



OFFICIAL REPORT  
AITHISG OIFIGEIL

# Meeting of the Parliament (Hybrid)

Tuesday 1 June 2021

Session 6



The Scottish Parliament  
Pàrlamaid na h-Alba

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# Scottish Parliament

*Tuesday 1 June 2021*

*[The Presiding Officer opened the meeting at 14:01]*

## Time for Reflection

**The Presiding Officer (Alison Johnstone):** Good afternoon. I remind members that social distancing measures are in place in the chamber and across the Holyrood campus. I ask members to take care to observe those measures, including when entering and exiting the chamber. Please only use the aisles and walkways to access your seats and when you are moving around the chamber.

The first item of business this afternoon is time for reflection, for which our leader today is the Rev Canon David Richards, the rector of St Paul's and St George's church in Edinburgh.

**The Rev Canon David Richards (St Paul's and St George's Church, Edinburgh):** Thank you, Presiding Officer. When white Europeans arrived on the island of Hawaii, the locals called them "haole", which literally means "no breath". One indigenous Hawaiian explained it like this:

"The settlers were always in a hurry to build plantations, harbours and ranches—they always seemed out of breath".

I have a question for you this afternoon. What patterns or rhythms of life do you have that renew and sustain you, or that give you the chance to draw breath? It has been said that the hardest person you will ever lead is probably yourself. A former United Kingdom chair of the International Stress Management Association observed this about the person of Jesus Christ:

"Jesus taught and practised self-awareness. Jesus responded, rather than reacted to whatever happened. His ability to respond (his response-ability) was strong."

It is fascinating to see how Jesus sustained his life. He did not spend all his time praying or reading the scriptures. He did not spend all his time alone in quiet and solitude, performing miracles or preaching. He did those things, but he also did other things. He had a group of really close friends that he spent time with and laughed with. He regularly went to corporate worship and to the synagogue and temple. Imagine being the son of God and having to listen to other people's sermons.

He enjoyed creation, took long walks and exercise. He welcomed small children and listened to them. He enjoyed meals and parties, especially with non-religious people.

If we do not tend our souls, we end up with what one psychologist has called "ego depletion", which is a level of fatigue that goes beyond mere physical tiredness. Depleted people will feel sad more easily and are more likely to make poor choices. Physiologically, an area of the brain—the anterior cingulate cortex—actually experiences a slowing down.

How do you know if your soul is weary? Small things irritate you more than usual, you find it more difficult to make decisions, and the temptation to eat more, to drink more alcohol or to give in to a particular craving is harder to resist. Simply, you have less courage. There is a famous quote that says:

"Fatigue makes cowards of us all".

The people of Scotland need you to be healthy, and to have patterns of life that sustain and renew you so that you can make good, brave decisions and be the leaders we need you to be. A Sabbath, whenever you might practise it, is a time to transition from human doings to human beings. My prayer for you is that you find that rhythm of life—a rhythm that gives you the chance to draw breath—and find rest for your souls.

## Covid-19

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

The next item of business is a statement by Nicola Sturgeon on a Covid-19 update. The First Minister will take questions at the end of her statement, so there should be no interventions or interruptions.

14:06

**The First Minister (Nicola Sturgeon):** In this statement, I will update Parliament on the Scottish Government's assessment of the course of the pandemic, and on the decisions that flow from it in relation to the levels of protection that will apply to each local authority area from Saturday. In addition, I indicated at the end of last week that I would give an update on the situation in Glasgow by no later than Wednesday, and I confirm that I will do so today.

Before any of those updates, however, I will report on today's statistics. The total number of reported positive cases yesterday was 478, which is 3.1 per cent of the total number of tests that were conducted. Therefore, the total number of confirmed cases is now 236,389. One hundred and six people are currently in hospital, which is four fewer than yesterday, and 10 people are receiving intensive care, which is two more than yesterday. I am relieved to say that no deaths were reported yesterday, which means that the total number of deaths registered under the daily definition remains at 7,669. However, I want to convey my condolences again to everyone who has lost a loved one.

I will also give an update on the vaccination programme. As at 7.30 this morning, 3,267,290 people in Scotland had received their first dose of the vaccine—around 72 per cent of the total adult population—which represents an increase of 16,152 since yesterday. In addition, 30,978 people received their second dose yesterday, which brings the total number of second doses to 2,075,231, or around 46 per cent of the adult population.

The decisions that we have arrived at today are difficult and complex, and reflect the fact that we are currently at a delicate and fragile point in what we hope is a transition to a different way of dealing with this virus. In summary, we believe that vaccinations are opening the path to a less restrictive way of dealing with Covid—one that is less driven by case numbers. However, not all adults have been fully vaccinated with two doses to date, so we are not quite there yet.

To compound the challenge further, we are also dealing with a new and faster-spreading variant as we make this transition, which is, of course, a new development that has arisen since we set out our

indicative route map in March. All of that means that, at this critical stage, we must still err on the side of caution to avoid being completely knocked off course.

I will now share more detail of all the decisions. The considerable downside that we now face is the Indian or April-02 variant, which the World Health Organization last night renamed the delta variant. That variant is spreading faster than previous variants of the virus, and we now believe that it accounts for well over half of our new daily cases. Scotland's R number is now almost certainly above 1 because of that situation.

