That links to the question about an independent inquiry, which Fife Council and Annabelle Ewing have raised, which relates to health and wellbeing. There are two issues. First, what is the condition of the plant? People in the area live in fear that one of these days the plant will go up in smoke—they fear the consequences. That knocks on to the second issue of health and wellbeing, because the people who live next to the plant are living in fear. That cannot be allowed to continue.

So, I ask again: will the minister order an independent inquiry into the condition of the plant, so we can get reassurances about how safe, or otherwise, it is? Will she then look at the impact on the health, mental health and wellbeing of the people in the communities that surround the plant?

Mairi Gougeon: Again, I completely understand the strength of feeling around this. As a Government, we take those concerns absolutely seriously. However, as I have said, we have to wait and see the outcome of SEPA's investigation. It is not appropriate for us to intervene in that, because SEPA is the independent regulatory body. We need to see the outcome of that investigation. HSE is also involved in the issue.

Given the action that is already being taken, as well as the planned investment and the work that is already being done by NHS Fife, it is difficult to see what an independent inquiry would add at this time. That does not mean that it will be ruled out, and we will keep it under review.

The Presiding Officer: Thank you. Apologies to Mark Ruskell for not calling him. We have run over time, so we need to end topical questions now.

Social Prescribing

The Presiding Officer (Ken Macintosh): The next item of business is a debate on motion S5M-20753, in the name of Lewis Macdonald, on the Health and Sport Committee's report "Social Prescribing: physical activity is an investment, not a cost".

14:34

Lewis Macdonald (North East Scotland) (Lab): The Health and Sport Committee's view of social prescribing can be summed up by the subtitle of our report, which is "physical activity is an investment, not a cost". That does not mean that it should be free—far from it. Our report is very clear that we must move beyond warm words on social prescribing and instead start spending some serious money on it. In the committee's view, it would be money well spent—indeed, it would be money being better spent than current health and care expenditure, which needs to shift from the acute sector to the community sector, from cure to prevention, and from medical prescriptions to social prescriptions.

Social prescribing is, of course, about more than just physical activity. Many other areas of cultural, recreational and social activity bring similar benefits to health and wellbeing—some of which we will, no doubt, hear about in the course of the debate.

The committee's report highlights the pre-budget scrutiny that has been undertaken by the Culture, Tourism, Europe and External Affairs Committee, which explored the benefits of social prescribing in the field of culture. As the Health and Sport Committee's name suggests, it has a particular responsibility for focusing on the health benefits of sport and physical activity, which we do in our report. However, many of our conclusions on the benefits of physical activity for physical and mental health are just as true of the benefits of other social prescriptions, which we also commend to the minister and all who are concerned with delivery of health and care.

I thank all those who helped to make the committee's report possible. We received nearly 100 written submissions, and many witnesses took part in our round-table evidence session. In addition, we have incorporated some of the evidence that we received in our inquiry into primary care, including that which was given by members of the public at the start and the end of that inquiry. Evidence that we have taken in pre-budget scrutiny and from individual health boards and integration authorities has also been included and has informed our report. As always, members of the committee are indebted to our committee

clerks, and to Scottish Parliament information centre researchers and other parliamentary staff who have helped us with our work.

The Health and Sport Committee's strategic plan for this session of Parliament committed us to seeking new ways of reducing inequality, of preventing illness and of promoting better health. We believe that social prescribing will play a critical part in our achieving those objectives. Our report sets out a case for improving access to all activities that make and keep our citizens well.

Prevention is key—indeed, it is better than cure. The committee has previously reported on the need for prevention to come first. It is surely self-evident that a successful preventative approach would make all the difference to individuals, and would allow the national health service and health and social care partnerships to make the best use of scarce resources. However, prevention needs investment. It also needs a fundamental shift in thinking: by definition, it needs to be proactive rather than reactive.

We want Scotland to embrace social prescribing as a key change in achieving the preventative approach, but we should not be afraid to learn from other places at the same time. Last year, the University of Leeds held the world's first international social prescribing day, which celebrated good practice and promoted innovation. This year, that day will be held on 12 March and will be promoted by, among others, the College of Medicine and Integrated Health.

In 2018, a general practice in Thornton Heath, in the London Borough of Croydon, successfully piloted a community prescribing project that gave people access to boxing, bingo and Bollywood, among other activities. People who had previously been isolated started to interact in their communities, and to become more independent. Because of that pilot, visits to general practitioners for non-medical advice, outpatient referrals from GPs and emergency admissions to hospital have all gone down.

That is the direction that we want Scotland to take: the committee's report sets out some of the actions that we need to take in order to get there. First, we need everyone concerned to accept our core message, which is that social prescribing of physical activity is an investment, not a cost. As the United Kingdom's chief medical officer has put it,

"If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat."

Such activity improves not only physical health and wellbeing: our scrutiny also identified the positive impacts of physical activity on mental health. Further, we found that, in itself,

participating can help to reduce social isolation and loneliness.

We focused on activities including table tennis, dancing and walking football, and we heard about new developments—we heard more about them at the committee's meeting this morning—in walking netball and, prospectively, in walking rugby. We also recognise that volunteering, the arts, gardening, befriending and cookery classes can bring many of the same benefits.

Increasing physical activity and social interaction works and brings benefits across the spectrum of ages and circumstances, from school and pre-school children, through people of working age, to our most senior citizens. Participation in physical activity is good for primary prevention because it lays a foundation and creates resilience for later life. Physical activity can stop existing health problems from getting worse, help to reverse conditions such as type 2 diabetes and promote recovery and rehabilitation following medical treatment. It can enable people who leave hospital to self-manage their conditions in the community, it can help to prevent falls, and it can let people lead healthier lives for longer. It can also reduce reliance on pharmaceutical interventions—another area into which the committee is inquiring—and on access to unscheduled care.

Given all that, and given the body of evidence that supports all those statements, the committee is clear that the direct link between greater physical activity and better health has been proved beyond all doubt. It was therefore disappointing to hear that one of the obstacles to greater social prescribing is that there are still prescribers who do not accept that the link between physical activity and health is a matter of fact, who demand more evidence and who dispute the evidence that exists. Frankly, the committee thinks that such a belief is as unfounded in 2020 as denial of the reality of climate change or maintaining that the earth is flat are. All those who have professional responsibilities for other people's health need to get behind the evidence and do everything that they can to support physical activity and social prescribing.

Given that physical activity is good, social prescribing is also good, because it is the crucial delivery mechanism for everyone who needs help to engage with physical activity. During our primary care inquiry, the Cabinet Secretary for Health and Sport noted that social prescribing makes a difference in improving health and wellbeing. She acknowledged that more awareness and understanding of its value are needed, and she highlighted that work is required to ensure that the right programmes and services are accessible to all who need them.

Jeane Freeman also accepted that, as things stand, not everyone has equal access to physical activity or to other social prescribing. Our inquiry found that active people are becoming more active, but we also found that the number of less active and inactive people is growing, and that many of those who are inactive, or less active than they should be for their health, live in our most deprived communities. The challenge, therefore, is one of equal access.

This morning, the committee heard about an example in Fife of social prescribing being offered. People can go to the doctor then get their medicine from the chemist for nothing, but people whose doctor prescribes a referral class might find that they need to pay for such classes every time they go. They might also have to pay for transport, childcare or other care costs to allow them to attend and participate in the activity. People in low-income households by definition struggle to meet such costs, so for that reason it is often easier and cheaper to rely on medications that are free to patients—albeit at a high cost to the NHS—but which might only address symptoms and not deal with the underlying causes.

Physical activity is an investment for people, their families and future generations. When individuals cannot afford to make that investment, it is surely up to the Government and the wider community to make that investment on behalf of us all. Processes need to be in place to make social prescribing easier, whether in primary care, secondary care or communities. Patients and prescribers need to understand the role of social prescribing, and technology and funding need to follow in order to make that happen. If medical and pharmaceutical prescriptions are important enough that we have free prescriptions, surely social prescriptions are of equal importance. Surely, social prescriptions must be equally available to the people who need them. That means that they need to be viewed, valued and funded on an equal basis with medical prescriptions.

Our report is clear that social prescribing is not a tool only for GPs in primary care, but should be deployed by a range of health and social care professionals and, ultimately, beyond the healthcare professions. That is one side of the equation. Making sure that activities are available also means that there must be organisations that are in a position to deliver them. Those organisations need funding and support in order to do the job, which means public investment in physical activity.

We have recommended in our report that at least 5 per cent of each integration authority's budget should be spent on social prescribing, which means commissioning of local services.

That investment should be focused above all on deprived areas and low-income households, in order to help to narrow the health inequality gap and to reduce future need.

We want conditions to be created in which people can flourish in their communities, wherever they live, and we want to close the growing inequality gap between active and inactive populations.

The potential to reduce pressure on our health and social care services alone makes the investment worth while, but the potential to improve the quality of life, health and wellbeing of individuals and communities makes it even greater and more valuable.

Health is the real wealth. In order to realise that wealth, we need to invest, because to do so will be to invest in the future health and wellbeing of our country's citizens, and of our future generations, when we know that tough choices will need to be made as the population ages and as people live with increasingly complex needs.

We need to make the judgment now in order that we can get ahead of the curve: we need to make the investment early and support physical activity and other social activities that can maintain good health through a person's life. The decisions must be made now, so that we see the benefits in the future.

We cannot simply say and agree that social prescribing is a good thing; we need to invest to ensure that it is delivered at scale across all health boards and integration authorities. That is the central challenge of the report for ministers and for public health professionals across Scotland. I hope that that challenge can be met.

I move,

That the Parliament notes the conclusions and recommendations contained in the Health and Sport Committee's 14th Report 2019 (Session 5), *Social Prescribing: physical activity is an investment, not a cost* (SP Paper 639).

14:47

The Minister for Public Health, Sport and Wellbeing (Joe FitzPatrick): I thank the convener for setting out the key points from the Health and Sport Committee's report on the social prescribing of physical activity and sport. I also thank all committee members for their work on the inquiry and for the opportunity to discuss the topic today.

Social prescribing is a valuable approach that can enable people and communities to take more control of their health and wellbeing. I welcome the committee's constructive and wide-ranging report,

Today, I will focus on two main themes from the report. The first theme is the importance of physical activity and sport for our physical and mental wellbeing and how we can ensure that everyone in Scotland experiences those benefits. The second theme is how the healthcare system can raise awareness of the benefits of being physically active and can connect people so that they can be supported and get opportunities to be physically active.

The committee has focused on physical activity and sport in its inquiry. As the convener mentioned, there are, of course, other activities that can help people to improve their physical and mental health. I will spend a little time on that point later.

As the committee highlights throughout its report, there is no shortage of evidence on the benefits of physical activity and sport for our physical and mental health. The benefits include reducing the risk of heart disease, stroke, diabetes, many types of cancer and depression. The flipside is that physical inactivity damages our physical and mental health, which puts additional pressure on our healthcare system. I therefore agree entirely with the committee's overall conclusion that physical activity should be seen as an investment.

This Government is committed to making that investment in physical activity and sport. In the current financial year, we have increased the sportscotland budget to £32.65 million, with similar levels of funding proposed in our recently published draft budget. In 2018, we doubled the active travel budget from £40 million to £80 million, and in our draft budget, we have set out plans to increase that again, to more than £85 million.

Together with partners across health, sport, transport, education, the environment and other sectors, we are taking concrete action to achieve our shared vision of a Scotland where people are more active, more often. "A More Active Scotland: Scotland's Physical Activity Delivery Plan" demonstrates the breadth of those efforts. The World Health Organization has welcomed the plan's systems-based approach to working across sectors and has recognised Scotland as one of the forerunner countries in responding to its global action plan on physical activity.

The committee is right to highlight the importance of addressing inequalities between the most and least-deprived areas in relation to participation in physical activity and sport. We all know only too well how challenging it is to tackle health inequalities and, equally, how vital it is that we spare no effort in doing so.

Sport has a major role to play in tackling inequality and contributing to a more inclusive

Scotland. Through sportscotland, we are working to achieve that through a number of our main delivery programmes. For example, sportscotland's active schools programme provides free or low-cost opportunities for children and young people to be active. An independent evaluation of sportscotland's work in the schools and education environment, published in 2018, found that

"schools with high levels of deprivation were more likely to have high levels of Active Schools participation than those with medium or low levels of deprivation."

That is an encouraging sign of success, given the inequalities that are experienced in many other sport and physical activity programmes.

Brian Whittle (South Scotland) (Con): On that specific point, does the uptake of active schools participation in areas of high deprivation not highlight that schools those areas have very little opportunity to participate and that they will grasp any opportunity that is available to them?

Joe FitzPatrick: No: it highlights the fact that all our agencies, and sportscotland in particular, are focusing their efforts. I will come to a few examples of where that focused effort tries to break down the barriers that we all know exist. There is no point in our pretending that those barriers do not exist—they do. From the figures, we can see a disparity in relation to physical activity between the most and least-deprived areas. That is why we need that focused action, and sportscotland, along with our education colleagues, is absolutely taking that action.

Sportscotland also works with partners to improve the provision, reach and community engagement of our community sport hubs in deprived areas, and its sport facilities fund gives priority to projects that provide more and better opportunities for underrepresented groups.

We also continue to invest in walking as a highly effective way of creating opportunities for everyone in Scotland to be active. Walking is an accessible, popular and cost-free activity, and we provide £1.2 million annually to Paths for All to deliver our national walking strategy. However, there is a long way to go if we are to see a reduction in inequalities in physical activity levels across the Scottish population as a whole. That must remain an on-going focus in our policies and in delivery.

The second area that I want to focus on is the role of the healthcare system in highlighting to people the benefits of being physically active, and in connecting them with the support and opportunities that they need to be physically active.

The committee has recommended that we support NHS boards and integration authorities to

raise awareness of social prescribing and other activities around promoting physical activity, and that is what NHS Health Scotland works to achieve by embedding its national physical activity pathway in existing practice. The pathway is an evidence-based approach through which health and social care professionals can deliver structured, brief advice on physical activity.

NHS Health Scotland also works with academic partners and physical activity providers to develop quality standards for physical activity referral, which will lead to greater quality and consistency in the design and delivery of referral schemes in Scotland.

The committee's report describes social prescribing as

"a way for primary care professionals to connect people to a range of local, non-clinical services."

Those services are

"sources of support or resources in a local community that have the potential to help people with the health problems they are experiencing."

I have spoken about the benefits of physical activity and sport, but it is important to recognise that other types of support and resources within local communities also have significant and proven benefits for physical and mental health. As the convener said, taking part in cultural activity—whether doing or seeing culture—has been shown to reduce social isolation, strengthen social networks, increase self-confidence and resilience and empower individuals and communities. Culture can and does play a key role in maintaining good mental health and wellbeing.

It is important that we recognise the range of activities that improve our physical and mental health and provide people with the options and support that best fit their own needs, interests and circumstances. That is very much in line with the principles of realistic medicine, which is all about supporting our healthcare professionals to deliver a more personalised approach to care. Social prescribing clearly has an important role to play in delivering that personalised approach, and we will explore that further by discussing with key stakeholders, including the Academy of Medical Royal Colleges, how Scotland might achieve that aim. We are also engaging with a number of expert by experience groups to capture their views.

Nevertheless, it is important to recognise that medical prescribing and social prescribing need not be mutually exclusive. In practice, a mixture of interventions might be appropriate for an individual's personal circumstances. Rather than seek to trade one off against the other, it might be better to contrast health interventions that are

done to people with a personalised approach, where they are done by people.

Increased resources are being allocated to building capacity and expertise in the healthcare system to enable that person-centred support. That includes our commitment to increasing the number of community link workers by 250 by the end of this session of Parliament. Community link workers play a key role in supporting patients to access local services. By the very nature of their role, they help break down the barriers that people face in taking part in physical activity and sport and in accessing other opportunities to improve their health and wellbeing in their local communities.

Similarly, our commitment in the mental health strategy to fund 800 additional mental health workers ensures that local provision and support are at the heart of our plans. Investing in the relationships between healthcare professionals and services or programmes in the community provides benefit in both directions. For example, as part of the Scottish Government's work with the British Heart Foundation on blood pressure management, NHS Lanarkshire and NHS Western Isles have focused on identifying patients through community services. In Lanarkshire, that was done through leisure and cultural services delivering a programme of blood pressure testing as part of the expansion of physical activity prescription referral inductions. In the Western Isles, staff from the community carers forum delivered blood pressure testing to carers. Both methods supported a move towards prevention through simple-to-use digital technologies, away from the normal GP practice setting.

I emphasise that there are huge benefits to be gained from strong connections between healthcare practitioners and the voluntary and community organisations that provide the opportunity for people to improve their health and wellbeing within their local communities. Social prescribing is all about realising those benefits. Nevertheless, the committee is right to highlight that we must be mindful of the capacity and capability of the third sector to respond to additional demand through social prescribing. It is vital that we nurture the commitment to the health and wellbeing of people in Scotland of healthcare professionals and those who provide opportunities for people to take part in health-promoting activities in their local communities.

I look forward to hearing the thoughts of members from across the chamber on how we can best support people in those roles and make the most of the potential of social prescribing approaches to improve our physical and mental wellbeing.

14:58

Brian Whittle (South Scotland) (Con): I could wax lyrical and extol the virtues of social prescribing—as most members will, I am sure. I am delighted to open the debate on behalf of the Scottish Conservatives, because, as members will know, it is on a topic that I am extremely passionate about.

As we have heard, the Health and Sport Committee conducted an inquiry into the social prescribing of sport, exercise and physical activity. At the end of the evidence session, we went into private session to discuss what we had learned. We all agreed that it was a very good session, with excellent evidence from an invited panel of experts. However, it is fair to say that our understanding of the topic grew by a grand total of zero. Who knew that social interaction and physical activity would be good for our health? That knowledge is hardly a breakthrough. We also discussed how many conditions are routinely medicalised when an alternative approach could lead to a better outcome in both physical and mental health. Again, that is hardly a revelation, although that approach will dovetail nicely with the work that we are currently doing on medicines. I am prepared to stick my neck out and predict that we will conclude that patients are being overprescribed medications when alternatives or a combination of medicines and activity would produce better results.

Presiding Officer, perceptive as you are, you might detect a hint of frustration—and you would be right. We have been discussing the desire to shift to a preventative approach since I entered the Parliament, nearly four years ago. I entered with such hope and, as it transpires, such naivety. There I was, thinking that in this place, among all the political posturing and wrangling, we might be able to make things a little bit better for people in Scotland. The reality is that, in that time, nothing of any note has changed save the relentless increase in the cost of preventable conditions. I am thinking of conditions such as type 2 diabetes, a recent report on which suggested that the number of people in Scotland with the condition—which is preventable for the most part or, at the very least, manageable—continues to increase. Type 2 diabetes and related complications already account for more than 10 per cent of the NHS budget, and that does not take into account the loss of productivity.

We are all aware of the huge rise in poor mental health, and evidence from both the Health and Sport Committee and the Public Petitions Committee highlights overprescribing of medication and a lack of access to alternative social solutions. In its submissions, the Scottish Association for Mental Health highlights its strong

evidence-led belief that physical activity is a major contributor to a more stable mental state. I agree with the convener of the cross-party group on culture, Joan McAlpine, that the list of socially prescribed alternatives goes wider than sport and could be of significant benefit to those who suffer. There is music, for example, but—wait a minute—access to free music in schools has been cut.

As the convener of the cross-party group on arthritis and musculoskeletal conditions, I confirm that we are about to undertake a piece of work highlighting the need for better access to better self-management options, appropriate physical activity being key. The list goes on.

The keys to making social prescribing successful are as follows. Access to activity has been highlighted by the Health and Sport Committee's convener, who rightly said that, if someone opts for medication, they can get a medical prescription that will cost them nothing, whereas, if they are socially prescribed something, the chances are that it will cost them money. There is space for a little bit of creativity. Instead of spending the money on medicine, we could spend the same amount on social prescribing—because there is a problem in accessing physical activity and travelling to physical activity, as Lewis Macdonald said.

The closing of council facilities, predominantly in rural and poorer areas, is a major contributing factor to inequality. Healthcare professionals need to understand what is on offer in the community. Evidence that was given today as part of the committee's medicines inquiry strongly suggests that most GPs are unsure of what is available in communities as a possible alternative to medicalising a condition. We also heard that they need time to offer social prescribing, even if they are aware of the alternatives that exist.

The briefing from Barnardo's Scotland suggests that the inclusion of children and young people in the committee's investigation would have added weight to its conclusions, and I agree with that. Social prescribing at the earliest opportunity would be the very best form of prevention. Introducing social prescribing for children at pre-school and in school, in the form of physical activity and play, would be an excellent and important first step in reversing Scotland's worrying health trends. As I have said before, schools need to be seen more as community hubs. Because of the closure of local facilities, the facilities in the school estate are becoming more important, so we need to make them accessible, which we are currently not doing.

Social prescribing also needs to include access to volunteering—I make no bones about it. A friend of mine, Dr Frank Dick, who was the director of coaching at British Athletics, wrote a paper on the recruitment of volunteers from among people

who are approaching retirement—which, in itself, is another form of social prescribing. We have to make sure that those opportunities are available.

I will talk a bit about active travel. I hear that the active travel budget has been increased. However, trunk roads are supposed to have an element of active travel in their development and I have not seen any evidence of that so far. The transport minister agrees with me that there is a huge discrepancy in access to cycle routes to work and other places between the better-off parts of our country and those that have lower earners.

I have talked about the closing of facilities due to cuts in council budgets. According to the Convention of Scottish Local Authorities, the budget that has just been announced will cut £230 million from councils' discretionary spend—and that is if councils opt to raise council tax by the maximum of 4.8 per cent.

Keith Brown (Clackmannanshire and Dunblane) (SNP): Mr Whittle has twice mentioned the proposed council budgets. Is the member likely to support an amendment to the proposed budget that would increase funding for local government? If so, where would that money come from?

Brian Whittle: I think that council budgets should be increased, because social prescribing is an investment, not a cost. The Scottish Government is getting an extra £1.1 billion in Barnett consequentials and it is cutting council budgets again. The Scottish Government is cutting the budget for the very levers that are required to deliver on the social prescribing programme.

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

Brian Whittle: I will get a wee bit further and then take an intervention, if that is all right.

We have just heard the minister say that the Scottish Government has increased the sport budget, but that is not true, because in real terms it has cut the sport budget again. We have heard talk about a delivery mechanism, yet GP surgeries have closed all over the place, and they are the access point for social prescribing. Patient numbers are increasing but there are fewer GP surgeries.

The reality is that, when it comes to social prescribing, it is people with the greatest health issues in the lower quintiles who have the least access to the services that they require. Every speech that the Scottish Government makes about inequalities highlights to me and to this chamber how little it actually grasps the problem. We know where the inequalities lie, and we know where the

access to services is at its poorest. Where is the strategy to target those inequalities?

Bob Doris: Will the member take an intervention?

The Deputy Presiding Officer (Linda Fabiani): Mr Whittle is in his last minute.

Brian Whittle: It appears that I am in my last minute.

We have a system that acts against delivering on a report that I am sure we will all agree on. We have a Scottish Government that puts in place barriers to the development of a cohesive strategy. The solutions are clear. To be effective, we must have a delivery mechanism. We need GPs and healthcare workers who are armed with the knowledge of how and where to deliver services, not the current staffing crisis that they face. We need an educational environment that allows pupils access to extracurricular activity and teaching staff who are given the breathing space to deliver all their expertise. We need a third sector that is properly funded, because it is a massive contributor to this agenda.

By slashing council budgets again, the Scottish Government has put the very services that will be needed to deliver on the report's recommendations under threat. At 5 o'clock today, MSPs will troop into this chamber to vote after what I wager will be deemed to have been a consensual debate, they will vote the motion through unanimously and, tomorrow, absolutely nothing will change.

If the Scottish Government agrees that physical activity is an investment, I challenge it to tell the Parliament how it intends to make good on that investment. So far, it seems that there is neither the will to drive this agenda nor an understanding of what is required to make the health of the nation a priority. Talk is cheap—it is time to show us the money.

15:07

David Stewart (Highlands and Islands) (Lab): Social prescribing is an idea whose time has come. I echo Lewis Macdonald's comment that the concept is a crucial tool for the future of our health services in Scotland and further afield.

So, what is social prescribing? At a simplistic level, it deals with much, much more than simply physical activity. I will give an example. This week, *The Sunday Times* reviewed a book on neuroscience, which quoted the statistic that the impact that loneliness can have on a person's emotional health is the equivalent of the impact of smoking 15 cigarettes a day.

Social prescribing is well defined in the Royal College of Occupational Therapists briefing to MSPs as being

"linked to an increased drive towards personalising health and social care and the widely accepted understanding that people's health is determined by a number of complex and interrelated social, economic and environmental factors."

Of course, social prescribing is not a panacea and it will not work for everyone or everything. It is a complement for people with serious and complex mental and physical health needs who will still require medical interventions and specialist one-to-one help.

Macmillan Cancer Support gave an interesting description of social prescribing as being about

"working with people as experts in their own lives".

SAMH said that social prescribing can reduce

"the prevalence of mental health problems... demands on health services... and social exclusion."

The minister should note that that conclusion was shared by the British Journal of General Practice.

An example relating to mental health that we probably all know about is that exercise referral schemes are useful treatments for mild to moderate depression. However, there are no such schemes in NHS Highland, NHS Orkney or NHS Shetland, which makes this a case of a rural postcode lottery—I would say that, as a representative of the Highlands and Islands, and the minister may wish to comment on that situation.

Other members have touched on best practice, and I will give four quick examples from across Scotland. The first two are from SAMH. Its "Active living becomes achievable" project relates to behaviour change and has helped more than 300 people to achieve active lifestyles, and its GP link workers in North Lanarkshire and Aberdeen have helped more than 5,000 people. Thirdly, the "Changing room" initiative—which I am particularly interested in as a long-suffering fan of Inverness Caledonian Thistle—which was launched in 2018, uses the power of football to encourage men to talk about improving mental health. The initiative involves the Scottish Professional Football League and Hibs and Hearts. I am glad that George Adam is in the chamber, because that example was raised at the Health and Sport Committee this morning. It was suggested that a GP could prescribe membership of St Mirren; he replied that it would not help our health very much, but I hope for the sake of his mental health that the team will stay in the same division, because relegation would be terrible for him.

Finally, Cycling UK has a body of evidence that cycling as a form of physical exercise is extremely good for health. It runs lots of schemes throughout

Scotland, which are very positive examples of best practice.

The evidence that was received by the committee, of which I am a member, made it clear that an increased use of social prescribing would have the potential to lessen the burden on overworked and under-pressure GP practices, as well as to reduce the pressure on health and social care services and cut waiting times, unplanned admissions to hospital and delayed discharges—all aspects of service that are currently failing to meet their targets.

As the convener said earlier, the committee received written evidence from 97 organisations including the Highland green health partnership, the active Highland strategic partnership and many organisations that work nationally. They provided insights into the barriers to social prescribing, which can be particularly acute in remote and rural areas in the Highlands and Islands, where short-term funding arrangements for third sector providers has a significant impact on the sustainability of many key referral destinations.

The report's findings identify the challenges that face the third sector, which is integral to the capacity for social prescribing, and note that further work is required to ensure that voluntary and community organisations have the capacity and capability to fulfil socially prescribed activities. Other barriers to realising the full potential of social prescribing have been briefly touched on, including workforce considerations. My understanding was that the Government was looking to add 250 link workers; however, unless I picked up wrongly what the minister said, I thought that he gave a slightly higher figure. I assume that 250 is the correct number, and would be happy to take an intervention from the minister to confirm that point.

Joe FitzPatrick: If I gave a different figure, I clarify that 250 more is the right figure. What I may have referred to was 800 mental health workers.

David Stewart: I am happy that my research is up to scratch on this occasion. Details are required on where post holders will be based and their remits, including any differences in rural and urban areas.

The committee also notes that link workers should be tasked with helping to break down any barriers that people face to taking part in physical activity and sport in their communities. The establishment of a working group to identify opportunities is also constructive and I am sure that members of the committee and others across the chamber will follow progress closely. Government and public perception has shifted in recent years towards placing physical and mental

health on an equal footing, and the next step is for social prescriptions to be placed on a par with medical prescriptions.

The report sets out that the growing inequality between active and non-active populations by area of deprivation, with its consequential health and wellbeing impacts, needs to be addressed. We all know that adults in the most deprived areas are the least likely to meet targets in physical activity guidelines, and any forthcoming investment should be prioritised and spent in the most deprived communities.

I will give an example—the minister, in particular, might want to take note of this. Members will know that the sports facilities fund, about which I am very enthusiastic, provides capital funding through sportscotland to communities. The Labour group recently submitted a freedom of information request, which found that only 11 per cent of that funding goes to the most deprived areas.

Joe FitzPatrick: Will the member take an intervention on that point?

David Stewart: Yes.

The Deputy Presiding Officer: Very quickly.

Joe FitzPatrick: I have seen the Labour press release on that, and it fails to mention some of the caveats that accompanied the FOI. When an organisation applies for funding, the postcode that is used is that of the organisation's headquarters. For instance, in Glasgow, when Glasgow City Council has applied—

The Deputy Presiding Officer: I did say, "Very quickly," minister. You have 10 seconds left, Mr Stewart.

David Stewart: Thank you, Presiding Officer. The minister stole my time there.

I am happy to get back to the minister about the issue, but I stand by the 11 per cent figure.

This emerging area of healthcare is very welcome. It is about empowering patients to take control of their lives. It will release GP consultations, reduce reliance on prescription medication and reduce pressure on NHS services, but the Government needs to address the major health inequalities in Scotland and focus on issues such as the distribution of funding through the sports facilities fund.

Tory members will benefit from hearing this. As Sir Winston Churchill said,

"I never worry about action, but only inaction."

The Deputy Presiding Officer: We are very short of time for this debate. I am already looking at cutting speeches.

15:16

Alex Cole-Hamilton (Edinburgh Western) (LD): Thomas Edison once said:

“The doctor of the future will give no medicine, but will interest his patient in the care of the human frame, in diet and in the cause and prevention of disease.”

A hundred years on, we still have not achieved that vision. In many ways our diet is worse, our engagement with physical activity is poorer and our relationship with alcohol is more problematic. I do not doubt the sincerity of the Scottish Government’s commitment to any of those things, but that commitment has been shared by every First Minister, every cabinet secretary for health and each of their Opposition counterparts since the beginning of devolution, so I am glad that the committee embarked on its inquiry. I am grateful to the clerks, our witnesses and the members of the public who participated in our community-based sessions.

By necessity, improving the health of our nation should be about more than just the alleviation of symptoms. The reach of our ambition should be to instil a thirst for activity, both physical and mental, in all our constituents. We then need to meet that thirst with the ability to access services and opportunities.

In a basic sense, Edison’s futuristic vision of the doctor of the future—to set that in the context of modern-day healthcare—is one of prevention, and it can be delivered in part through social prescribing. It represents a way in which primary care professionals can connect people to a range of local, non-clinical services. Some prefer terms such as “lifestyle coaching” or “social connectedness”, but those interventions work, and the evidence of their impact is empirically verifiable.

Following a study in Bristol in 2017, The King’s Fund issued a report that shows that there is emerging evidence that social prescribing can lead to a range of positive health and wellbeing outcomes, including helping to alleviate depression and anxiety.

Sport and physical activity can change lives—we all know that. They not only improve physical wellbeing, but help our mental health. In 2018, ScotPHO—the Scottish Public Health Observatory—reported that only 65 per cent of adults and 37 per cent of children were meeting targets in Scotland’s physical activity guidelines, with adults in the most deprived areas least likely to meet them. There is a growing inequality between active and non-active populations by area of deprivation.

Kim Atkinson, who is the chief executive of the Scottish Sports Association and a regular witness at the Health and Sport Committee, told us that

there are 13,000 sports clubs, with 900,000 people attending those clubs. It is not all bad news. Some of those people are self-prescribing social interventions, and as Dr William Bird said to our committee, we should do everything that we can to ensure that we do not impede that access.

I pay tribute to Edinburgh Leisure in my constituency. It seeks to bridge the health inequality divide by offering those who are out of work and on state benefits access to Edinburgh Leisure training facilities at a cost of £10 per calendar month. That really does reduce barriers to people getting active and staying well, both physically and mentally. However, any cost can present a barrier, even a motivational one.

My party would invest in sport, support people to make informed choices and extend the rights of GPs to social prescribing, including free access to exercise programmes if they judged that it would help a person’s health and wellbeing.

Social prescribing should not be limited to physical activity. There are many examples of activities far beyond exercise that enhance a person’s mental wellbeing. As we heard from the convener, cultural and other forms of recreational activity should be included within the remit of social prescribing as they have a proven place in improving overall health outcomes. That view was supported by colleagues in the Culture, Tourism, Europe and External Affairs Committee during their 2020-21 pre-budget scrutiny.

The Shed in Muirhouse, an area of high deprivation in my constituency, works with some of the most socially excluded constituents that I represent and provides a fully equipped workshop where people affected by social isolation or mental ill health can build or upcycle furniture under expert tuition. It is not about calorie burning, but it increases the orbit of the social universe of some of my most isolated constituents.

However, like many services that we have heard about today, it struggles to keep going financially and to build awareness of the service that it provides. We need to do more to ensure the sustainability of such offers and connect people with them.

That is why I support the recommendation of our committee that 5 per cent of the integration joint board budgets be diverted to social prescribing. To that end, the Scottish Government has been committed to a GP link worker to feed people into those organisations. However, I do not think that we are making the progress that we should. All told, there are only 30 link workers in Edinburgh and the Lothian region and Muirhouse does not yet have the capacity to adequately embrace that connection.

Awareness raising is also key. It forms a large part of the work of the European-funded mPower project in NHS Ayrshire and Arran, NHS Dumfries and Galloway and NHS Western Isles. It is anticipated that by the end of 2021, at least 1,200 people over the age of 65 who live in the Scottish mPower area will have been supported to complete their own personal wellbeing plan. That should not be limited to pilots or good practice in certain regions; it should be mainstreamed and rolled out across the country.

I realise that I am coming to the end of my time. I will finish by saying that I agree with Gerry Power from the Health and Social Care Alliance, who, last October, as part of a different inquiry, highlighted that at local level, third sector organisations must not simply be seen as the default position when there is a lack of resource but as part of the fabric of our primary care offer.