As we know from painful past experience, that makes our situation highly precarious. Indeed, many public health experts are warning that the United Kingdom could—I stress "could"—now be at the start of a third wave of the virus. Obviously, it would be wrong to completely ignore that warning; however—this is the considerable upside—we now have a significant advantage that we did not have in the first or second waves.

We are increasingly confident that the vaccines are effective, although we are closely monitoring the vaccination status of people who are admitted to hospital. We now have evidence that the link between cases and serious illness, hospitalisation and deaths appears to be weakening. For example, since January, the proportion of new cases that lead to hospital admission in Scotland has reduced—on current estimates, from 10 per cent to 5 per cent—although it is important to say that we are still assessing the recent impact of the new variant. In addition, the length of time that people are spending in hospital has been reducing markedly since the new year, although we are monitoring the data closely and carefully.

The emerging evidence is providing us with a firm basis for believing that, in the coming phase of the pandemic, we will be able to deal with the virus differently and less restrictively. However—this is why I have described our current situation as a transition—although we are vaccinating as quickly as possible and trying to speed up vaccinations, a sizeable proportion of the population is still not yet fully vaccinated. Full vaccination is vital. After one dose, protection against the delta variant is not negligible, but neither is it substantial. It is after two doses that the protection is much stronger. Therefore, if cases continue to rise significantly for too long a period while significant numbers are not fully vaccinated, we could still see a significant burden of illness and death, and severe pressure on our national health service.

It is also worth pausing to reflect on what protecting the NHS, which has been a key aim throughout the pandemic, means in the current context. After coping with the pandemic for more

than a year, the NHS is now seeking to get non-Covid treatment back on track. That means that protecting the NHS cannot only be about preventing it from being completely overwhelmed, although that is, of course, vital; it must also be about protecting its ability to get services back to normal. Therefore, even though the health service coped earlier this year, when more than 2,000 people were in hospital—albeit with enormous pressure on the workforce—that should not be our benchmark. Anything remotely like that again would set back our efforts to get the NHS operating normally again.

This is a key and difficult moment. We remain on the right track overall. I remain confident that with cautious, albeit difficult, decisions now, we will enjoy much greater normality over the summer and beyond. None of our decisions today, even in the face of rising case numbers, takes us backwards. Although I know that it is hard to think in such terms more than a year into a pandemic, that represents real progress from the start of the year. Back then, a new variant and rising case numbers took us backwards into a full lockdown. That is not the case today, and due to the vaccination programme, we can still look ahead with confidence. However—this is the difficult part—in areas in which cases are relatively high or rising, our judgment is that a slight slowing down of the easing of restrictions to allow time for more people to be fully vaccinated will help to protect that progress overall.

That leads me to the decisions that we are setting out today. It is important to recognise that the picture across the country is not uniform, and so our decisions are not uniform either. That is the benefit of the levels system: we do not need to apply a one-size-fits-all approach with the same levels of restrictions in areas with low or more contained case numbers as we have in areas with high or rising numbers. However, a variable system has its downsides. It is more complex, it is impossible to remove every anomaly, it is not without risk and, of course, it can lead to a sense of inequity. That is why it is important to set out as clearly as possible why different areas are subject to different restrictions, while recognising that those decisions are complex.

Let me turn now to those decisions. Given that it has been in a unique situation for the past couple of weeks, I will talk about Glasgow first and separately.

I reported on Friday that the situation in Glasgow appeared to be stabilising. I am pleased to say that that remains the case. Indeed, case numbers have fallen slightly in recent days from 146 cases to 129 cases per 100,000 people. That provides further evidence that the major public health interventions over the past few weeks are

having an impact. In addition, although the number of hospital admissions is rising, the vaccination effect means that admissions are not, at least at this stage, increasing as fast as they might have done from a similar level of cases earlier in the year.

It is important that we consider the harms that are caused by the virus alongside the other harms that on-going restrictions cause. Those include wider health harms, social harms and economic harms. The wider harms are not insignificant in Glasgow, given that it is now more than eight months since, for example, we were last allowed to visit one other in our homes.

Taking all that into account, with the support of the national incident management team, I confirm that Glasgow City will move down to level 2 from midnight on Friday into Saturday. That means that—as has been the case for people in most of the rest of Scotland since mid-May—people in Glasgow will be able to meet in homes in groups of no more than six people from a maximum of three households. It also means that indoor licensed hospitality can reopen, and that people can travel again between Glasgow and other parts of Scotland. A number of venues will be permitted to reopen, and outdoor adult contact sports can resume.

Those changes are significant. As someone who lives in Glasgow, I know that they will make a huge difference to quality of life. However, I ask everyone to remember that, although stable and starting to decline, the number of cases in Glasgow still remains high. Please continue to be cautious. In particular—this applies to all of Scotland, particularly while we enjoy better weather—although limited indoor meetings are now possible, it is still better to stay outdoors, where possible. In level 2 areas, groups of up to eight people from up to eight households can gather outdoors.