It is not called the national health service for nothing. If it were just about treating symptoms, it would be a national sickness service. It is not, and we need to think in those terms.

The Deputy Presiding Officer: I move to the open debate. Every opening speech has gone over time. We are now short of time, so speeches must be strictly six minutes.

15:22

George Adam (Paisley) (SNP): I am a strong believer in social prescribing. It was Brian Whittle and I who pushed for the committee to inquire into the issue, because I have seen what a big difference it can make in people's lives. I know how passionate he is about the issue, so I can understand that he is frustrated, but—in all honesty—gaunae cheer up a wee bit and look at some of the positive things that we are doing? There is so much that we can look at. I have found in life, that instead of sitting and moaning about everything and snarling at people, you get a hell of a lot more done with a wee a smile on your face, when you are trying to change things.

On a positive note, I agree with social prescribing for two very distinct reasons: one is the radical difference that it can make in people's lives and the other is that I believe that it is the way forward.

Most of us agree that physical activity, sport and exercise are vitally beneficial to the wellbeing of us all, and that they can be life changing, which is why social prescribing is so important and plays a significant role in preventative care for health and wellbeing.

There was much debate in the committee about the term “social prescribing”—whether it explains the concept properly and people understand what

it is. The term itself has been around since the 1990s and means that instead of clinical intervention, a doctor can prescribe physical activity, volunteering or a community activity as treatment, rather than more traditional methods of health care.

Signposting from primary care to a range of community-based activities has been shown to encourage people to seek their own solutions—which is vital—to make connections within their community and to receive support for their overall wellbeing and not just one condition.

I heard at the committee meeting earlier today that a GP has prescribed a football season ticket. Football was mentioned earlier on, and it was said that although it might help a person with loneliness, it might create other issues.

As has been stated, the 2019 “UK Chief Medical Officers’ Physical Activity Guidelines” sends a very clear message, which is worth restating. The document says:

“If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat.”

The same conclusion was reached by the Health and Sport Committee in our inquiry on the ability of social prescribing to make an impact on physical and mental wellbeing. We agreed that there is no doubt that social prescribing can contribute massively to the healthcare system and that

“Addressing accessibility to, and awareness of, community and voluntary schemes will improve individuals’ health and wellbeing outcomes, begin to shift the balance of care from acute to community settings and help achieve national outcomes.”

More important, social prescribing puts the patient at the centre and ensures long-term solutions for on-going issues.

Although social prescribing can directly improve waiting times, help to make improvements in unscheduled care and ease pressures on accident and emergency services in hospitals, the committee explored the challenges that exist in using those approaches and increasing awareness and access to local services. It is important that we, as members of the Scottish Parliament, help to raise awareness of organisations in our constituencies.

As many members know, I am not one to be asked twice to mention Paisley. When I mentioned Paisley earlier today, I received a tweet from someone who said that George Adam deserves a medal for creativity in weaving—see what he did there?—Paisley and St Mirren into a full spectrum of topics. I will continue with that today.

Social prescribing is being successfully utilised across Renfrewshire. One example that comes to

mind is the community connectors project, which has helped more than 1,000 people across Renfrewshire by issuing cultural and social prescriptions. The programme aims to free up GPs' time so that they can focus on acute medical conditions, and it is working for hundreds of my constituents across Paisley. All 29 GP surgeries in Renfrewshire have signed up to have a social prescriber, who works with patients for whom medical intervention is not necessarily the most appropriate route. Patients can be referred by their prescriber to nearby social and cultural organisations to get the targeted support that they need, and to help them to feel part of the community.

Although the work of GPs and our NHS is undoubtedly vital, for many people 10 minutes in the doctor's surgery is not enough. When a person has had a physical or mental health issue, getting back out into the community after a period of isolation is often very difficult for them, and many people simply do not know where to turn for support. Programmes such as the community connectors programme can help people to access services—from counselling services to swimming clubs, to relaxation sessions, to walking groups—and can help with physical and mental health concerns.

I could not, of course, continue my speech without mentioning that the St Mirren FC community trust runs a get fit programme. The "football fans in training" programme runs for 13 weeks and ensures that people have the opportunity to change their life and move forward.

I am aware that the Scottish Government always focuses on people, so it is great to see continued emphasis being placed on supporting the whole person. For example, the Scottish Government's "A More Active Scotland: Scotland's Physical Activity Delivery Plan" demonstrates how overall health and wellbeing initiatives can make a difference across portfolios.

We all have to work together, and we need to trust one another. The Scottish Government, the NHS, GPs, local authorities and providers all need to trust each other in order to ensure that we can make Scots better by finding a better way to help them.

15:29

Liz Smith (Mid Scotland and Fife) (Con): I, too, thank the Health and Sport Committee for a very interesting report, but I concur with my colleague Brian Whittle, who said that we have been here before. I can count at least four debates in 13 years—but none in a health minister's debate time—in which we have talked about exactly the same themes.

There are two very specific challenges. The first is translation of common sense into action that is valued and followed across the population. The second challenge is in inculcation of a different culture in respect of approaching our lives from a health and wellbeing perspective. Both are proving to be elusive—and have been for many years. Despite all the warm words and cross-party agreement on so many aspects of the debate, there has been very considerable difficulty in making the real changes that are required. We must be asking ourselves why we have, so far, been unable to turn agreement into real action.

I fully understand why investment is so important—not just in financial terms but for wellbeing. David Stewart mentioned prevention, which is critical. Increased financing of link workers, who are trained to assist with physical exercise or other opportunities in our communities, is welcome—not least because they can establish a positive link to ensure that the relationship between good health and wellbeing is embedded in their communities. That should build on the 900,000 people who attend the 13,000 sports groups in Scotland, and it should assist primary care providers in being the support that many young families require. That could be about advice about diet, help with walking children to school, or information about cycle lanes or about joining clubs and societies. We should not forget how important that is for many young people.

As members know, social prescribing has been supported in Scotland for the past 30 years. In 2016, the Government began investing in community link workers, starting with work in general practices—in particular, in socially deprived areas. That sends an important message. As Brian Whittle mentioned, it is increasingly difficult for GPs to ensure that they can carry out their work because of closures or downgrading of GP surgeries. There is also a rural aspect that is crucial.

Volunteering has come up many times in the education brief and in the cross-party group on sport. Several members who are here today have attended those meetings. Volunteering is critical to how our communities survive and thrive. We have an army of wonderful volunteers, but they are not always channelled in the right direction and do not always feel welcome, because bureaucracy gets in the way and they are not valued.

Trust, which George Adam mentioned, is essential but must be underpinned by communities being able to understand what is required from a holistic approach. If we do not have a holistic and cross-party approach, we will keep going around in circles. I know that politics is structured around portfolios that are based on certain topics, but there must be a joined-up

approach that makes it easier for people to see what that holistic appeal is. We are not good at that, yet.

There are three things that have been quite powerful to me in my time in Parliament. I remember my first Education and Skills Committee meeting in May 2007. The topic was school meals and we listened to evidence from Hull in England. There had been huge success there in ensuring that youngsters were taking up school meals through the youngsters being involved in setting menus and learning what is important about using locally sourced products. We in Scotland are still not good at using the huge advantage that we have in respect of our local produce. The more that people are involved in decision making, and the more evidence we hear from places where it has worked properly, the better we will be.

It is also important that there be better co-ordination between public bodies, local authorities, arm's-length external organisations and the general public, so that we can take advantage of the diverse skills that are on offer, because we are still not using them as we should. That is a challenge for Parliament, so we need to do something about it.

We cannot stand still any longer, and we cannot just go around in circles. We must have collective will, trust and the ability to ask and answer tough questions.

15:35

Sandra White (Glasgow Kelvin) (SNP): I thank everyone who came to the committee to give evidence and those who sent in written evidence. I also thank the hard-working clerks who compiled the report and the members of the committee, who took part in that work too.

As Liz Smith said, social prescribing has been around for many years; it is just that it has not always been called that. Years ago, we were told to go for a walk or take up a sport because it was good for us.

I agree with Liz Smith that a huge culture change is needed on the part of not only the general public but GPs. Working together is hugely important. That is something that came across clearly when we spoke to the individuals and organisations that came before the committee.

Things have changed. We now eat a lot of fast food and a lot of people have sedentary lifestyles. Years ago, children could play in the streets, and there were not necessarily lots of cars. There has been a culture change in that respect. We have to be aware of that.

On the points that Brian Whittle made, I cannot be as humorous and gentle as George Adam was. The report is a consensual one, but we can also talk about how we feel about the issues and what people have told us. However, we cannot use the report as a tool to batter everything that has come out of this Parliament. That is a sad fact of life. If Brian Whittle looked at the figures and saw the number of food banks that we have, the number of people who are on universal credit and the number of people who are not able to survive, he might understand why people in certain areas have health problems. Look to your own Government, not everyone else's. You should be quite ashamed of yourself for the way that you said that.

Brian Whittle: What we are talking about is not a cost—it is an investment. We are asking the Scottish Government to invest in social prescribing, specifically in deprived areas. Do not blame everybody else: you have the levers to do something about it.

Sandra White: I think that you said “investment” three times after you said that you were not talking about investment. Look to yourself and your Government in Westminster. People are dying due to universal credit and not getting money as a result of being sanctioned. Think on that. I am sorry that I had to say that, but I cannot let it go.

The Deputy Presiding Officer: I remind all members that they are not having private conversations and that everything that is said should go through the chair.

Sandra White: Others have mentioned exactly what we mean by social prescribing, so I will focus my speech on one section of society whose issues I and many others have championed for a number of years: our older people. I also want to touch on the work of the committee with regard to the evidence that we received from across the country, which helped to inform our report.

With an increasing ageing population, we need to ensure that everyone can take part in physical activities, and we need to put forward the case that physical activities and sports are not just for the under 50s. There are many benefits to taking part in physical activity. As the convener and George Adam have already said, if physical activity were a drug, we would refer to it as a miracle cure due to the great many illnesses that it can prevent and help to treat. That should be stated at the top of any report on health, because it is a clear endorsement of social prescribing.

What are some of the activities that people can take part in? Age Scotland has advocated that older people take part in walking sports, which help to engage older people in regular activity, and

the physical and mental health benefits of doing so are evident.

According to Age Scotland, more than 2,500 women and men across the country play walking football at least once a week. We know from studies that participation in walking football reduces blood pressure and cholesterol and helps to prevent heart disease and stroke, as well as improving general fitness and wellbeing.

Keeping physically active also enables older people to stay mentally active and reduces the social isolation and loneliness that have so much to do with mental ill health. That needs to be taken into account when we consider social prescribing.

Like many members, I have many organisations in my constituency that do a great deal of work. I have mentioned Annexe Communities on numerous occasions. It is based in Partick, in the community, and it has a jam-packed activity calendar that includes yoga, walking, tai chi, salsa, line dancing and ballroom dancing. Having such activities in the community is what social prescribing is all about.

I am going to have to cut out half my speech.

I am pleased that the minister mentioned community link workers, because I was going to ask him to say, in his closing speech, whether we can have more link workers. He has answered my question, so he need not do so again. Link workers are crucial to social prescribing.

The report sets out lots of things that we learned about how social prescribing can prevent

“long term conditions and dependence on pharmaceutical prescriptions.”

I agree with Liz Smith that we must ensure that there is joined-up thinking on the matter. I will stop there, Presiding Officer, because I have run out of time.

15:41

David Torrance (Kirkcaldy) (SNP): As we have heard, the benefits of physical activity to our health and wellbeing are well documented and widely acknowledged.

The term “social prescribing” has been around since the 1990s, and there is no doubt that some noteworthy initiatives and programmes are being undertaken across Scotland, but there is evidence that far more needs to be done to promote the approach.

During the gathering of evidence for the committee’s report, it was encouraging to see many written submissions from a wide range of organisations and boards. If we are to achieve the shared vision of a Scotland in which people are more active, more often, we must acknowledge

that everyone’s voice is important and must be heard.

If we are to ensure an integrated approach that is consistent and relevant to our local communities, we must do all that we can to tackle barriers to accessing the right support and delivering programmes. To that end, I was pleased to learn about NHS Health Scotland’s work with academic partners and physical activity providers to co-produce quality standards for physical activity referral, to achieve greater quality and consistency in the design and delivery of referral schemes in Scotland.

As a Fife MSP, I was particularly interested to read the submission to the committee from NHS Fife and Fife Council, on behalf of Fife health and social care partnership. The partners said:

“prescribing physical activity and sport does not lead to a sustained participation in physical activity and sport. In particular, prescribing to ‘sport’ is not sustained.”

That is an important point, which we must address. How can we ensure that exercise referral programmes are effective in promoting long-term behavioural change and increased participation in physical activity? The Fife partners went on to say that

“There has been some success with informal referrals made to some participation programmes for young people and adults”,

but pointed out that

“Many clubs are not in a position to receive referrals and to support individuals.”

That is why I very much welcome the value that the Scottish Government places on the significant contributions of the voluntary sector and community organisations to improving the health and wellbeing of people across Scotland.

I also welcome the support that the Scottish Government provides in that regard, which includes support for the Paths for All programme. The programme is funded by the active Scotland division, with the aim of developing and delivering an action plan for Scotland’s national walking strategy. Paths for All’s Scottish health walk network brings together more than 160 projects, all of which are aimed at supporting people to walk more.

There is also the amazing changing lives fund, which was launched in 2018. The initiative, which is a partnership between the Scottish Government, sportscotland, the Robertson Trust and Spirit of 2012, provides additional resource to the sporting sector and community sectors to better address individual and community needs through sport and physical activity and to support participants to become and stay active.

Although there is currently no formal social prescribing programme for physical activity or sport in Fife, there are a number of programmes that encourage and promote an active lifestyle, which I will take the opportunity to highlight.

Bums off seats, a Fife walking initiative, provides free, local health walking opportunities that are led by a trained team of volunteer walk leaders. A health walk is a free, short, local walk that is suitable for most people—even those with long-term health conditions. Now in its 15th year, the Fife Council-funded project, with support from Active Fife and Paths for All, appears to have found the secret to sustained participation, as it encourages the less active members of the community to discover the benefits of an active lifestyle, such as improved physical and mental health and increased wellbeing.

Fife Sport and Leisure Trust has a referral programme for specific health conditions, such as coronary heart disease and stroke. Active options 2 is a programme of referral-based health classes for people who are living with long-term health conditions. It delivers exercise that is tailored to a person's functional ability, regardless of what long-term condition they have. Delivered by the trust and led by specialist instructors, the health classes are delivered at four levels, ranging from level 1, which is chair based for those who have limited standing balance, through to level 4, for those who are independently mobile and already active.

During the evidence-gathering sessions, I was also interested to hear the evidence of GPs who had concerns about the concept of social prescribing. Their reasons were varied and ranged from worries about time constraints to perceptions that it was not part of their role and the lack of strong evidence demonstrating the long-term effectiveness of social prescribing.

That raises interesting questions about whether referral pathways and access to social prescribing should be solely the responsibility of health and social care professionals. Fife partnership noted that, although medical professionals are traditionally the most appropriate route for referrals, community link workers, social care providers and the third sector are increasingly involved with individuals and are already appropriate resources to make referrals to a range of interventions. Therefore, making referrals should no longer be down to health professionals alone.

Figures from NHS Research Scotland show that 90 per cent of all health contact takes place in primary care, with most of it taking place through visits to GP surgeries, dental practices and pharmacies once someone is already unwell. If we are to effect real change and increase the role of social prescribing in improving health and

wellbeing, focus must be given to implementing long-term systems and approaches that will facilitate improved access to non-clinical programmes, services, events and sources of support before there is a need for health service intervention.

I welcome the report and its recommendations, as well as the Scottish Government's response and its commitment to improving the health and wellbeing of people and communities across Scotland.

I very much look forward to the establishment and progress of the Scottish Government's social prescribing working group and to the progress of NHS Health Scotland as it continues to support NHS boards and integration authorities to implement physical activity social prescribing by embedding the national physical activity pathway in existing practice.

By working together, we can continue to make great strides in positively influencing individual practices and personal behavioural choices, and, in turn, build healthier communities by preventing long-term conditions, rather than managing them.

15:47

Mary Fee (West Scotland) (Lab): I welcome the opportunity to speak in this debate on something that might not be at the top of the political agenda but that, when utilised effectively, can change lives and deliver long-term health and wellbeing benefits. There might be different views across the chamber about how to utilise and maximise social prescribing, but we should all agree that it has the potential to change lives for the better.

The Scottish Government's commitment to establishing a working group to "identify and communicate" best practice for social prescribing is strongly welcomed. I hope that any outcomes from the working group will make the utilisation of social prescriptions by professionals more efficient and effective.

We need to ensure that there is no postcode lottery across the country. To do that, we must ensure that best practice becomes a national standard. Understanding how social prescribing will work in practice is fundamental to promoting the concept to health and social care professionals, and it will ensure promotion of its benefits when it is rolled out.

Preventative spending is key to protecting the long-term stability of the national health service as it faces ever-increasing pressures and demands. Social prescribing is one key tool in the preventative measures mix that is fundamental to improving health and wellbeing. Social prescribing

must not only offer physical activity but look at wider cultural and leisure activities that are suitable for the individual.

Last week, I had the opportunity to spend time with instructors from Disability Snowsport at Snow Factor, at Braehead, which is the only indoor ski slope in Scotland. They were keen to point out that, regardless of any disability or injury, or their level of experience, anybody can ski, and, in their view, the benefits to people's mental health are immeasurable. I had the opportunity to take part in a session, which I confirm was great fun—I highly recommend it to all.

I believe that two major concerns must be addressed in the debate. The first concerns referral pathways for social prescribing and health and social care workers' awareness of its benefits. Although the majority of prescriptions come from GPs, it is evident that not all of them fully support social prescribing. I note, from the Scottish Government's response to the committee's report, that

"NHS Health Scotland is supporting NHS Boards and Integration Authorities to implement physical activity social prescribing by embedding the National Physical Activity Pathway".

Perhaps the minister, in his closing remarks, could provide me with an update on how it might be possible to effect such implementation in a way that would ensure a national standard for social prescribing rather than a postcode lottery.

If some GPs are unsupportive of social prescribing, training should be made available to overcome that attitude. All GPs are very aware of the benefits of physical activity in supporting long-term health and wellbeing. In the chamber, we often talk about behaviour change, and social prescribing has a key role to play in changing long-term behaviour.

I welcome and support the role of community link workers. Greater use must be made of social prescribing through them, particularly to address situations in which GPs are resistant to the idea or do not have the capacity to assess individuals fully to ensure that prescribed activities are achievable, will be a good match, are sustainable and can offer the support that is required to enable those individuals to take part. If we are to see a real difference in health and wellbeing in the most deprived areas, the number of community link workers will need to be increased beyond the number that is proposed by the Scottish Government, which has a target of 250 such workers being in place by 2021.

The second of my concerns is about resourcing and capacity. Although Labour supports the idea that social prescriptions should be treated equally with medicinal prescriptions, a large obstacle to

achieving that would be the cost. The majority of social prescriptions would require co-operation with the third sector, which, like local authorities, has faced difficult financial circumstances over the past decade. It is not always guaranteed funding, especially from the public sector. To increase the capacity for third sector organisations to be involved in social prescriptions, their voices must be heard. Therefore, I hope that the proposed working group will include a range of voices from that sector.

In closing, I reiterate my support for social prescriptions. It is clear that they have support both in the chamber and in the Government and that they have the potential to change lives as well as save resources for the NHS. However, in order to drive such change, there must be in place a strategy that does not financially restrict third sector organisations and local authorities.

15:53

Joan McAlpine (South Scotland) (SNP): I am delighted to speak in the debate, and I congratulate the Health and Sport Committee on the publication of its report. Although it focuses on the effect of sport, I am keen to underline the importance of culture to social prescribing and was pleased to hear Lewis Macdonald acknowledge it in his opening remarks.

There is now a national outcome on culture. In its pre-budget scrutiny, the Culture, Tourism, Europe and External Affairs Committee, of which I am the convener, has highlighted the importance of funding participation in culture across Government portfolios. In social prescribing, culture is particularly beneficial for the prevention of long-term issues, especially those affecting mental health, although, of course, some art forms, such as dance, also benefit physical health.

We are especially keen to see access to culture extended to more marginal groups such as those on low incomes. A brilliant example of that is Sistema Scotland's project in Raploch, Stirling, which I visited this month in my capacity as the committee's convener. As members will know, Sistema runs orchestras and music classes for children in Stirling, Aberdeen, Dundee and Glasgow, but it does much more than that. Based on a Venezuelan model, Sistema Scotland aims to use music making to foster wellbeing, confidence, self-esteem, pride and aspiration among the children and young people who take part. It is very successful in that aim, as I discovered when I observed the wonderful tutors, who are all working musicians, taking various classes with laughing, happy and very hard-working young musicians.

Sistema's effect on wellbeing has been properly documented by the Glasgow Centre for Population

Health, which conducted independent analysis and found that there are seven main areas of a child's or young person's life that can be positively affected by participation. In relation to education, participation improves concentration, listening, co-ordination and school outcomes, all of which benefit health. In relation to life skills, participation improves problem solving, decision making, self-discipline and leadership. There are emotional benefits—

The Deputy Presiding Officer (Christine Grahame): Ms McAlpine, can you bear with me for a minute? Could you slip in a wee bit about physical activity—even if it is just about blowing a trumpet or singing? The debate is about physical activity, and I would like to hear you link in a little bit about that.

Joan McAlpine: Thank you, Presiding Officer. With respect, I think that improving wellbeing and mental health through culture improves physical outcomes, too. Improved educational and life outcomes have preventative health benefits, so the benefits that I have listed, including cultural benefits, from participation in Sistema's classes are very relevant to today's debate.

The Glasgow Centre for Population Health also outlined the physical benefits of accessing Sistema's classes, such as the availability of healthy snacks, opportunities for games and exercise, and the creation of healthy habits for adulthood.

I am a co-convenor of the cross-party group on culture, and one of our recent meetings focused on social prescribing and cultural activity, which, as I said, includes physical activity through art forms such as dance and drama. Culture Counts, which is the CPG's secretariat, has conducted a considerable amount of work in that area and, indeed, made a very helpful submission to the Health and Sport Committee's inquiry into social prescribing.

The submission contained proven evidence of cultural prescribing and showed that cultural engagement is protective against the development of chronic pain; that symptoms of moderate to severe postnatal depression were significantly improved in mothers who attended group singing workshops; that people who take part in the arts are 38 per cent more likely to report good health; that arts therapies reduce the physical and emotional suffering of people with cancer, as well as the side effects of their treatment; and that listening to music before, during or after surgery reduces post-operative pain, anxiety and use of analgesia. Culture Counts also found that outcomes were better if the cultural activity—I am sure that this applies to sport, too—was linked to structured programmes with practitioners who could offer support and a high-quality experience.

There are many examples of cultural social prescribing around Scotland. I have mentioned Sistema, which uses classical music, but I have also visited Morsecode Management, which is a rock music management company that has worked in Glasgow hospitals to improve wellbeing among staff as well as patients. I would also like to mention Luminate Scotland, which is a creative ageing organisation that is funded by the Government and the Baring Foundation. It is now eight years old and has moved from holding a successful festival to providing a year-round programme, with a vision that all older people will take part in quality arts and creative activities. Of course, that is particularly beneficial for those who might be suffering from memory problems, and there are many art forms that tackle such difficulties.

I think that we all agree that social prescribing is a good thing, but I agree with colleagues that demands for more funding in one area will require cuts elsewhere. However, given that there is a national outcome on culture and that wellbeing is now considered equal to gross domestic product in determining our success as a country, it is imperative that every area of Government is encouraged to do its bit in that regard.

In my committee's recent arts funding report, we recommend that the Scottish Government articulate its spending plan for the forthcoming culture strategy, including what funding will be earmarked for the arts from other portfolios to deliver the national outcome on culture in a cross-cutting way. The committee also recommends that the Government give serious consideration to the culture strategy being supported, on a cross-portfolio basis, by a baseline target for national arts funding above 1 per cent of the Government's overall budget. That is not about producing money from nowhere, but about portfolios beyond culture—including health—recognising its importance in delivering their outcomes. That, Presiding Officer, is another debate for another day.

The Deputy Presiding Officer: Thank you. On that point, I am devoid of the Health and Sport Committee's report and I bear correcting if culture is mentioned in it—I see wee nods. That is a lesson for me to make sure that I have a report in front of me, Ms McAlpine. I have duly been rebuked and have learned a lesson. I will do that next time.

Members: Oh!

The Deputy Presiding Officer: Yes, I know—I am not perfect. I am nearly perfect.

16:00

Annie Wells (Glasgow) (Con): Is it still six minutes that I have, Presiding Officer?

The Deputy Presiding Officer: It is, indeed.

Annie Wells: Perfect. Like Liz Smith, I, too, thank the Health and Sport Committee for its work, which has made a valuable contribution as we seek to understand how social prescribing can improve health and wellbeing.

I think that everyone in the chamber can agree with the committee that social prescribing has the potential to improve individuals' health and wellbeing outcomes, and there is cross-party agreement that social prescribing is one way to begin to shift the balance of care from acute to community settings, easing the strain on key services.

The Scottish Conservatives have frequently made the point in various policy areas that investment in early intervention will save money over the long term. Our 2016 manifesto called for additional support to be directed to social prescribing. Building on that manifesto, our 2016 mental health paper called for a renewed focus on social prescribing and, in December 2018, we launched our loneliness strategy, which called for greater social prescribing and a faster roll-out of the community link worker programme.

No one is pretending that increasing social prescribing and raising its profile will be easy or simple, but it is clear that we must do better. In Scotland, only two thirds of adults meet guidelines for physical activity; we have one of the worst obesity records among Organisation for Economic Co-operation and Development countries; and there is a clear gap in participation between people from richer and poorer areas. When it comes to participation in physical activity and sport, the 2018 Scottish household survey found a 21 point gap between the participation rates in the most deprived and the least deprived areas of Scotland. As the committee has identified, there needs to be more public awareness of social prescribing and the value that it can bring to people's lives.

The general consensus from submissions to the committee is that people who are used only to receiving prescriptions under the medical mode, will not be used to, or, in some cases, prepared for a social prescription. The public are more at ease with the traditional medical prescription than with social prescriptions.

We all recognise that improvement will not happen overnight, so there is a clear reason to keep talking about the issue in the chamber, but we need the pace of progress to quicken. In that vein, I hope that this debate can be another point

to kick-start breakthroughs that will lead to an increase in the uptake of social prescribing.

Today, I will focus especially on how social prescribing can have positive impacts for elderly people and for everyone who is looking to improve their mental health. As far as older people are concerned, I know that my late dad would have benefited from social prescribing. He was eventually diagnosed with chronic obstructive pulmonary disease. There is no doubt that early intervention social prescribing—perhaps 20-odd years ago—would have benefited him hugely. Of course, he would have had to engage with the social prescribing, which is one of the issues that we face in increasing its uptake. As I have already mentioned, many people just do not treat such a prescription in the same way that they would a medical prescription.

The Royal College of Occupational Therapists has found that

“at a universal level, there should be information available to everyone within a health and care environment about how to participate in healthy activities.”

At a more targeted level, many people will need a little extra support to get involved in physical activity for the first time. Age Scotland highlighted in its briefing for the debate that sporting opportunities must be inclusive for all age groups, something that I also heard in my discussions with Contact the Elderly, now known as Re-engage. When I attended a tea party hosted by Re-engage, the benefits of opportunities that include all ages quickly became apparent, especially those that involve interaction between different generations. It is worth focusing on making sporting opportunities work for older people—that is one area where my dad might have been more persuaded to engage with a social prescription.

It is clear across the country that the supply of mental health services does not meet the demand, that too many people wait too long for them and that more effective management and resources need to be put towards them. Social prescribing is one key way in which we can limit some of the strain on those services.

SAMH highlighted the importance of early intervention in reducing the prevalence of mental health problems, social exclusion and demand on health services. Its research found that 87 per cent of GP respondents to their survey said that there was a need for information on local services, including social prescribing opportunities. We cannot easily create cultural change, but we could help GPs to have the information that they need on social prescribing opportunities. I hope that we can finally start to see a real shift towards early intervention and real progress towards making social prescribing a far more common practice.

16:06

Richard Lyle (Uddingston and Bellshill) (SNP): I welcome the opportunity to contribute to this important debate on social prescribing. I noted with interest the recommendations and findings of the Health and Sport Committee's report. I am a bit puzzled: when we do a report, should we not also look at where we get the money to do the things that people have come out with this afternoon? Perhaps we should bring in that budget scrutiny in the next couple of years.

Brian Whittle: Will the member give way?

Richard Lyle: No, I will not. Physical activity, sport and social prescribing play a significant role in preventative care for health and wellbeing. The term "social prescribing" may be unfamiliar to many, but it has been around since the 1990s, at least. As we know, it is the alternative to a clinical intervention: a doctor can prescribe physical activity, volunteering, or a community activity, for example.

Crucially, social prescribing also refers to the signposting from primary care to a range of community-based activities, encouraging someone to seek their own solutions. Community link workers or navigators are recruited to primary care and community settings to support people into activities that will address low mood, obesity, loneliness, poor fitness and so on. Staff can also address welfare and circumstances.

Social prescribing is backed up with a plethora of existing evidence to support the use of physical activity in maintaining and promoting healthy lives. In 2019, the UK chief medical officer's physical activity guidelines state a very clear message:

"If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat."

With regards to the evidence, in order to complement its primary care inquiry, the Health and Sport Committee agreed to undertake an inquiry to further consider social prescribing's ability to tackle physical and mental wellbeing issues across Scotland.

The report explores the challenges that exist in using social prescribing to increase sustained participation in physical activity to improve health and wellbeing. It also examines the potential of wider issues around access to physical activity and sport, as well as how strengthening local assets and communities can complement social prescriptions.

Being physically active is one of the best things that we can do for our physical and mental health. I should take it up and my wife often tells me so, but I can testify to those effects from years of campaigning and leafletting across the country.

That helps to make us more active; elections are very entertaining when it comes to physical activity.

Physical activity helps to protect us from many of the most serious long-term health conditions. That view is shared by the Scottish Government and the committee's view is that the evidence of the benefits of physical activity is abundantly clear.

The World Health Organization has welcomed the Scottish Government's "A More Active Scotland: Scotland's Physical Activity Delivery Plan" for its systems-based approach to working across sectors and has recognised Scotland as one of the forerunner countries in responding to the challenges set out in its global action plan on physical activity. Social prescribing and wider preventative initiatives to increase physical activities in communities can directly improve waiting times, help make improvements in unscheduled care and ease pressures on accident and emergency in hospitals. Social prescribing and primary prevention approaches can also help to prevent long-term conditions and dependence on pharmaceutical prescriptions, and they have the potential to ease the pressure on existing health and social care services, as well as reduce waiting times, unplanned admissions to hospital and delayed discharge.

The Scottish Government's 2018 "Waiting Times Improvement Plan" states:

"The health and social care system needs to maintain its focus on improving public health and the development of preventative models of care (including self-management). If we want it to be financially sustainable, tackle persistent health inequalities, improve long-term outcomes and reduce pressure on the workforce, we cannot simply react to the management of patients with long-term conditions without taking long-term action across the health and care system as a whole."

That is why the Scottish Government is working with partners to realise the benefits that social prescribing can bring. In its response to the committee's report, the Scottish Government set out how it is building capacity in primary care and other settings to provide integrated support, which includes a social prescribing element. Through community link workers and mental health workers, delivery programmes and support for community-led initiatives aiming to increase physical activity, improve overall physical and mental health, and tackle health inequalities are being progressed. Crucial to all that is the voluntary and community sector. I know that the Scottish Government greatly values the significant contributions of the voluntary sector.

Increased resources are also being allocated to building capacity and expertise in the healthcare system that will provide person-centred support. I commend the committee's report to the chamber.

16:12

Bob Doris (Glasgow Maryhill and Springburn) (SNP): I thank the committee for what I consider to be a timely, focused and constructive report for the Parliament to consider this afternoon.

I will talk about the role of community anchor organisations in social prescribing. In particular, for the purpose of this debate, I will talk about Lambhill Stables in my constituency, although there are many other such organisations. Lambhill Stables is bounded by the Forth and Clyde canal and Possil Marsh; and also by Milton and Cadder—two areas that are not short of deprivation—and to the south sits Possil. The stables are also a short hop from East Dunbartonshire and Bishopbriggs, so the organisation has a very strategic location indeed for a community anchor organisation.

Lambhill Stables has a range of facilities in which we could see social prescribing fitting in seamlessly, whether through the community cafe and kitchen, with cooking classes; the bike hub, which trains individuals to repair bikes and provide a service to the community; the gardening group, which maintains the substantial lands at the stables; the art class; the history and heritage group; the knitting group; the computer classes; the youth group; the women's group; the photography group; or the live music groups that meet twice a month on Friday evenings. We can see that it is a thriving community anchor organisation that is doing all that it can to serve the variety of communities around the location where it is based.

Lambhill Stables is also lucky enough to have me as the local MSP who holds surgeries there. I held a surgery there this morning before I came through to Parliament. Amelia, the general manager, asked me, "Are you speaking in this afternoon's debate in relation to social prescribing?" I said "Not yet", and she said "You probably are now." She also said "Check for an email from Allan, the chairperson." So, I did and found that he had emailed me a few days ago in relation to this debate. He had seen an article on healthandcare.scot, in which the Cabinet Secretary for Health and Sport, Jeane Freeman, pledged an expansion of social prescribing. He drew my attention to the working group that is to be established to look at best practice for social prescribing, and how we can build and expand on that best practice. He quoted the cabinet secretary as saying that there is

"more we can do to build on the growing momentum"

in relation to social prescribing.

Allan said that Lambhill Stables is already actively engaging with the local NHS, primarily

with GPs and with the health and social care partnership, in a positive and constructive way; however he also said, not as a criticism but as an observation, that it was rather slow.

Lambhill Stables wants to be part of the working group. It wants to be part of any national body or forum that can disseminate and share that best practice. That might also look at pilot projects on expanding anchor organisations to do more in relation to social prescribing—again, Lambhill Stables is the best place to do that kind of thing. I therefore ask Mr FitzPatrick to look actively at how Lambhill Stables could be part of that.