The past eight months and perhaps the past couple of weeks, in particular, have been really tough for Glasgow. I thank everyone who has co-operated with all the public health measures and stuck to all the rules and guidelines.

I will now turn to other parts of the country. First, I will set out the difficult part of this statement.

In addition to Glasgow, there are a number of other local authority areas that are not currently meeting the criteria for level 1, either in case numbers or test positivity. Indeed, if we look at just the raw numbers, it could be argued that some of those areas should be in level 3. However, based on the emerging evidence of the impact of vaccines on hospitalisation, which I spoke about a moment ago, and on our assessment of local factors and public health interventions, our

judgment is that level 3 would not be proportionate at this stage.

However, it is also our judgment that, with case numbers as high as they are in those areas, and with a substantial proportion of adults not yet double dosed, it is safer and more likely to protect our overall progress if we hold those areas in level 2 for a further period. In addition to Glasgow, that applies to Edinburgh, Midlothian, Dundee, East Dunbartonshire, Renfrewshire, East Renfrewshire, the three Ayrshires, North Lanarkshire, South Lanarkshire, Clackmannanshire and Stirling.

I know that that will be disappointing for people in those areas. For those local authority areas, we will provide support to soft-play businesses and other closed sectors that had expected to open or to operate in a different way from 7 June. Full details will be provided tomorrow by the Cabinet Secretary for Finance and the Economy.

It is important to stress that this is a pause and not a step backwards, and that level 2 is not lockdown. It has an impact on opening hours of pubs and restaurants and the number of people who can attend certain events, but we can still meet indoors in limited numbers or outdoors in groups of eight people from eight households. Hospitality remains open—indoors and outdoors—as does retail, and there are no travel restrictions in place.

Taking a cautious approach now, while more people get fully vaccinated, gives us the best chance of staying on the right track overall, so I ask everyone in those areas to continue to be careful. They should follow all the important guidance on hygiene, distancing and face coverings; they should keep getting tested; and they should come forward to be vaccinated as soon as they get the opportunity.

In more positive news, there are many parts of mainland Scotland where the numbers of cases are at very low levels and are broadly stable, or where case numbers might appear to be rising but we are assured that they relate to clusters that are being managed. I confirm that the following local authority areas will move to level 1 from 1 minute past midnight on Saturday morning: Highland, Argyll and Bute, Aberdeen City, Aberdeenshire, Moray, Angus, Perth and Kinross, Falkirk, Fife, Inverclyde, East Lothian, West Lothian, West Dunbartonshire, Dumfries and Galloway and the Borders.

The full details of what that means are set out on the Scottish Government website. The main changes are that the limit on meetings in indoor public places increases to eight people from three households, and on meetings outdoors to 12 people from 12 households; 100 people, as opposed to 50, can attend weddings and funerals;

and places such as soft-play centres and funfairs can reopen.

Again, I know that those changes will be welcome, but I ask people please to continue to be careful. That applies to all of us right now. In particular, meeting outdoors involves much less risk than meeting indoors.

Shetland, Orkney, the Western Isles and a number of small remote islands are already in level 1. Those communities are continuing to report extremely low numbers of new cases and, in many cases, a higher than average proportion of adults there have received both doses of vaccine. Those areas will therefore move to level 0, again from 1 minute past midnight on Saturday morning.

Full details of what those changes mean can be found on the Scottish Government's website: for example, that people can meet indoors in groups of up to four households; that local licensing laws apply to hospitality venues—there is no set nationwide closing time; and that the maximum attendance at weddings and funerals will be 200, rather than 100 at level 1 and 50 at level 2.

Again, though, as well as asking islanders to exercise continued care, I remind anyone travelling to any of the islands to use a lateral flow test before doing so. In that way, they will minimise the risk of taking the virus to any of those communities.

I appreciate that today's decisions will feel like—and are—a mixed bag. That reflects the fact that we are in a transitional phase. The vaccines make the outlook positive, but the new variant means that the road ahead is still potentially bumpy. Caution is therefore necessary.

That said, no part of the country is going backwards today. Before the vaccines, that would have been impossible in the face of such case numbers. However, the vaccines are changing the game, so we can still be very optimistic about our chances of much more normality over the summer and beyond.

In the days ahead, albeit that life beyond level 0 might still feel a long way off for many of us, we will publish more detailed work on what we expect that to look like as, hopefully, greater normality returns. Indeed, one reason for proceeding with more caution now is to make it easier in the future to resume that progress to level 0 and then beyond it.

The point on which I will finish is to say that, as always, we all have a part to play in beating the virus back, so, please get tested regularly. Free lateral flow tests are available through the NHS Inform website. I encourage everyone to order those and to test themselves twice a week. The



lateral flow tests give results in about half an hour, so they are a quick and useful way of finding out whether you have the virus, even if you do not have any symptoms. In essence, the more we all get tested, the more cases we will find, and the more we will break chains of transmission. Getting tested regularly is a way for us all to contribute to the collective effort.

Secondly, make sure that you get vaccinated when you are invited to do so. That includes going for second doses. To repeat what I said earlier, second doses are vital in providing substantial protection against the virus—in particular, against the new variant. If you cannot make an appointment—and there will often be good reasons why that is the case—then please make sure that you rearrange it. If you have not received an appointment letter yet but think that you should have, you can go to the vaccinations page of the NHS Inform website to arrange your appointment.

Getting vaccinated is in the best interests of each of us; whatever age we are, it makes it much less likely that we will become badly ill from Covid. However, it is also part of our wider civic duty to each other; it means that we can all help to suppress the virus and reduce the harm that it causes. That will allow us to get to being able to deal with the situation in a less restrictive way than has been the case.

Finally, I ask everybody please to continue to stick to the rules where they live, and to follow the public health advice. Physical distancing, hand washing and face coverings are all still important. Those basic precautions will reduce our chances of getting or of spreading the virus.

In summary: please get tested regularly, get vaccinated when you are asked, and continue to follow the public health advice. If we all do that, we can—despite a pause for part of the country today—keep on the right track and make progress, over the summer, towards living much less restricted lives. I again thank everyone across the country for helping us to do exactly that.

**The Presiding Officer:** The First Minister will now take questions on the issues raised in her statement. I intend to allow around 40 minutes for questions, after which we will move to the next item of business.

**Douglas Ross (Highlands and Islands) (Con):** I had hoped to say that today's statement is a move in the right direction, at least broadly. For the people of Glasgow, our largest city, the move to level 2 from Saturday will be a most welcome step, which will bring to an end a period of 277 days during which they have lived under some of the toughest restrictions. However, for people all over the country, in 14 of our 32 local council areas, today's statement is a disappointing

setback. Half the country will move forward while the rest remains stuck in limbo, with no clear idea of when the restrictions will ease.

We understand the need for caution, but we think that more emphasis needs to be placed on the impact of restrictions on businesses, jobs and people's mental and physical health. A more local approach is necessary, with targeted interventions to tackle local outbreaks, rather than sweeping measures. The approach of council-wide restrictions is out of date; it was designed before we had an effective and successful vaccination scheme. The First Minister said in her statement that 72 per cent of adults in Scotland have had the first dose and 46 per cent are now protected by both doses.

The First Minister also said today that we do not need to apply a one-size-fits-all approach. However, that seems to be exactly what is happening. Keeping whole councils or cities in level 2 is not a targeted or local approach. Will she consider moving to an approach of targeted interventions instead of council-wide restrictions—*[Interruption.]* I am sorry that some Scottish National Party members feel the need to heckle. We have had a 20-minute statement from the First Minister on an extremely important issue for our country and it is now appropriate—we do not get this on the BBC, I know—that Opposition politicians should question the Government. That is healthy in a democracy.

Will the First Minister say what plans are in place to speed up vaccination in areas with local outbreaks, beyond the measures that she has already set out? What further support can businesses expect? The Cabinet Secretary for Finance and the Economy will update the Parliament tomorrow, but has the First Minister looked into the issue that I raised last week and which was identified by, for example, Glasgow Chamber of Commerce, which said that funding that was promised to businesses has not been delivered?

What evidence is there of imminent severe pressure on the NHS, as the First Minister outlined in her statement? Can she inform the public in that regard?

How will the Government ensure public compliance with the restrictions, given the upheaval in people's lives over the past year, and given that hospitalisations are at such a low rate? People are at the end of their tethers.

**The First Minister:** Let me say, first, that whether people in this Parliament and across the country agree or disagree with the decisions that I have taken—and it is perfectly legitimate to question and indeed to disagree with them—I hope that everyone accepts that the Government

and I do not take any of these decisions lightly. I absolutely long for the day when I can stand here and say, “No more restrictions are required anywhere in Scotland.” There is no part of me that wants to hold us back from that for a single second longer than is necessary.

However, at this juncture, if we are to maintain progress overall in the right direction, it is important that we are cautious and careful. I have been criticised for erring on the side of caution—again, criticism is perfectly legitimate—at various points over the past 14 months or so. I do not pretend that the decisions that the Government and I have taken have been perfect—far from it. However, every time we have erred on the side of caution, I think that time has told that that was the correct or necessary thing to do. It is important that we do that now.

We are not taking a one-size-fits-all approach to this. If we were taking a pure public health approach—indeed, some public health voices might prefer us to be doing that today—we would simply have held the whole country in the levels that they are at right now. On some of the raw figures, it could be argued that some areas should be at a higher level. We are taking all the different factors into account, not least the progress with vaccination.

I can give an example to illustrate that. Case numbers in Highland look as if they are going in the wrong direction quite fast, but we know that there is an issue particularly in the Fort William area that we know is being managed. We are not applying higher restrictions to Highland overall. We are allowing the public health interventions to do their work, just as we did in Clackmannanshire and East Renfrewshire in the past few weeks. We are taking a targeted approach, but we also have to recognise travel patterns and the interactions between different areas. This is not perfect and it is not ideal, but we are taking the most proportionate and balanced approach that we can.

I will briefly refer to some of the other points. We do not have to go very far to hear public health experts warning against a lack of caution right now but also pointing to the fact that, although vaccination is proving to be effective—all the news on vaccination is good—slightly more than 50 per cent of the adult population has not had both doses. While that is the case, we remain vulnerable to the new faster-spreading variant. That is why we need to be cautious.