The Cabinet Secretary for Communities and Local Government, Aileen Campbell, will shortly visit Lambhill Stables to look at a variety of beneficial work that it does for the community. Interdepartmental working in Government to maximise a community asset, particularly in relation to social prescribing, is absolutely important. The report reflects, and the Government agrees, that there should be place-based support.

We are talking about regenerating our communities. There is no magic around social prescribing; we are talking about using the social capital of all our communities to interact with each other and build and foster those good, positive, social, emotional and active relationships. That is what Lambhill Stables does, and that is what social prescribing is about.

I was also interested to see what the committee's report said about commissioning local services in relation to health and physical activity, and the ask for 5 per cent of health and social care partnership spend to be used for social prescribing and similar activity over the next couple of years. In relation to commissioning local services, including in relation to culture, which Joan McAlpine talked about, I would want to make sure that they are locally commissioned services, and that it is a bottom-up approach. The last thing I want is large well-intentioned organisations sweeping into my constituency and saying what is best for the people. The approach has to be granular, grass-roots and developed in the same way as in Lambhill Stables, or in Young People's Futures in Possilpark, or Royston Youth Action—I could go on.

I mentioned youth providers. It is no longer youth work that they do, but youth, community and family work. Youth work is a key to and gateway into that. No longer is it about kicking a ball around with a kid; those workers are working with and supporting the wider family. Some cross-subsidy of those supports can lead to great results and outcomes coming to fruition.

I will finish by saying that Lambhill Stables would point out that there comes a point at which it can do no more, unless a funding stream is identified and planned, and the referral pathway is funded as fully as possible, with volunteers but also with hard cash. That is not an appeal for money—although of course it would like more money, because which organisation would not? Lambhill Stables is saying that it is keen to work constructively with Government, to do more, to get value for money, and to get the outcomes for the communities that we all represent, which have tragically poor health outcomes—they certainly do in my communities. We must do better, and social prescribing is a way of doing that.

I commend the Health and Sport Committee for bringing the debate to the chamber, and will leave my comments there.

16:18

David Stewart (Highlands and Islands) (Lab):

The debate has been excellent, with thoughtful and well-researched contributions from across the political divide. In my opening speech, I said that social prescribing was an idea whose time had come, and many members echoed that thought in their contributions. They made up their own minds, with their own logic, but I was delighted with the unanimous view about the essential nature of social prescribing.

Lewis Macdonald, the convener of the committee, kicked off the debate. He made the point, which was echoed by other speakers, that if physical activity was a drug, it would be a miracle cure. He also talked about the role of physical activity in reversing type 2 diabetes. At least three members in the chamber are very active in the cross-party group on diabetes. It is a very important point.

Health is the real wealth in society. Brian Whittle talked about coming into Parliament four years ago and saying that he had arrived with much hope and much naivety. I do not know whether he meant that he now has no hope and no naivety, but certainly his contribution was well made—*[Interruption.]* I will resist responding to the point that was made from a sedentary position.

Mr Whittle also made the point that conditions such as type 2 diabetes are preventable and that 10 per cent of our health budget is spent on preventable conditions. He talked about the importance of social prescribing for mental and physical health. Alex Cole-Hamilton made a very polished speech in which he said that the doctors of the future will concentrate on prevention. He also echoed the point that social prescribing is about mental wellbeing and gave the example of

The Shed in his consistency, which is in a socially deprived area.

George Adam reminded us that there is nothing new about social prescribing—the concept started in the 1990s—but it is an idea that can make a massive difference to our healthcare system. I liked his line that social prescribing puts patients at centre stage and empowers them, which is an extremely useful point.

Liz Smith talked about the difficulties in making the real changes that are required, and stressed that prevention is absolutely key. She made a very useful point about volunteering. Certainly, as an ex-member of the Scottish Council for Voluntary Organisations, I agree that volunteering is absolutely crucial. In many of our rural communities in particular, volunteers help communities to thrive. Of course, we need to take a holistic view.

Sandra White made very good points in championing the rights of older people. She mentioned walking football—that was not in connection with St Mirren at all, in terms of the day-to-day reality. We also should not forget that isolation and loneliness is a terrible curse on society and unfortunately, many elderly people suffer from that problem.

Mary Fee talked about social prescribing having the potential to change lives. She stressed that we need to avoid a postcode lottery. The longer I have been on the Health and Sport Committee, the more I see connections between inequality in general and healthcare, and the postcode lottery is one part of that. She echoed the point about preventative spend.

Mary Fee gave the good example of disability snow sports. She has not sent photos of that in yet, but I look forward to seeing them. She said that social prescribing is a very good “antidote” to mental health issues, but she shared real concerns about social prescribing referral pathways—which I am sure that the minister is aware of—and asked whether we need to look at having national standards.

Social prescribing is an emerging and innovative initiative in healthcare. It allows patient empowerment, releases GP consultations, reduces reliance on prescriptions for medication and reduces the pressure on NHS services. However, the Scottish Government needs to address the issues around the postcode lottery and health inequality.

I believe that social prescribing is one of the big ideas of the decade. However, it needs to be enacted. What we need is the will to do, and the soul to dare.

16:24

Miles Briggs (Lothian) (Con): As other members have done, I thank our Health and Sport Committee team for all that they do to support our work and for helping to draft the report that we are debating today. We have heard from a number of members across the chamber about the potential benefits of social prescribing, and I think that everyone agrees that physical activity has huge benefits for any person's health and wellbeing, both physical and mental.

The report, which was also discussed at this morning's Health and Sport Committee, makes interesting recommendations and it is important that we take them forward. During our committee's medicines inquiry, we have discussed a lot of what has been debated today. The question has been asked about whether most people understand the term "social prescribing" and what it means in the real world. For many of our fellow Scots, it refers to their local walking group, the Wednesday club, or coffee with a neighbour or voluntary worker. It is important that social prescribing is considered not as a concept but as what we can do to improve the lives of our fellow Scots.

Over the past decade, social prescribing in this country has developed organically, which is a welcome step forward. From lifestyle coaching in Lanarkshire to green prescribing in Shetland, different communities will make sure that what suits their families and people will happen. The measurable and stated outcomes that can be achieved from health improvements, social prescribing and connecting people socially—and the mental wellbeing that those things provide, often very quickly—are important.

A number of members have mentioned the UK chief medical officer's statement that,

"If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can help prevent and help treat."

Perhaps the real conclusion from the committee's report is that the theory of social prescribing is great but realising the potential of social prescribing will be the difficult part. Currently, the key way to connect people to a range of non-clinical services in their community is through their local GP. Joan McAlpine highlighted the many opportunities that there would be if we had a broader way to access social prescribing; however, if it is to be truly effective, primary healthcare professionals must buy into the concept—that is what the report highlights.

As Lewis Macdonald said, during its inquiry, the Health and Sport Committee heard an example from Argyll and Bute health and social care partnership that demonstrated that not all GPs value the benefits of social prescribing. Therefore,

the need to build confidence around non-clinical alternatives is an important issue in the debate.

If social prescribing is to become integrated into primary care services, the Scottish Government will have to work with NHS boards and integration authorities to engage with general practices to map the non-clinical services that are available in their communities and to outline how they must become part of the mix to improve people's health and care.

To me, the word "accessibility" is really important for the recommendations that we have made. In the area that I represent, City of Edinburgh Council last year aimed to cut 8.6 per cent from the sport and leisure budget, and, last summer, the council proposed that sport clubs should pay £35 an hour to use school sports halls. That proposal was put on hold, and I have been in communication with the minister about it. We need to look at how we can build capacity and what budget barriers are being put in place that could prevent that capacity from being realised. Brian Whittle outlined what the issue is about, and today's debate must consider how we can develop sustainable capacity across Scotland. Council cuts often mean that front-line services and the third sector organisations that provide them are the first to face cuts.

If social prescribing is to be successful in Scotland, we will need to support people to access facilities and take down the barriers that clubs, galleries, sports clubs and local volunteering groups face. Liz Smith made important points about the value of our volunteers. Scotland's integration joint boards are today discussing year-on-year cuts, so we need to ask ourselves how we can take forward a sustainable service around social prescribing.

I note the concerns about the Scottish Government's proposed budget that COSLA outlined today. The Health and Sport Committee has said that it wants 5 per cent of each integration authority budget to be targeted to social prescribing, but I ask how that will come about, given COSLA's warning about the proposed budget.

Bob Doris made a really good speech, and the positivity of organisations is important. However, ministers must realise that it is key that we build sustainable services and make sure that the positive work that is going on in communities across Scotland is supported for the long term and not just for today.

There are many serious health challenges in Scotland, but social prescribing can ensure a more active, healthier population and reduce demands on our GPs and NHS services. It can mean shorter waiting times for appointments and

treatments, and fewer unplanned admissions to hospitals. Social prescribing can help people in Scotland to live healthier, happier, longer and more active lives, but it is part of the solution that we can take forward only if we properly invest in it.

16:30

Joe FitzPatrick: I am grateful to everyone who has contributed to the debate for their views and suggestions on how we can realise the potential benefits of social prescribing approaches to improve the health and wellbeing of people in Scotland. I welcome the broad agreement that there are opportunities to strengthen the connections between healthcare practitioners and those who provide opportunities for people to improve their health and wellbeing in their local community.

Miles Briggs made an interesting point about what people understand by the term “social prescribing”. We will all have slightly different understandings of it, but its definition can be much wider than traditional physical activities and things such as walking clubs. Such aspects are important and we can understand them, because we see them in our communities, but it is important to recognise that the definition can be much wider.

That is why it was helpful that Joan McAlpine spent a deal of time in widening what social prescribing could be. She focused on cultural aspects, but it can be a range of other things, from having a cup of coffee in a neighbourhood group to participating in a gardening group or a memories group. There are a range of social prescribing models that will work, and what works will vary depending on the individual.

Crucially, what works will also depend on the volunteers who are available. A number of members mentioned the importance of volunteers for many groups, and it is correct that, across the chamber, we have recognised the value of volunteers in this area.

Sandra White and Annie Wells both spent a bit of time focusing on older people. We have provided £1.7 million to the Care Inspectorate to help care professionals to support older people in care to be more active in their daily lives. That is important, because we sometimes focus only on the early years. There are good reasons for that: it can appear that the easiest way to make a difference is in school and formal education; however, it is important that the whole of our society benefits from social prescribing, as appropriate.

Brian Whittle and David Stewart both talked about diabetes, and type 2 diabetes in particular. They are absolutely right that physical activity is a very important aspect of improving outcomes. That

is why it is central to the diabetes framework, which has been roundly welcomed by practitioners.

There is another document that I suggest Brian Whittle read. He is normally good at constructive debate, but today was not one of those days. It is probably worth his while to look at some of the work that is being done in Scotland. One document that he should look at is the physical activity delivery plan, “A More Active Scotland”, which George Adam mentioned. That plan has been welcomed by the World Health Organization as groundbreaking.

When we talk about social prescribing, it is important that we find consensus.

Brian Whittle rose—

Joe FitzPatrick: I will make this point, then let Brian Whittle in.

This change is more than something that Government can achieve just by waving a wand or throwing money at it. What we are trying to achieve is a system-wide change. Liz Smith made the point that we need to break down the normal barriers—I think that she was talking mainly about barriers between different portfolios in Government and across local government, but it goes wider than that. What we are trying to do is not something that Government can do alone, so it is important that we come at it in as consensual a way as possible. The change will not happen quickly; it will happen over a period—probably several parliamentary sessions. As Liz Smith said, this Parliament has talked about social prescribing since its inception, in 1999. We are starting to see it happen, and the current Government cannot take all the credit for that. We have done it as a Parliament, together across the parties. Sometimes it is okay to come together and be a little bit more consensual.

Brian Whittle: My frustration lies in the outcomes—and the reality is that we are the unhealthiest nation in Europe and the unhealthiest small country in the world. That is only being exacerbated. It is outcomes that are important, and, currently, they are not happening.

Joe FitzPatrick: Oh, dear. The reality is that we have accepted that there are a number of challenges and we are taking actions to turn things around.

In terms of physical activity, something particularly unusual is happening in Scotland. Whereas people across the world are becoming more physically inactive, in Scotland we are flatlining. That is not good enough—clearly, we want to reduce physical inactivity, and our delivery plan aims to do that. We are on the right road and moving in that direction.

David Stewart mentioned rural areas, as he often does. It is important that we look at the particular challenges in those areas, but we have heard of a number of good examples from across the chamber, which I will come to if I have time.

I do not know how much time I have.

The Deputy Presiding Officer: You have until 4.37. That is not long, is it?

Joe FitzPatrick: That is not long at all.

The Deputy Presiding Officer: It is another minute—I can count.

Joe FitzPatrick: There are some really good examples that include rural areas.

Alex Cole-Hamilton, Liz Smith and Richard Lyle all talked about link workers, and they were right to note the importance of achieving the target of having 250 of those workers. Alex Cole-Hamilton talked about Muirhouse, and he is right—we are in the process of rolling out link workers there. It is not only the number of such workers that matters, but that they are in the right places. That point was well made.

George Adam made an important point about community connectors.

My time is almost up. The debate has been a good opportunity for us to come together across the chamber to reassert that we agree that this is an important agenda that we want to take forward. I thank the committee for all its work.

The Deputy Presiding Officer: I call Emma Harper to close for the committee. You have until 4.45.

16:37

Emma Harper (South Scotland) (SNP): I welcome the opportunity to close this very important debate on behalf of the Health and Sport Committee, and I thank members and the clerks for their support. I will start by noting some of the key findings in the report and by briefly summarising the key themes of the debate.

During committee evidence sessions, one key point was continually raised by those who participated in the inquiry: social prescribing is not just another cost, it is an investment in a healthy and well nation. Social prescribing is a way to connect people to a range of local, non-clinical, services. As we have heard, the current model of social prescribing is generally delivered by primary care professionals, but the committee does not see why it needs to be restricted to primary care.

The committee heard how social prescribing improves health and wellbeing. That has been evidenced, and the evidence shows a direct link between social prescribing and improved health

outcomes. The committee heard how promoting physical activity, through social prescribing, can improve people's health and wellbeing. Such prescribing can be preventative in school and early years education, reactive throughout normal working life or re-abling through rehabilitation following other interventions to maintain independence and function in later life or in the self-management of complex and multiple conditions such as chronic obstructive pulmonary disease and other respiratory conditions.

The committee also heard how a focus on prevention and proactive care is crucial to supporting people to stay well, to manage their own health and to maintain their wellbeing to ensure that they can get help early.

One of the committee's key findings was the need for access for all in local communities. That is important and will be highlighted in some of my comments on the contributions that other members have made this afternoon. I thank members for their speeches—I will pick out a few that are particularly worth mentioning.

The convener of the Health and Sport Committee, Lewis Macdonald, nicely summed up the committee's work and report. The positive impacts of physical activity on physical and mental health are firmly evidenced, and health is the real wealth.

It was hard to find positives in what Brian Whittle said, but I agree with him that we can put type 2 diabetes into remission with weight loss and exercise programmes.

David Stewart constructively highlighted the social prescribing challenges in rural areas. As a South Scotland rural MSP, I identify with what was said. Liz Smith also touched on rural issues.

Alex Cole-Hamilton and Joan McAlpine spoke about social prescribing for other activities, not just for physical activities, and how mental health improves when isolation and loneliness are tackled. Joan McAlpine also aptly described culture, art and music in social prescribing.

George Adam described how community connectors have supported people in Paisley. Walking, swimming and engaging in many ways are obviously evident on his patch.

Liz Smith made a good point when she reflected on children creating menus in schools, which a previous Education and Skills Committee heard about.

Sandra White and Annie Wells talked about the benefits of social prescribing for older people. That is really important, because social prescribing is not just for young, fit and active folk or folk whom we want to get fit and active. Walking football is an example; tai chi and salsa have also been

mentioned. I know that David Torrance is a participant in walking football. That is a good example, although I am reluctant to label him as an older person.

Mary Fee talked about preventative spending as a key to improving health and wellbeing and about access for persons with disabilities, such as to skiing at Braehead.

The contributions of Bob Doris and Richard Lyle, who are not members of the Health and Sport Committee, although Bob Doris is a substitute member of it, were informed and excellent.

I thank the minister for reiterating the roles and values of volunteers in his closing remarks and for supporting a system-wide approach to change.

The committee received a 12-page response from the Government, detailing actions that are currently taking place. That is really important. We are on a positive track, and we are making progress.

Just the other week, a members' business debate that was led by Gordon Macdonald supported the Cheyne Gang choirs. It was highlighted in that debate that singing is a great way to improve lung health, especially for people with COPD. We know that singing can tackle social isolation—that has also been mentioned in this debate—that it helps people to manage their breathlessness and that it helps to promote social engagement. Some folk cannot even step out of their house because that can cause breathlessness, but we know that singing helps to support folk to live better and longer in their homes.

Given the evidence that we have taken, I want to highlight some of the key recommendations from the inquiry, although I know that I will not have time to go through all of them.