Vaccinations are speeding up. For example, today we have reported just under 31,000 second doses; yesterday the figure was 21,500. We are speeding up on vaccination, and we continue to do that and to make the process more flexible, too.

I did not say that the health service was at “imminent” risk of “severe pressure”. What I said—again, it is based on public health advice—is that, if we do not act with caution, it is possible that, from the unvaccinated or not fully vaccinated pool, we will still start to see hospital numbers go up.

The other key point that I made is that although, earlier this year, the NHS coped at 2,000 Covid patients at peak, we do not want to get back to anything like that, because that means that the health service can do virtually nothing else. We are trying to get the health service back to normal.

Presiding Officer, I am sure that I have missed some points, but I will end with this. I do not want to keep a single part of this country in tougher restrictions—or any restrictions—for longer than necessary, but I have a duty to continue to navigate us through this safely and, where necessary, cautiously, so that we can keep to our progress overall.

My very last point in response to Douglas Ross is that level 2 is still tough. I do not pretend otherwise. However, it is not lockdown, and we do nobody any favours by suggesting that it is. We can go into one another’s homes and hospitality can stay open indoors. There are significant steps forward there that are important for businesses and for the mental and physical health of the population.

**Anas Sarwar (Glasgow) (Lab):** This is largely welcome news for people in Glasgow and for others across the country, but for many in those parts of Scotland that were expecting to move down a level, the news will come as a bitter blow.

I want to focus on our response in the hotspot areas. It is paramount that we learn from the Glasgow experience and design proper protocols for what happens in current and future hotspots. Those protocols must include walk-in vaccination centres for everyone aged 18 and over, the mass roll-out of polymerase chain reaction tests, increased support for local businesses and greater access to isolation support grants. That must be our first point of call in future outbreaks, and not further lockdowns, which damage the economy and have a negative effect on people’s mental health and wellbeing

Glasgow has been a hotspot area for almost three weeks but it still has the second lowest level of vaccine uptake among local authorities across the country, and we still do not have walk-in vaccination centres for people aged 18 and above. At the same time, we are hearing stories daily about a high level of unattended appointments.

What urgent investigations has the Government done? What steps are being taken to address that high level of missed appointments? What urgent action is being taken to ensure that we increase

vaccine uptake in hotspots? When will we have walk-in vaccination clinics for people aged 18 and over in hotspots? Will the First Minister commit to the publication of hotspot protocols for future outbreaks?

**The First Minister:** Those are all perfectly reasonable and legitimate points and I will run through them one by one—more briefly, I hope, than I did in my previous answer, Presiding Officer.

Over the past few days, I have heard people say—again, not surprisingly—in relation to Glasgow, “Why are we not going door to door with testing?”, “Why do we not have drop-in vaccination clinics?” and “Why do we not have surge testing?”. All that was happening in Glasgow and has been happening in Glasgow over the past couple of weeks. We believe that that is why we are seeing the situation in Glasgow not continue with exponential rise but stabilise and now start to decline.

The lessons in Glasgow are important and it is important that they are applied elsewhere. I am going to use a different word, because it is the one that we are using in the Government. A toolkit is being prepared that is taking the lessons and learning from Glasgow and making that available to all other health boards. The Cabinet Secretary for Health and Social Care is meeting all health board chief executives tomorrow to talk about the importance of that, as well as the wider issue. I am sure that it is very technical in many respects, but I am certainly more than happy to look at how we can publish something that is available to the public so that they know what should be expected, not when areas become hotspots but when there is any emerging evidence that that is the direction of travel.

There are a couple of things that I know people understand about vaccination. First, we need to ensure that we have the supplies to do everything. Supply continues to be our biggest constraint, but it is even more complicated than that because we have different vaccines and they can be used differently for different age groups. Supply is tighter for the Pfizer vaccine, for example, which is being used for the younger age groups, than it is for the AstraZeneca vaccine, so we have to balance all that.

Secondly, but most importantly, we know that, although getting over-18s their first dose is important—appointments have already started in Glasgow and we will look at having drop-in clinics as supplies allow—the most vital thing that we can do is to get people who have had the first dose to have their second dose, which increases the level of protection from the vaccine substantially. That is why, over the next few weeks, there will deliberately be an emphasis on completing second

doses. All of that is important, all of it is work that is under way and we continue, every single day, to do what we can.

Back at the start of the year, I was not the only one who did this, but I used the terminology of a race—the vaccine against the virus. We are going as fast as we can with the vaccine and we have to continue to look for ways to speed up. Unfortunately, though, the virus keeps learning to run faster, and that is the big challenge that we are up against right now. That is what makes the decisions still as difficult as they are.

**Lorna Slater (Lothian) (Green):** The First Minister is aware just how challenging the pandemic has been for household budgets. Many people have spent much of the past year on the furlough scheme earning 80 per cent of what might already have been a low wage, while others have lost their jobs completely with little hope of finding another.

The eviction ban has been a lifeline for people, but that protection has been swept away and many face eviction now if they cannot cover their rent. The job prospects of a recovery are just not there yet. Will the First Minister urgently consider reinstating the eviction ban across the whole country for as long as Covid restrictions remain in place?

**The First Minister:** Yes, we will keep all those things under consideration. The ban on evictions was extended for level 4 and level 3 areas but, as of Saturday, no part of Scotland will be at level 3, so we need to continue to consider the nature of our response.

I do not underestimate the importance of the eviction ban—we have extended it on more than one occasion, I think—but it is also important that we do as much as we can to help people with the causes of rent arrears and to deal with those rent arrears. For example, the loan fund that we set up to help people who are having difficulty with paying their rent is important, as is getting more money into people’s pockets through help for low-income families. There needs to be a package of measures and we will continue to keep that under on-going review.

**Willie Rennie (North East Fife) (LD):** Although the limited easing is positive for many, I am deeply concerned about the lack of services for adults with special needs. After a year, it has certainly taken its toll on them. One family told me:

“We feel completely let down and abandoned”.

Does the First Minister agree that, if we can open up pubs and football fan zones, we should be restarting community services for adults with special needs?

**The First Minister:** I absolutely recognise how difficult the situation has been for everybody, but particularly for people who are vulnerable—adults with special needs are definitely in that category. As far as is possible in difficult circumstances, I ask people to take it in good faith—as I know Willie Rennie does—that we are managing the issues as carefully and sensitively as we can, with safety being paramount.

We are in a phase in which more of the services that Willie Rennie talked about can get back to normal. I understand why people compare events with such services, but very different issues are often at play, so doing that can be an oversimplification.

We want all the services that are most important for people back as quickly as possible. To widen the point slightly to cover the NHS, that is why we should not be complacent and say that we have only 100 people in hospital today and we know that the health service can cope with 2,000. We do not want to get anywhere near that figure, because it would mean that we had to pull back again on non-Covid services.

Some of today's caution relates to opening up as much normal service provision across the piece as we can. I give the assurance that adults with learning disabilities and groups with vulnerabilities remain absolutely at the top of our list of priorities.

**Elena Whitham (Carrick, Cumnock and Doon Valley) (SNP):** Has the Scottish Government assessed the impact that Covid-19 and its resultant isolation have had on people with mobility issues? Are more physiotherapy services needed, particularly for our elderly citizens and those with disabilities, to stop early and preventable admittance to care home settings?

**The First Minister:** This is the first opportunity that I have had to formally welcome Elena Whitham to Parliament; it is good to see her here.

As I have just reflected in response to Willie Rennie, the Covid pandemic has had an effect on everyone, but in different ways, and that undoubtedly includes the impact of decreased activity on mobility and independence. The rehabilitation framework highlights the importance of access to rehabilitation and self-management for everyone, which includes access to services such as physiotherapy, to supported activities in a community and to supported self-management across the health and care system. Supporting such activities and getting them back to normal as quickly as possible remains a priority for us.

**The Presiding Officer:** I call Miles Briggs.

**Miles Briggs (Lothian) (Con):** I welcome you to your position, Presiding Officer.

A number of constituents told me that their emergency accommodation in guest houses and serviced apartments in the capital was to be terminated as of yesterday and that they had no information about where they would go. That breaches the requirement for councils to provide four weeks' notice.

During the pandemic, welcome steps have been taken to provide accommodation for homeless individuals and families. What is the Scottish Government's position on that critical issue? Will the First Minister agree to ministers making a statement on the post-pandemic homelessness strategy and policy before the Parliament breaks for the summer recess?

**The First Minister:** If Miles Briggs wants to send me the detail of the specific issue, I will be more than happy to look at it. The matter is principally for the council, but I am happy to look at what the Scottish Government might be able to do more generally. At the start of the pandemic, through a lot of joint working, we made significant inroads into reducing homelessness and rough sleeping. It is essential to continue that as we come out of the pandemic; that is a key area of work for the Government and we will publish our updated plans as quickly as possible. As I said, I am happy to look at the specific detail and to reply in more depth, if that is necessary.

**Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP):** I welcome the First Minister's announcement that the Borders will move to level 1, but I will focus on the vaccination roll-out. I have constituents who have been failed by the national vaccine helpline and the missing appointments process. Will the efficacy of such processes be assessed, which includes asking the public about their experiences? A small minority have been affected, but the situation is stressful for them.

**The First Minister:** If any individual finds it difficult for whatever reason to access their appointment, that is stressful. A minority are affected but, to someone who is in such a position, it does not matter if I say that a minority are involved.

The overall programme is working incredibly well. It is not just me who says that; it can be seen from the figures that we report every day. As we go through the programme, we are making changes where we can if that will improve people's experience. We are trying to make it more flexible. The walk-in vaccination clinics that have been operating in Glasgow are an example of that. We want to see more of that flexible walk-in approach across the country.

Having said that, we also need to ensure that we stick with the systems that we have in place so

that we get through the programme as quickly as possible. When we get to the end of the first programme—I suspect that it will not be a one-off vaccination programme—it will be important to reflect and take stock, hear people’s experiences and try to evolve and develop the system if we have not been able to do that as we go along.