The Scottish Government should support NHS boards and integration authorities to invest in engagement work to raise awareness and understanding of social prescribing. Integration authorities should develop and roll out social prescribing awareness and education work, and social prescriptions should be treated on an equal basis with medical prescriptions. That will be challenging, but we know that prevention is a way to approach the matter. That has been highlighted especially when we have looked at the amount of money that the NHS currently spends on avoidable complications of type 2 diabetes. The Scottish Government, NHS boards and integration authorities should promote the wider scope of social prescribing and promote social environments, community assets and local connectedness as key drivers in increasing individual health and population wellbeing. We

recommended that a spending target of not less than 5 per cent be achieved within two years—the convener noted that in his speech. Given that adults in the most deprived areas are the least likely to follow physical activity guidelines, the committee expects the majority of that investment to be spent in the most deprived areas.

The Scottish Government, NHS boards and integration authorities must ensure that voluntary and community organisations have the capacity and capability to provide socially prescribed activities. The Scottish Government must also review the sustainability of funding cycles, procurement practices and commissioning processes to allow community organisations to deliver social prescribing initiatives.

I am the committee's deputy convener, and one thing that struck me in the evidence that was taken by the committee during its inquiry was the use of language such as "social prescribing". I like the phrase "lifestyle changes", which was used by Robert Davison when he came to give evidence. I also like "community connectedness" and Bob Doris's description, "youth work and family work". We know that different people will use different terminology to engage and support, whether they are participating in art and culture or playing walking football. Although I understand that medicalised terminology such as "prescribing" is a way for people to accept that social prescription is valid, a change of terminology has merit and should be considered as a rational approach.

I will finish by thanking all members—those on the committee and those who have participated in the debate—for their mostly consensual approach. I welcome the inquiry and its findings.

The Presiding Officer: Thank you, Ms Harper. That concludes the debate on "Social Prescribing: physical activity is an investment, not a cost".

Minister and Junior Minister

The Presiding Officer (Ken Macintosh): The next item of business is a debate on motions S5M-20875 and S5M-20874, in the name of Nicola Sturgeon, on the appointment of a Scottish minister and a junior Scottish minister. Members should note that the questions on the motions will be put immediately after the debate. I will invite the First Minister to move the motions and will then invite party representatives to make short contributions.

16:46

The First Minister (Nicola Sturgeon): I am very pleased to move the motions in my name that seek Parliament's approval that Kate Forbes be appointed as a Scottish minister, and that Jenny Gilruth be appointed as a Scottish junior minister.

Those new appointments come at an important time for Scotland. The underlying strength of our economy is sound, but we face enormous uncertainty around the United Kingdom's future trading relationship with the European Union. We must also adapt to the challenges of population growth and of ending our contribution to climate change. It is vital that the Scottish Government works to maximise Scotland's economic potential, both at home and beyond our shores. The new finance and economy team is tasked with doing exactly that.

I turn first to the Scottish Cabinet. During her time as Minister for Public Finance and Digital Economy, Kate Forbes has demonstrated that she has a forensic grasp of detail. She has been widely and rightly praised for stepping in and calmly delivering the Scottish budget so ably at short notice, and in circumstances that we would not have chosen. In the SNP, we have always known about the talent that we have in Kate Forbes, but with budget negotiations on-going, I am sure that members across the chamber are already recognising that, in Kate, they will have a capable and approachable Cabinet Secretary for Finance who will listen carefully to their suggestions in the coming weeks and in the longer term.

Fiona Hyslop will become Cabinet Secretary for Economy, Fair Work and Culture. Fiona is rightly held in high regard by politicians and diplomats in European capitals and further afield. The level of goodwill that is shown to Scotland across the EU, particularly in recent times, did not happen by accident: it is in no small part down to Fiona's skill, commitment and hard work. She will now turn her efforts to bringing people together and promoting Scotland's strengths closer to home, by working closely and collaboratively with the business

community and trade unions to strengthen sustainable economic growth. She will also drive forward the government's fair work agenda and retain her responsibility for culture.

Michael Russell becomes Cabinet Secretary for the Constitution, Europe and External Affairs. Having fought Scotland's corner during the Brexit negotiations over the past few years, which he will continue to do, Michael will also take on the task of building our European and international relations in the post-Brexit environment.

Last, but by no means least, Fergus Ewing has been Cabinet Secretary for Rural Economy, and will now add tourism to his existing responsibilities.

I turn now to the junior ministerial team. I am delighted to nominate Jenny Gilruth, who will—subject, of course, to Parliament's agreement—take on the role of Minister for Europe and International Development. Jenny has used her experience as a teacher to inform, for the better, many a debate in Parliament, and she has also been—I am sure that she will continue to be—a true champion of her constituency. She will support Michael Russell in the enhanced engagement with Europe that is now required, and will ensure that we, in Scotland, play our part in building the fairer world that we all want.

Meanwhile, as the new Minister for Public Finance and Migration, Ben Macpherson will build on his excellent work on developing our Scottish visa proposal. The link between our population, our economy and our future finances is of course vital, and I have no doubt that Ben will continue to make the case loudly and clearly for Scotland's unique migration needs. He will also work across Government to help to secure funding to tackle the climate emergency and ensure that wellbeing sits at the heart of our budget process.

The appointments for which I seek Parliament's agreement demonstrate breadth and depth of talent. I know that the new team is very much looking forward to getting started, so it gives me enormous pleasure to move both motions in my name.

I move,

That the Parliament agrees that Kate Forbes be appointed as a Minister.

That the Parliament agrees that Jenny Gilruth be appointed as a junior Scottish Minister.

16:51

Liam Kerr (North East Scotland) (Con): This is my first opportunity to contribute to a ministerial movement debate. As the First Minister said, it is fair to say that the circumstances that occasioned the changes are not what any of us would have chosen, and there are difficult decisions to be

made as a consequence. However, we are where we are, and I congratulate the First Minister on her choices.

I am sure that she is sufficiently confident in her abilities not to have to submit her thoughts and those of her advisers to a Holyrood committee, but perhaps her colleague Ian Blackford did not get that memo.

We welcome the appointment of Jenny Gilruth to the post of Minister for Europe and International Development. Her strong presence on the Justice Committee leads me to conclude that she will do a good job in representing her portfolio. I am sure that she will appreciate the irony that, in the context of budget cuts to practically every aspect of Government responsibility, her department's budget is being increased by about £2 million to £25 million—although, of course, the matters in her portfolio remain reserved.

By splitting responsibility for the budget from responsibility for growing the economy, Fiona Hyslop adds economy and fair work to her culture secretary role. I agree with the First Minister that Fiona Hyslop is an impressive performer, and she will no doubt welcome the new responsibility. However, given that Scottish gross domestic product has flatlined for a decade, that the employment rate trails that of the UK, and that productivity is stalling, it is fair to say that she will have her work cut out.

Finally, of course, Kate Forbes is confirmed as finance secretary. The First Minister said that she was pleased to be able to put Scotland's finances and economy in the hands of two incredibly talented colleagues, and there is no doubt that Kate Forbes has stood out since her election in 2016. However, she faces some considerable challenges, with the Convention of Scottish Local Authorities flagging the impact of cuts to core local government budgets of £95 million and, of course, the police flagging that they face an unsustainable financial deficit. Nonetheless, I welcome Kate Forbes's fresh approach and was genuinely delighted to read that she dislikes her colleagues' obsession with blaming Brexit and Westminster. That willingness for a major Scottish National Party Government figure to take responsibility for devolved issues is as welcome as it is novel.

So, we support the appointments, but I respectfully suggest to the new ministers that they enjoy their time in the spotlight and take full advantage of the opportunity, because, from May 2021, I fully expect the seats that they now occupy to be filled by members who are sat behind me right now.

16:53

Rhoda Grant (Highlands and Islands) (Lab): I welcome Kate Forbes and Jenny Gilruth to their new posts, and Fiona Hyslop, Michael Russell and Fergus Ewing to their changed posts. I wish them well.

I want to focus my comments on Kate Forbes, who delivered the budget statement in trying circumstances, and rose to the task at short notice. Doing so led to comment—some of which was congratulatory, but much of which was condescending and sexist, although it was dressed up as praise. I hope that that does not continue, because it is not strange for a woman to be finance secretary.

However, there are challenges ahead for her. She delivered someone else's draft budget, and she only has two short weeks to make it her own. I will meet her tomorrow and will offer our support to change the budget into one that invests in the future of Scotland—a budget that tackles climate change and protects local services; that gives young people the same freedom to travel as their grandparents enjoy; that allows people to remain at home while receiving the health and community care that they need; and that ensures that our population is equipped with the skills to build our economy.

Those are modest requests, and I hope that Kate Forbes will make them her own and will join us to invest in Scotland's future.

16:55

Patrick Harvie (Glasgow) (Green): Two weeks ago, we were expecting a Scottish cabinet secretary for finance to present a budget and complain about the uncertainty that had been created by the UK chancellor. I do not think that any of us expected both those people to be gone before we debated the budget. Nobody would have predicted those circumstances—one as a result of scandal, the other as a result of a power grab by a Prime Minister and his senior adviser. Even after those resignations, though, I do not think that any of us could have imagined that that same senior adviser would raise the bar on ill-judged political appointments to such a high level. By comparison with that shambles, the appointments that we consider today were always bound to be relatively consensual.

It makes sense to me to unite the constitution, Europe and external affairs portfolios under a single team, in relation to not just trying to prevent the harm of Brexit domestically, but projecting Scotland's place as a European country externally. Just yesterday, I visited a business that has seen a huge drop-off in its customers from EU member states—and there will be people in every

constituency and region who are experiencing the same thing. Jenny Gilruth and Mike Russell will have to proactively project Scotland's place as a proudly European country to the rest of the European Union, and Ben Macpherson's role in advocating for an open, welcoming and generous approach to migration will be critical in that regard.

Fiona Hyslop will take on the fair work agenda. There has been good progress on that, but it needs to be built on with much more. We look forward to bringing constructive pressure to bear on her on the fair work agenda.

Kate Forbes, of course, has the toughest job in the immediate weeks ahead. In presenting the budget, if she is to build the political agreement that her predecessor did not build before he left office, she will need to recognise that her job is not just to challenge Opposition parties to accept the Cabinet's position but to challenge the Cabinet to accept the political reality and the need for compromise.

Kate Forbes and Jenny Gilruth—the two new appointments—are clearly both bright, capable and articulate people. Whatever political disagreements we have, we should all want Cabinet and ministerial office to be held by bright, capable and articulate people.

While Dominic Cummings scurries back to the murky corners of the eugenics subreddits to go talent hunting for the UK Government, let us celebrate the fact that we hold ourselves to a slightly higher standard, and congratulate the new appointees and wish them well in their work.

16:57

Alex Cole-Hamilton (Edinburgh Western) (LD): It gives me great pleasure to respond on behalf of the Liberal Democrats to today's ministerial reshuffle. Time is short, so after congratulating those who are already in government and have been moved to new challenges in this Administration, I will use my time to welcome the two talented promotions from the class of 2016.

Kate Forbes, a native Gael, is liked across the chamber and is well received on any subject and in any language. It was clear from the start that she, of all the 2016 intake, was destined for greatness. That was evident when she passed her first trial by fire, just a day before she stepped in to deliver the budget, in that crucible of parliamentary intrigue that was the Non-Domestic Rates (Scotland) Bill. She single-handedly reduced support for devolving control of business rates to our councils to just 10 votes—down from the majority that was against her at the committee. She will need those snake-charming abilities as we enter the budget negotiations.

Jenny Gilruth broke the internet last year, when, as part of an on-line event, she revealed to the world how she had come out to her mother as gay. She revealed that she had told the story in stages and that the first piece of information that she had given her mother was that the person with whom she was in a relationship was a political party leader. Of course, her mother naturally assumed that she meant Willie Rennie. *[Laughter.]* She could do a lot worse than Willie Rennie.

Given the energy with which Jenny has fought for European citizens in Scotland, she is well suited to the office that she assumes today. The symmetry between my career and hers is now uncanny—apart from all the successful bits. Not only were we elected on the same day, but we went to the same school: Madras college in St Andrews. Our modern studies teacher, Mrs Lynn Brown, will be as pleased as Punch for Jenny today. She will rightly be asking when it is my turn—you and me both, Lynn.

As a teacher in my constituency and as an MSP, Jenny Gilruth has inspired many people over her working life, and—as much as I hate to admit it—she inspires me. I welcome her to her place.

The Presiding Officer: There are two questions to be put. The first question is, that motion S5M-20875, in the name of the First Minister, on the appointment of a Scottish minister, be agreed to.

Motion agreed to,

That the Parliament agrees that Kate Forbes be appointed as a Minister.

The Presiding Officer: As the Parliament has agreed to the First Minister's recommendation, she may now invite Her Majesty to approve the appointment of Kate Forbes as a Scottish minister. *[Applause.]* I congratulate Kate Forbes.

The next question is, that motion S5M-20874, in the in the name of the First Minister, on the appointment of a junior Scottish minister, be agreed to.

Motion agreed to,

That the Parliament agrees that Jenny Gilruth be appointed as a junior Scottish Minister.

The Presiding Officer: As the Parliament has agreed to the First Minister's recommendation, she may now invite Her Majesty to approve the appointment of Jenny Gilruth as a junior Scottish minister. *[Applause.]* I congratulate Jenny Gilruth.

Decision Time

17:01

The Presiding Officer (Ken Macintosh): There is only one question today. The question is, that motion S5M-20753, in the name of Lewis Macdonald, on the Health and Sport Committee's report "Social Prescribing: physical activity is an investment, not a cost", be agreed to. Are we agreed?

Motion agreed to,

That the Parliament notes the conclusions and recommendations contained in the Health and Sport Committee's 14th Report 2019 (Session 5), *Social Prescribing: physical activity is an investment, not a cost* (SP Paper 639).

The Deputy Presiding Officer (Linda Fabiani): Before we move to the next item of business, I will suspend the meeting to allow for the distribution of headsets.

17:03

Meeting suspended.

17:05

On resuming—

Gaelic-medium Education (Western Isles)

The Deputy Presiding Officer (Linda Fabiani): The final item of business is a members' business debate on motion S5M-20588, in the name of Alasdair Allan, on Gaelic-medium education in the Western Isles. The debate will be concluded without any question being put. If members wish to use headphones for translation purposes, they should plug them in at the right-hand side of their consoles and should tune in to channel 1.

Motion debated,

That the Parliament welcomes Comhairle nan Eilean Siar's decision to enrol pupils entering P1 into Gaelic-medium education (GME) as the default choice; recognises that parents can still choose to put their children into English-medium education (EME); further recognises that this decision was taken as a majority of parents were expected to enrol their children into GME in 2020; notes that the percentage of children entering GME in Na h-Eileanan an Iar has steadily increased over the last decade; further notes that increasing the level of GME enrolment to 55% was an action in the council's statutory Gaelic Language Plan; commends Comhairle nan Eilean Siar for becoming the first council in Scotland to take this policy decision; further commends the council for taking what it sees as this progressive step to consolidate the national language in its heartland communities; understands that there is an overwhelming consensus among academics and researchers in support of the cognitive benefits of bilingual education, and reiterates the findings of the 2010 study by the University of Edinburgh, which it understands outlined evidence that GME pupils, on a whole, outperform their EME peers in English reading by P5.

17:06

Dr Alasdair Allan (Na h-Eileanan an Iar) (SNP): Presiding Officer, please stop me if for any reason the simultaneous interpretation does not come through.

The member continued in Gaelic.

Le foillseachadh naidheachd Chomhairle nan Eilean Siar gum bi gach pàiste a tha a' dol a-steach dhan chiad chlas anns a' bhun-sgoil am-bliadhna gan clàradh, mar bhun-roghainn, ann am foghlam tron Ghàidhlig, dh'èirich deasbad mì-chneasta air luach foghlam dà-chànanach, agus air an dleastanas againn a bhith a' brosnachadh agus a' leasachadh aon de chànanan dùthchasach nàiseanta na h-Alba na dhachaigh fhèin, ann an sgìre far a bheil i ga bruidhinn gu làitheil le còrr is an dàrna leth dhen t-sluagh.

Nochd grunn bheachdan, anns na pàipearan agus air na meadhanan sòisealta, a thug gu follais

an dearg-aineolas a th' aig cuid fhathast air an deasbad—beachdan seann-phasanta, o àm gu àm, anns a bheil cion tuigse agus cion modh.

Tha mi ag aideachadh gun do chuir mi an gluasad seo a-steach gus na beachdan faoin seo a cheartachadh.

Cha chan mi mar fhreagairt dhìreach, ge-tà, ach, mar a chuir an *Daily Gael* an cèill air latha foillseachadh a' bhuidseit, gu bheil a h-uile coltas ann nach do chuir foghlam Gàidhlig bacadh sam bith air Cèit Fhoirbeis chòir.

Anns a' chiad àite, bu toil leam a ràdh nach eil co-dhùnadh na comhairle ach a' leantail fàs ann an àireamh nam pàrantan a tha a' taghadh foghlam Gàidhlig dhan chuid chloinne anns na h-Eileanan an Iar.

Atharrachadh poileasaidh ann no às, tha foghlam Gàidhlig gu bhith na phrìomh roghainn do chloinn ro 2021, agus sin a rèir roghainn nam pàrantan.

San sgìre-phàrlamaid agamsa, tha cuid a sgoiltean anns nach eil foghlam Gàidhlig idir. Ann an cuid a sgoiltean eile, bidh gach duine-chloinne a' dol a-steach dhan t-sruth Ghàidhlig ann am bun-sgoil a h-aon—BS1—air a' bhliadhna sa tighinn. Agus tha mi a' moladh na h-obrach a tha na tidsearan seo uile a' dèanamh anns na h-eileanan—anns a' Ghàidhlig no anns a' Bheurla.