Notwithstanding the difficulties that some individuals are having, I pay tribute once again to the people who are working so hard to deliver the vaccination programme in every community across Scotland.

**Jackie Baillie (Dumbarton) (Lab):** I, too, welcome the announcement on West Dunbartonshire and Argyll and Bute moving to level 1.

The majority of people are getting their vaccinations, and that is welcome. Unfortunately, that is not the experience of some of my constituents: some people are waiting more than 12 weeks for their second dose; at one clinic, people were sent home because supplies of the Pfizer vaccine had run out; and people in West Dunbartonshire were told to go to the Hydro or Easterhouse for their vaccination, thus breaking the law by travelling into a level 3 area. As the First Minister accelerates the programme across the country, will she try to ensure that vaccinations are delivered as locally as possible?

**The First Minister:** I reassure anyone who might be in that position that it would not be breaking the law to travel to another area for an essential purpose such as getting a vaccine. Of course, that is not what we want in the bulk of cases.

We are restricted by supply, and that factor is outwith our control, unfortunately. We are trying to strike the right balance. There will never be a perfect balance between very local access and mass vaccination clinics that get people through as quickly as possible. There will be some people for whom travel to a mass vaccination clinic is not desirable or possible, which is why people have the ability to reschedule and rebook appointments.

Introducing and implementing a programme at such a scale and pace means that it will not be absolutely perfect for everyone on every occasion—I wish that I could say otherwise. There are many people—including in the Government, although that is the least of it—across the country who are working hard to avoid difficulties for individuals. The programme is going well and we continue to try to improve it and to iron out any issues that individuals are experiencing.

**Willie Coffey (Kilmarnock and Irvine Valley) (SNP):** Can the First Minister give an update on the take-up of vaccine registrations among over-18s in Ayrshire? What action is being taken to

combat no-shows, given the recent increase in case numbers in parts of the county?

**The First Minister:** We have seen good uptake of registration among 18 to 29-year-olds across the country, as well as in Ayrshire, using the online portal. I can get the precise figures for Willie Coffey, although I am not aware of any particular difference between the figures for Ayrshire and those for Scotland as a whole.

NHS Ayrshire and Arran has written to all those who did not attend their appointment to invite them to arrange a subsequent appointment. A second letter to all those who did not attend their appointment, inviting them to reschedule, has been sent nationally. There was a drop-in clinic for those who missed their first dose on 23 May at Kilwinning academy, and the health board is planning a further drop-in session. It is also carrying out outreach vaccinations to support its inclusivity plans.

It is an on-going process. No one who does not turn up for their vaccine appointment will simply be forgotten; considerable efforts will be made to reach out and get people who have missed their appointment to reschedule and come forward for vaccination. I encourage all members to continue to play their part in encouraging their constituents to do that.

**Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con):** Many colleagues have raised the issue of no-shows, but the First Minister did not respond to Anas Sarwar’s specific question on that. Will the First Minister and her Government commit to streamlining and improving the system of booking and rearranging appointments as restrictions are easing, given that many people have work and family commitments? Will she commit to publishing the data so that there is better decision making to ensure that no-shows are kept to a minimum as we enter this crucial stage in lockdown easing?

**The First Minister:** I apologise if I did not respond to a question earlier. Understandably, in some of these questions, I am being asked multiple questions and I am trying to answer as many of them as I can while the beady eye of the Presiding Officer is urging me to be briefer.

We are working to understand the reasons why people do not attend and to address that. As we go down the age bands, the approach is more about having flexible drop-in appointments than about having booked appointments. The online portal for registration is also helping to make sure that people’s address details are fully up to date.

Let me reassure people that health boards are overbooking appointments daily so that, if a percentage of people do not turn up, that does not reduce the overall number of vaccinations that

they do in a day. We are seeing the expected daily numbers notwithstanding the number of DNAs, but, for protection purposes, we want to get the number of DNAs down.

We publish a lot of information on vaccination, but I will look to see what more we can publish as we go through the programme.

Our vaccination rates are broadly in line with those in the rest of the UK. We are all dealing with these challenges in slightly different ways, but we are continuing to make progress, to learn and to evolve the system as we go.

**Gillian Martin (Aberdeenshire East) (SNP):** South Africa has reported that it is entering a third wave and has reimposed lockdown restrictions, and we have heard similar reports from Poland, France and Germany. This week, Professor Ravi Gupta warned that the UK could be heading for the same.

I was particularly concerned to see, over the past week, images of people not adequately socially distanced in airport queues. Will the First Minister reiterate the importance of isolating when returning from abroad, particularly from red list countries, and will she give details on what quarantine arrangements are in place for those who work abroad—particularly those who work in oil and gas?

**The First Minister:** I am happy to write to Gillian Martin with specific details on the oil and gas sector. Generally, we ask people to comply with the rules that are in place for red, amber and green list countries. We continue to discuss with the UK Government how we can ensure that the controls at the borders are as tight as they need to be. I will not go into detail now, but I have spoken about the frustration that I have had about that in the past. We continue to try to make sure that we have as tight a system as possible.