Anns an dàrna àite, chan eil am poileasaidh ùr idir ag ràdh ri pàrantan nach fhaod iad an cuid chloinne a chur gu foghlam Beurla. Gus am miann sin a chomharrachadh an-dràsta, chan fheum pàrant ach sin a chlàradh air foirm.

Ge-tà, tha an t-atharrachadh ann am poileasaidh na comhairle seo a' seasamh mar a' chiad uair a chaidh a' Ghàidhlig a shuidheachadh mar phrìomh roghainn air foghlam bun-sgoile aig ùghdarras poblach a-riamh—on uair a dh'fhàg Achd an Fhoghlaim (Alba) 1872 nach biodh solarachadh ann idir don Ghàidhlig—cànan a bha aig aon chairteal millein no an còrr ann an Alba aig an àm ud. Bha làn-thìde aig seo tachairt—ach 's fheàrr an tighinn anmoch na bhith gun tighinn idir.

Tha am fàs ann am foghlam Gàidhlig—anns na h-Eileanan an Iar agus air feadh na h-Alba—na dheagh leasachadh, a' cur ìocshlaint gu h-ìre air an droch-làimheachadh a dh'fhuilang na Gàidheil fad bhliadhnaichean mòra de dhroch-dhiol ann am foghlam Beurla aig làmhnan an riaghaltais.

Ann an sgìrean leithid nan Eileanan an Iar, tha a' Ghàidhlig a' tighinn beò anns a' choimhearsnachd. Tha an sgìre-phàrlamaid agam na dachaigh don ìre as àirde de luchd-labhairt a' chànain ann an àite sam bith. Cluinnear i anns na bùithtean, na h-eaglaisean agus aig tachartasan air feadh nan eileanan.

Following is the simultaneous interpretation:

The welcome announcement by Comhairle nan Eilean Siar that it would, by default, enrol all pupils entering primary 1 into Gaelic-medium education caused a torrid debate on bilingual education, as well as on the merits of promoting Scotland's indigenous and national language in the region where it is the habitual language of most residents.

A few comments that appeared in the papers and on social media brought to light the uninformed, outdated and blatantly offensive opinions that some individuals hold on the subject. I admit that I submitted the motion praising the comhairle's policy change in order to correct such dismal views. Perhaps the best response, however, is to point out, as the *Daily Gael* did on budget day, that Gaelic-medium education does not appear to have held Kate Forbes back.

First, I would like to state that the move by the local authority is in direct response to the steady growth in the numbers of parents choosing to enter their child into Gaelic-medium education in the Western Isles. Irrespective of that change in policy, enrolment into Gaelic-medium education is set to become the leading preference before 2021, and that has been driven by parental choice. In my constituency, some schools do not provide Gaelic-medium education at all, but in others all children who enter primary 1 next year will enrol in Gaelic-medium education. I commend the work that all teachers in the islands are doing via the mediums of both Gaelic and English.

Secondly, the policy does not preclude parents from choosing English-medium education for their children. To mark their desire to enrol a child into English-medium education in the Western Isles, a parent simply has to tick a box on the enrolment form to indicate that preference. That represents the first time that it has been possible for a parent to select Gaelic as their primary choice. Since the Education (Scotland) Act 1872 notoriously made no provision at all in the education system for the Gaelic language, which was then spoken by a quarter of a million people across Scotland, that step is long overdue, but is better late than never.

The growth in the popularity of Gaelic-medium education in the Western Isles and throughout Scotland is a progressive development that helps to heal the deep hurt that has been caused by the gap in state-sponsored educational provision in the mother tongue. In areas such as the Western Isles, Gaelic is coming back to life and remains a living language in the community. My constituency is home to the highest number of speakers per head anywhere. Gaelic is heard in the shops, in churches and at social events across the constituency.

Kate Forbes (Skye, Lochaber and Badenoch) (SNP): Bidh fios aig Alasdair Allan gu bheil dùil aig Glaschu sgoil ùr Ghàidhlig a thogail—an ceathramh sgoil sa bhaile. Nach eil e a' smaointinn gu bheil an t-àm ann sgoil ùr Ghàidhlig no barrachd sgoiltean Gàidhlig a thogail sa Ghàidhealtachd, far a bheil Gàidhlig fhathast ri cluinntinn anns na coimhearsnachdan?

Following is the simultaneous interpretation:

Dr Allan will be aware that a fourth Gaelic school is being built in Glasgow. Is it not time that we built some new Gaelic schools in the Highlands, where we still speak and hear Gaelic?

Dr Allan: Tha mi ag aontachadh leis a' bheachd an sin, agus tha e a' dèanamh ciall na mo bheachdsa gum biodh sgoiltean anns a' Ghàidhlig a-mhàin gan togail anns a' Ghàidhealtachd agus anns na h-eileanan anns an àm ri teachd. Tha mi an dòchas gum tachair sin.

Following is the simultaneous interpretation:

I am very much of the opinion that there should be Gaelic-only schools in the Highlands and Islands in time to come, and I hope that that will come to be. It is clear to see that there is growth in Gaelic in the islands and around the country.

The member continued in Gaelic.

Tha fàs na Gàidhlig anns na h-eileanan, agus air feadh na dùthcha cuideachd, gu math follaiseach.

Tha barrachd is barrachd ag iarraidh gum biodh an cothrom aig clann pàirt a ghabhail anns a' choimhearsnachd aca fhèin anns an dòigh seo.

Tha e air leth cudromach gum bi an Riaghaltas a' cur taic ri clann ann an ionnsachadh cànan na coimhearsnachd, cànan an teaghlach agus cànan an dùthchais, agus a' cur fàilte ro dhaoine eile tighinn a-steach don t-saoghal seo.

Cò bheireadh bho phàiste an cothrom air pàirt a ghabhail ann an còmhraidhean teaghlach; no a bhith a' tuigsinn sgeulachdan an sin-sheanair air clàraidhean Tobar an Dualchais; no, mar a chuir boireannach a cheumnaich o fhoghlam Gàidhlig an cèill, a bhith a' faicinn an t-saoghail—chan ann ann an dubh is geal—ach le dathan?

Tha foghlam tron chànan mhàthaireil no tron chànan sgìreil a' cur ri toraidhean ionnsachaidh agus iomadachd chultarach.

Tha rannsachadh a' dearbhadh gu bheil deagh bhuaidh aig foghlam tron chànan dhùthchasach air fèin-aithne agus misneachd an luchd-labhairt.

Tha Buidheann nan Dùthchannan Aonaichte airson Foghlaim, Saidheans is Cultar—UNESCO—air a' phoileasaidh seo a chur air adhart fad iomadh deichead.

Ann am fianais an t-suidheachaidh chruinneil seo, tha foghlam Gàidhlig anns na h-Eileanan an Iar agus air feadh na h-Alba a' fàs, agus le deagh adhbhar.

Tha iomadh buannachd an cois dà-chànanachais, leithid fàs na cruthachalachd, leasachadh na h-eanchainne agus fosgladh chothroman obrach. Tha dà chànan a' fàgail gu bheil ionnsachadh an treas cànan—agus an ceathramh cànan—buileach nas fhasa.

A bheil e na iongnadh, mar sin, gu bheil àrd-sgoil Ghàidhlig, a th' air a ruith le aon chomhairle, aig mullach liosta nan sgoiltean ann an Alba?

Tha cuimhne agam air aon Albannach ainmeil, bho chionn deich air fhichead bliadhna, a bhith ag ràdh air an radio gun robh e “taingeil” nach do chùim a phàrantan a' Ghàidhlig ris, air eagal 's gun robh e “air a chumail air ais na bheatha”. Gu bheil a' Ghàidhlig, no dà-chànanachas sam bith, a' cumail clann air ais—uill 's fhada on a shaoil mi gun robh an t-amaideas sin air fhuadach dhan aon oisinn nàr anns a bheil na beachdan ud a chuireadh an cèill le cleasaichean a choimheadadh tu air an teilidh air oidhche Shathairne mun bhliadhna 1975.

A bharrachd air na buannachdan a dh'ainmich mi roimhe, tha foghlam Gàidhlig—far a bheil Beurla ga teagasg cuideachd bho BS3—a' buileachadh comas sa Ghàidhlig agus sa Bheurla air a' chloinn. Gu dearbh, ann an rannsachadh a chaidh a dhèanamh le Oilthigh Dhùn Èideann ann an 2010, rinn sgoilearan Gàidhlig an gnothach air sgoilearan Beurla ann an leughadh na Beurla aig ìre BS5—rud a lean air a-steach dhan àrd-sgoil. Feumaidh a' chomhairle, agus comhairlean air feadh na dùthcha, torr eile a dhèanamh airson na Gàidhlig. Feumaidh iad a bhith ag èisteachd ri tidsearan mu cheistean mar taic, agus planaigeadh mar eisimpleir.

Air sgàth 's gu bheil tìde a ruith a-mach, innse mi mu dheireadh gu bheil mi a' creidsinn, mar a chunnaic sin air feadh Gàidhealtachd na h-Alba, agus ann an suidheachaidhean mion-chànain eile air feadh an t-saoghail, gu bheil cunnart nach beag ron chànan às aonais taic làidir sheasmhach on Riaghaltas. Tha mi a' creidsinn gu bheil an taic sin a' tighinn, agus tha mi taingeil gu bheil.

Gu dearbh, tha mi a' moladh na comhairle airson a' cheuma adhartach a tha seo agus a' Ghàidhlig a ghleidheadh na dachaigh fhèin.

Bhithinn gam brosnachadh gu bhith a' dol buileach nas fhaide às leth a' chànan, ag obair agus ag èisteachd ri tidsearan. Leis an eòlas a th' againn air na buannachdan eanchainneach, cultarach agus sòisealta a tha an cois dà-chànanachais le cànan coimhearsnachd, bu chòir gum bi cothrom air foghlam tron Ghàidhlig anns

gach sgoil, do gach pàiste anns na h-Eileanan an Iar, agus nas fhaide a-muigh.

Following is the simultaneous interpretation:

More and more people want their children to be able to take an active part in these aspects of the community, and it is crucial that the state supports children to learn the language of their community, of their family and of their cultural heritage, and to welcome others into that vibrant world. Who would wish upon a child the inability to participate unhindered in family discussions; to access stories told by their great-grandparents, recorded for posterity on Tobar an Dualchais; or, as one graduate of Gaelic-medium education once described it, to see the world not just in black and white but in full colour?

Education provision in a mother tongue or regional language improves learning outcomes and promotes cultural diversity. Research evidences the positive effects on identity and speaker confidence that are endowed by the promotion of heritage language education. UNESCO has championed the policy for decades.

In a broader global context, Gaelic-medium education in the Western Isles and in the rest of Scotland is growing, and for good reason. There are wide-ranging benefits to bilingualism, including increased creativity, heightened cognitive abilities and greater job opportunities. Having two languages makes the third, and the fourth, easier to learn. Is it a surprise, then, that there is a council-run Gaelic-medium state-funded school that is repeatedly placed within the top secondary schools in Scotland?

Thirty years ago, I remember hearing a prominent Scot—one who should have known better—offering the opinion on the radio that he was “grateful” that his Gaelic-speaking parents had never spoken Gaelic to him when he was growing up in case that had “held him back”. Let me be clear: the idea that Gaelic or any form of bilingualism might hold children back is a view that I thought had been long relegated to the same embarrassing corner as the views that were expressed by comedians on Saturday night TV around the year 1975.

In addition to the benefits that have been previously mentioned, Gaelic-medium education, in which English language is taught from primary 3, endows a child with both English and Gaelic. A recent report by the University of Edinburgh stated:

“By the end of primary school, most pupils in both Gaelic medium and English medium are judged by their schools to have reached the level of attainment expected of pupils at that stage ... in English reading, writing, talking and listening”.

However, we need to start listening to teachers and working with them more in terms of planning and support.

I can see that my time is running out. As we see in Gaelic-speaking areas of Scotland and in minority language-speaking areas, there is a danger that, without proper support, those languages will suffer, but I am glad that the support is here.

I commend Comhairle nan Eilean Siar for that progressive step, but I encourage it to go even further and to listen to teachers and their experience of the cultural, social and cognitive benefits of bilingualism and community languages. Gaelic-medium education should be available to all pupils in every school. Thank you for listening.

17:15

Donald Cameron (Highlands and Islands) (Con): I apologise for not speaking in Gaelic. I thank Alasdair Allan for lodging the motion and allowing Parliament the opportunity to talk about this important matter.

In the spirit of this debate, I do not intend to make any party-political points, but I feel it necessary to address directly some of the recent reported comments concerning the issue and to put on record my party's support for Gaelic.

The Scottish Conservatives have long been supportive of Gaelic language and culture. It was the arguments of the former Secretary of State for Scotland, Sir Malcolm Rifkind, that ensured vital funding for Gaelic broadcasting and culture in the 1980s, which undoubtedly continued to have an impact for years afterwards.

In the founding year of the Comunn na Gàidhlig, at its first conference held at the Sabhal Mòr Ostaig, George Younger was the keynote speaker, such was his enthusiasm and passion for the language. From that day until today, members on the Conservative benches have consistently supported Gaelic as a vital part of our national fabric and as something that needs to be protected and preserved. In addition to that, I have consistently argued that we need to depoliticise Gaelic, not least because its very existence is at stake.

Politicisation of the language helps nobody and impacts many, especially when some of the usual clichéd attacks arise in print and social media. Those of us who are present today must continue to be champions of Gaelic language and culture—regardless of political stripe—here in the Scottish Parliament and in our communities. Gaelic rightly enjoys cross-party support at Holyrood.

On the specific issue that Alasdair Allan raises, I am delighted to support his motion and the

decision of the comhairle to make Gaelic-medium education its default choice for pupils at P1. It is clear to me that that decision was taken on the basis of increasing demand for pupils to be taught in Gaelic medium and that parents would be able to opt out if they so wished—Alasdair Allan made those points in his speech.

Bilingualism is plainly beneficial. We are all aware of the mistakes in the previous century when one language was promoted to the total exclusion of the other. Equality of provision is paramount, but such equality is not denied by making Gaelic-medium education the default language, as long as parents can opt out, which is the case here.

I have met Bernard Chisholm, who is the director of education and children's services at the comhairle, several times. He is an inspirational figure. I know how passionate he is about young people on the islands, their futures and delivering high-class education in an environment that has unique challenges. Notwithstanding that, it is important to say that it is crucial that the comhairle keeps the policy under review, because concerns have been raised about the general shortage of GME teachers nationally, and in the Western Isles specifically, and about whether schools would have a full complement of teachers beyond P4.

There is also the question whether children who remain in English-medium education could—I stress the word “could”—become isolated if they are in a very small minority, especially in some very rural communities with composite classes, for example. We must make every effort to ensure that that does not happen.

Those matters should rightly be examined by the local authority, and I know from speaking to the authority that the education officials are aware of and alive to the issues.

Kate Forbes: The member may be aware that, when it comes to attracting more people into Gaelic-medium education, one of the challenges is encouraging people to continue with Gaelic after they have left school. Some of the noise around Gaelic puts people off. I have always appreciated the cross-party work with Donald Cameron to support Gaelic. Is he mindful of the point that collective cross-party support for Gaelic in and beyond the chamber, to encourage people to continue to pursue their careers, is a good idea?

Donald Cameron: I thank Kate Forbes for that intervention. I am mindful of that point. When we talk about Gaelic education, we have to look at the whole period of education, from pre-school nursery all the way through to the end of secondary school and beyond. The continuum is much longer than people perhaps think at first.

This is a positive step forward. More people are looking to learn Gaelic, the demand for Gaelic school places is increasing in the central belt, and the fact that, as of 2018, local authorities and Government agencies have developed and implemented some 50 Gaelic language plans, is equally welcome.

Ensuring the long-term survival of Gaelic as a working language is clearly a priority and righting the wrongs of the past is paramount. Let us be the generation that not only preserves the Gaelic language but enhances and expands its use, primarily in the Western Isles, but way beyond that, too.

17:20

Maureen Watt (Aberdeen South and North Kincardine) (SNP): I thank Alasdair Allan for bringing the motion to the chamber and for giving us the opportunity to highlight the benefits to children of speaking more than one language—Gaelic, on this occasion—and the undoubted benefits of Gaelic-medium education.

As has been highlighted, those benefits are found not just in the Western Isles but in other parts of Scotland. I have visited the Glasgow Gaelic school as well as other places, including in Aberdeen—had Lewis Macdonald taken part in the debate, he would have highlighted the importance of Gaelic-medium education there.

The provision of such education is always the result of parental demand—as long as there is demand, there must be provision. I am proud to have been the Minister for Schools and Skills who embedded the use of Scotland's languages—Gaelic, Scots and English—in the curriculum for excellence, to ensure that all children would have the best start in life and at school. If the language of home and play was not English, it was important to build on that language and not preclude it. For many years in Aberdeen, the reading bus went around all schools and play groups to do that, predominantly using Scots—or Doric as we call it in the north-east—but also using Gaelic. The wonderful Sheena Blackhall was a frequent visitor who helped on the bus.

I was also glad that, as a subsequent schools minister, Alasdair Allan continued to focus on the importance of multilingualism, with the introduction and roll-out of the one-plus-two approach in primary schools. I have seen that working in practice with such enthusiasm in the primary schools in my constituency—particularly in Newtonhill primary school in Aberdeenshire.

It is important to remember that monoglot countries are the exception rather than the rule. When one lands in Spain and connects to the local mobile providers, up comes the opportunity to link

into Catalan, Euskera and Spanish—none of that seems to be a problem. As Scotland progresses as a nation, it is important that we recognise the languages of all our people.

I am proud that the use of Gaelic and British Sign Language is embedded in law and I look forward to the day when Scots also takes its rightful place. I hope that a Scots language bill will be part of a future Government's programme. I know that Conservative Party member Peter Chapman is interested in such a bill and I hope that he can persuade his colleagues of its merits.

I note that Donald Cameron supports the motion and it was great to hear him say that he spoke for all the Conservatives. I hope that he told all his colleagues that that was the case—that is perhaps why the spokespeople for the Conservatives have changed today. I always find it ironic that his party supports private schools and their provision of dead languages, rather than the living language that is Gaelic.

I agree with Kate Forbes that Highland Council should be embracing and expanding Gaelic provision; and I commend Aberdeenshire Council and its paper, "Scots Language Guidelines" for promoting Scots in all its work. I look forward to Scotland being the more multicultural and multilingual country that we desire it to be.

17:25

Rhoda Grant (Highlands and Islands) (Lab): I congratulate Alasdair Allan on securing this debate and join him in paying tribute to Comhairle nan Eilean Siar for its policy of making Gaelic-medium education the default position for children entering primary school. There will be those who will argue against that, but maybe we need to look back to see why it is necessary to take that step.

In my first primary school, every child was a native Gaelic speaker; Gaelic was their first language, but there was no Gaelic-medium provision. There was no choice and the perception was that going to school and learning in a language that we did not understand was fine. The comhairle is turning that on its head and providing Gaelic-medium education for all children, some of whom will be native Gaelic speakers and learning for the first time in their own language. It is changed days from when my mother went to school in Lewis and was belted for speaking Gaelic.

I cannot understand the need to stamp out a language, which is something that has been going on for centuries. In the past, it was a way of exercising power and about the need to create an English-speaking world, which has happened to a large extent. Now, Gaelic-medium education is seen as a waste of scarce resources, but

resources are a political decision. Therefore, perhaps in his summing up, the cabinet secretary will say how the Government will equip local councils to help them provide Gaelic-medium education rather than deal with constant cuts to their funding.

If council budgets are cut again this year, the clamour will only increase and people will say "What would you rather do: spend money on Gaelic-medium education or provide accommodation for homeless people?" It is difficult to argue with that view. However, the comhairle has turned the argument on its head, because Gaelic-medium education will be the norm in its area. I wonder whether some of the arguments that we hear about Gaelic-medium education will be used by those asking for the provision of English-medium education as an exception. I doubt that we will hear the same arguments about money and giving people chances that they might not have had normally. I think that it will be seen not as a waste of money but as parental choice.

There are arguments about life chances and about attainment, and Gaelic faces both but in opposite directions. On the one hand, we are told that speaking and learning in Gaelic will hold children back; on the other hand, we are told that multilingualism helps educational achievement. However, on the latter point, we are accused of spending money on middle-class children to have better educational outcomes. We cannot win. However, the comhairle has found a way to win: to go with the native language and make it the norm that all children have the same opportunities. I congratulate the comhairle and hope that other councils will take up Gaelic-medium education in the Highlands and in Argyll, where there is still a Gaelic language and culture to protect.

Sadly, people's history, language and culture have been lost in many parts of Scotland due to the promotion of English; and what we have lost in those areas will never be regained. Therefore, we must redouble our efforts to make sure that we do not lose all that in the Gaelic-speaking areas as well. We must learn lessons from countries such as Wales, which has gone much further in protecting its native language and has given it equal status to English. Securing Gaelic's status was a start, but since then we have done little to further its cause, which is why the comhairle's step is so welcome. I agree with Donald Cameron that Gaelic has cross-party support. We must build on that and the Parliament must join the comhairle to take action to protect our language and culture.

17:29

Angus MacDonald (Falkirk East) (SNP): Unfortunately, I have to attend a meeting after I have spoken, so I regret that I will have to leave

the chamber before the debate is concluded, although I will stay as long as I can.

I thank my colleague Dr Alasdair Allan for bringing the subject before Parliament for debate. The education and wellbeing of our children are, undoubtedly, the most important factors in Scotland's future prosperity. Key parts of their education are attainment of a good standard of literacy and numeracy, and a good understanding of the world around us, and beyond. That is why bilingual education, and bilingualism, are things that we should embrace, given the benefit that they bring to the education and attainment of our children.

Gaelic is, of course, close to my heart. I hail from the Western Isles—I refer members to my register of interests—so, it is a source of personal disappointment that I cannot fluently speak the language of my heritage, despite it being on both sides of my family as far back as it could possibly go. Alasdair Allan referred to reasons for that; I am a result of Gaelic being discouraged in my family—in my parents and others.

There is, however, no excuse now, thanks to various means, not least the least of which is Duolingo. My wife is one of the 200,000 people who have signed up to Duolingo to learn Gaelic, and it is probably fair to say that she is well ahead of me now in her knowledge of Gaelic. It is also probably fair to say that there are now three of us in our marriage—me, Linda and an angry Duolingo owl who appears daily to give her a row when she falls behind with her tuition. It is great to see such massive signing up to Duolingo in a few short months. It is up to all 129 members to ensure Gaelic's continued growth and the eventual removal of the United Nations Educational, Scientific and Cultural Organization's designation of the language as "definitely endangered".

I record my thanks to Donald Cameron for clarifying his party's position on Gaelic. Donald also mentioned the need to right the wrongs of the past. In my speech, I have deliberately avoided dwelling on the past, but as a Gael and as a Hebridean, I have to admit that I find it hard to forgive and forget.

However, we have to look to the future. I am pleased to say that Gaelic-medium education is on the increase. I was delighted to hear of Comhairle nan Eilean Siar's decision to enrol primary 1 pupils to GME as the default, with English-medium education becoming the opt-in option. Undoubtedly, that will start to reverse the problems that have resulted from decline of the language and culture of the Western Isles over the decades.

Gaelic, however, is not only a language of the Highlands and Islands. There are great examples

of Gaelic education in my constituency. The blasad Gàidhlig, or taste of Gaelic, programme, which is delivered by fèisgoil—the formal education strand of one of Scotland's most successful arts organisations, Fèisan nan Gàidheal—has been instrumental in providing lessons to children in the Larbert cluster of schools in Falkirk district.

I recently visited Carron primary school in my constituency, to see Gaelic lessons being delivered by Fèisan nan Gàidheal tutor, Eilidh Cormack. The enthusiasm for Gaelic among the primary 1 to 3 pupils was infectious and a delight to see. With the benefits of bilingualism becoming more widely accepted, it is encouraging that more than 1,000 pupils from the Larbert cluster now have access to Gaelic through the fèisgoil programme. I look forward to the programme's being rolled out to other schools in the district. Eventually, I hope to see in Falkirk district a Gaelic-medium unit, which I believe is long overdue.

A recent survey by Falkirk Council of parents of ante-pre-school-age children showed that almost 40 per cent of respondents would be interested in GME for their children, were it to be provided in the Falkirk area. Around 18 per cent of respondents intimated interest in GME if it were available outside Falkirk district—which, of course, it currently is, and pupils are transferred to those schools daily. I was therefore pleased to see a report, to a recent full meeting of Falkirk Council, that pointed to carrying out more work on that. If the right information is provided to parents on the benefits of GME and what it would mean for children in the area, a dedicated GME school would have to be built in the area, and more Gaelic units would be needed in the future. That would be similar to the success story that sees Glasgow building its fourth Gaelic school.

Gaelic is not just for children who are starting on their educational journeys. Adult learners of Gaelic are also on the increase in Falkirk district, where we have our own adult learning group—an clas Gàidhlig. The class has been running regularly for more than 10 years, and has seen hundreds of adult learners of Gaelic move from beginner to intermediate and beyond. Having been supported in the past by Falkirk Council and Bòrd na Gàidhlig, the class is now primarily self funding and volunteer run. Learners from the class have spoken of the benefits that they have gained, including its helping to keep their minds active, especially for learners who have medical conditions such as multiple sclerosis or early-onset dementia. Past learners have also used the classes as a stepping stone to a career in teaching in GME schools.

Bilingual education and bilingualism are pathways to broadening a child's learning experience. They can help to increase attainment in reading and writing, and to increase understanding of language and culture in a world in which too many people are wildly misunderstood. GME can be a key component in Scotland's future prosperity and our place in the modern world. I certainly look forward to progress in my constituency and in the Western Isles.

Thank you for your indulgence, Presiding Officer.

17:35

John Finnie (Highlands and Islands) (Green): Moran taing is gabhaibh mo leisgeul. Chan eil ach beagan Gaidhlig agam. Mar as àbhaist, feumaidh mi Beurla a bhruidhinn.

I give my usual apology as I speak only a little Gaelic, Presiding Officer. I congratulate Dr Allan for lodging the motion and acknowledge how well crafted it is.

The motion lays out very precisely the aspects that need to be covered in debate. The first two paragraphs emphasise choice. No one is denying choice: the decision is an opportunity to increase availability of Gaelic medium education, driven largely by demand for it, which is to be welcomed. As the motion notes,

"the percentage of children entering GME in Na h-Eileanan an Iar has steadily increased over the last decade"

and

"55% was an action in the council's statutory Gaelic Language Plan."

I am ambivalent about plans: they are great if they are acted on, but too often they sit in nice folders on shelves, gathering dust. It is great to see such action being taken. The council is to be commended.

The motion refers to a

"progressive step to consolidate the national language in its heartland communities",

which is very important.

On many occasions in Parliament, we have discussed the benefits of bilingualism. I have four grandchildren, two of whom are bilingual and fluent in Gaelic and two of whom are trilingual, also speaking Catalan and Castilian, as they call it. The benefits and the outward-looking approach that speaking other languages gives people should be widely recognised—indeed, the benefits are recognised in numerous academic studies. The motion alludes to the evidence that GME pupils outperform their English-medium education peers in English reading by primary 5. That is a very interesting statistic.

As has been touched on, there is a role for all of us in Parliament in promoting Gaelic—not as tokenism, but meaningfully. It would be very easy in a debate, particularly a members' business debate, to be nice and cosy and cuddly, but we have to confront some things. What I would like to confront has been touched on—the comments of the Conservative Party's since-shunted education spokesperson, who described the commendable steps as "deeply troubling". Dr Allan talked about the deep hurt that it had caused. It is a deep hurt. People in the Highlands and Islands are sick of folk telling them how to do things. The Conservative Party spokesperson said that the children would be at a "distinct disadvantage" to their peers—clearly, that is completely erroneous—and that Gaelic should not be taught "at the expense of English". English is more than capable of standing up for itself.

We heard from Rhoda Grant about people being belted for speaking Gaelic; perhaps Donald Cameron will know whether people have been belted. Ignorance is not offset by an apology, but I do not think that what we heard from the Conservative spokesperson was an apology. To the ignorant, I would say "Measar an t-amadan glic ma chumas e a theanga." Of course, ignorance is widespread.

People have mentioned Highland Council and the demands that are placed on its school estate. Indeed, I have raised those demands with the Deputy First Minister and Cabinet Secretary for Education and Skills. I have also raised with Highland Council the fact that it has been given £4 million by the Scottish Government that it is yet to do anything with. To have a Gaelic medium education school overflowing is intolerable. Public money should be dispersed in the proper way.

In the short time that I have left, there are many positive things that could be said. As members have said, it is not a party political issue. I was delighted, and not remotely surprised, to hear the positive comments by my colleague Donald Cameron, which were consistent with the view that should prevail across this chamber. Once again, I thank Dr Allan for bringing the debate to Parliament.

17:39

The Deputy First Minister and Cabinet Secretary for Education and Skills (John Swinney): I congratulate Dr Alasdair Allan on securing the debate and I associate myself with John Finnie's remark that the motion is incredibly well crafted. We should not be at all surprised at its being so expertly crafted by such a wordsmith as Dr Allan. He puts us all to shame with his command of language and his demonstration of the strength of bilingualism in the way in which he

pursues his personal interest and devotion to language—and particularly to encouraging the utilisation of the Gaelic language that is so dear to the heart of his constituency.

The Scottish Government attaches the greatest significance to taking forward its responsibility to promote and support the Gaelic language. Our aim is to increase the number of people who speak, learn and use the Gaelic language in Scotland. The debate has been a welcome opportunity for the reaffirmation of all-party support for the nurturing of the Gaelic language.

I very much welcome Donald Cameron's comments in that respect. He was absolutely right to cite the experience, contribution and leadership of individuals such as George Younger, the late former Secretary of State for Scotland, and Malcolm Rifkind, another former Secretary of State for Scotland, who led from the front in encouraging the Gaelic language. I have absolutely no hesitation in paying tribute to their distinguished contribution at a time when the Gaelic language was in perhaps even more jeopardy than it is today. Such leadership was continued by the Labour Government and the Labour and Liberal Executive, and it has been continued by the Scottish National Party Government. We have been delighted to do so, and I am delighted, as Deputy First Minister, to have ministerial responsibility for the Gaelic language.

Angus MacDonald has now left the chamber, but I am one of the 200,000 he spoke about who have signed up to Duolingo. It is a nightly encouragement, inspiration and challenge, and I shall subject myself to no assessment by Dr Alasdair Allan on my continued performance.

The Government welcomes the decision of Comhairle nan Eilean Siar to make Gaelic-medium education the default language available to all pupils who enter primary. I state that clearly and unreservedly to Parliament tonight. We are delighted that in many primary schools across the Western Isles—where last Thursday I had an inspiring visit to Stornoway primary school and saw at first hand the fruits of Gaelic-medium education for children there—more than 50 per cent of children are enrolled in Gaelic-medium education in primary 1.

Mr Finnie and Donald Cameron made the point that Dr Allan's motion includes the important recognition of the existence of choice for parents as to the appropriate step to take. The Government believes that the bold, ambitious and correct move by the comhairle can only benefit pupils now and in their futures.

We look forward to seeing the number grow so that the language is retained and children are provided with the many benefits of bilingualism.

That point is central to the debate and has been recognised by many speakers. It was reinforced by the comments of my colleague Maureen Watt, who paid tribute to the work that Dr Allan took forward, as a minister, on the one-plus-two languages policy, which continues to thrive in Scottish schools. It is an important recognition of the centrality of bilingualism in our education system that should extend to the inclusion of the Gaelic language, and I am delighted that the comhairle has taken such a bold decision to encourage the nurturing and development of the Gaelic language.

I am pleased that we have made good progress with Gaelic over recent years in key areas of education, broadcasting, arts and publishing, with a welcome impact on our economy, through jobs and skills, and through the creative industries.

The gains that have been made for the Gaelic language have been impressive and a successful Gaelic-medium education sector is operating in Scottish education. Since 2007, we have seen an increase in the number of Gaelic stand-alone schools in Scotland. In 2007, there was just one, and in 2020, there are eight, with a further two in development.

On Mr Finnie's substantive point about Highland Council, I am engaged in dialogue with the council about its plans, in order to ensure that the resources that Government has allocated and committed to the council are used for the purpose for which they are intended, which is to expand the provision of Gaelic-medium education in the Highland Council area.

I very much welcome the commitment that has been made by a number of local authorities to support the development of Gaelic-medium education, with exciting plans for development and expansion.

It is important that we ensure that resources and support are available for teachers and pupils, and we have a dedicated body, Stòrlann Nàiseanta na Gàidhlig, to deliver in that regard. The Education (Scotland) Act 2016 contains a duty to promote and support Gaelic-medium education. We have good structures in place to ensure that that happens through the work of bodies such as Education Scotland, Stòrlann and the comhairle itself. As the numbers in Gaelic-medium education increase, those bodies must continue to work together to ensure that good support is in place and that Gaelic-medium education is seen as good-quality education that is attractive to pupils, parents and teachers.

Rhoda Grant raised issues relating to budgets. Despite the challenging financial picture, I was delighted with the financial settlement for Gaelic that we were able to propose in the budget, with

an increase in resources to support our work and the availability of new resources for development of the Gaelic language. I will set out in due course how the Government proposes to engage to take forward that activity.

As Parliament is aware, in 2018, I commenced the faster rate of progress initiative, which is a stream of work to ensure that we translate the aspirations of the Gaelic national plan, which has been developed by Bòrd na Gàidhlig and approved by the Government, into specific action on the ground across five workstreams: digital learning and media; economy and labour market; community engagement; participation, usage and learner support; and recruitment and retention of teachers in Gaelic-medium education.

On that last aspect, of course I accept unreservedly the importance of encouraging and supporting teachers to engage in the Gaelic language. There are many teachers in our education system who have command of the Gaelic language, but perhaps are not sufficiently confident to teach in it. We have to recognise the importance of supporting those individuals to make that journey. I am certain that the ambitious agenda that has been set out by Comhairle nan Eilean Siar will help to advance that.

We have much to be proud of and much to support, in terms of the comhairle's policy decision, and I commit the Government wholeheartedly to supporting that agenda.

Meeting closed at 17:48.

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