Gillian Martin is absolutely right to draw attention to the fact that the global pandemic is not over. The World Health Organization is at pains to remind countries, almost on a daily basis, that we are not out of it yet. The UK as a whole is in a relatively strong position because we have one of the highest vaccination rates in the world, but we also have the new variant—the Indian variant, or the delta variant as it is now called—which is spreading quite significantly.

There are upsides, as I said, but there are also significant challenges, which means that we must continue to abide by all the rules—particularly those around international travel, which are important. My advice remains that, unless it is essential, people should not travel overseas right now. Not doing that is another important way in which we can reduce the risk that new variants of the virus pose to us.

**Pauline McNeill (Glasgow) (Lab):** Does the First Minister agree that it is time for a specific recovery plan for Glasgow, a city that has been in lockdown for nine months? Glasgow serves people beyond its boundary and has metropolitan status, and the economic damage has been deep. The vaccine roll-out has not matched the density of our population, which has high levels of the virus.

I plead with the First Minister to recognise that Glasgow will continue to be in trouble. It is such an important city for the west of Scotland, and 90 per cent of its businesses did not qualify for additional support. I did not get the impression that that issue registered with the Government when it was raised last week.

**The First Minister:** I hope that Pauline McNeill will recognise that I am not somebody who needs to be reminded of the importance of the city of Glasgow. It is my home and it is where my constituency is, so I know personally and on behalf of my constituents how important it is that we get Glasgow out of the current situation and back on track, and then, in the medium to longer term, work with the city council to support economic recovery.

The Deputy First Minister has had discussions with the city council. Its preference is that the Government work to support it in its recovery plans, and that is what we will do. As I said, the specific and bespoke measures that we have taken in Glasgow in the past couple of weeks will now inform learning in other parts of the country. Those measures have been effective. We are back on a better track in Glasgow, but the need for economic support will continue for a significant time to come, and we will continue to work on that with the city council.

**Stuart McMillan (Greenock and Inverclyde) (SNP):** I welcome the fact that Inverclyde is moving to level 1. Can the First Minister indicate what updates regarding the easing of travel restrictions have been provided to the cruise line sector, bearing in mind how important that sector is to my Greenock and Inverclyde constituency?

**The First Minister:** I hope that Stuart McMillan will forgive me, because I know that that is under consideration, but I am struggling at the moment to remember whether we have taken a final decision and notified it, or whether we are still in the process of doing that. I will check that after I leave the chamber following my statement, and I will write to him. The cruise sector is important economically and for people who enjoy taking cruises, but we also know from experience at the outset of the pandemic that cruises can be a high-risk environment, which is why continued care and caution about the necessary mitigations will be

required. I will get back to Stuart McMillan as soon as possible.

**Rona Mackay (Strathkelvin and Bearsden) (SNP):** Figures released this week reveal an increasing number of assaults on the police that are linked to coronavirus. Will the First Minister join me in condemning such abhorrent behaviour and in thanking police officers and staff who have done a tremendous job throughout the pandemic, despite the extremely challenging circumstances?

**The First Minister:** Yes—100 per cent. I take the opportunity to thank police officers and staff for the incredible job that they have done throughout more than a year of significant challenges. There is never any excuse for any assault on a police officer, but some of what we have heard in recent days is particularly inexplicable and is beyond the comprehension of decent people everywhere. This has been a really difficult time for the police, who have had to police sensitively—as they have done under the regulations that are in place—and to help people in a range of different ways. They deserve our gratitude for the wonderful job that they have done, often putting themselves at risk in the process.

**Jamie Greene (West Scotland) (Con):** I echo the First Minister's comments.

Constituents in my region moving from North Ayrshire to Inverclyde, to Renfrewshire and then to West Dunbartonshire are moving from level 2 to level 1, to level 2 and back to level 1 again. In order to avoid any potential public confusion, can the First Minister tell us whether travel restrictions between levels will remain in place? What specific advice has been given to Police Scotland on how to enforce today's latest restrictions?

**The First Minister:** The member is right to say that travelling between the areas that he has just mentioned would involve moving between level 1 and level 2 areas and back again, but that is because we are not taking a one-size-fits-all approach. If I was to follow the advice that Douglas Ross gave me earlier, there would be many more subdivisions, and people in Inverclyde, perhaps, or in one of the Ayrshire council areas would be going between different levels of restriction within those council areas.

Jamie Greene is, in a sense, illustrating my point: the easiest thing to do is to have a one-size-fits-all model, but that is not the most proportionate thing to do and, in a public health sense, it is not absolutely necessary. We are trying to be as targeted as possible, while also trying to recognise existing travel patterns.

No travel restrictions are in place below levels 3 and 4. That means that people are able to travel freely, but it also means that, as we rightly give people the ability to do more, we must all exercise

more responsibility and take care. That is not easy, but that is the nature of having a situation that is not a blanket, one size fits all. It also illustrates the need to work at a sensible level, not in the way that Douglas Ross has been advising me to work.

**James Dornan (Glasgow Cathcart) (SNP):** In light of the news that the Janssen one-dose vaccine has been approved for use in the UK, can the First Minister indicate whether vaccination centres in Scotland will use it and who is most likely to have priority to receive it?

**The First Minister:** It is good news that the Janssen vaccine has now been authorised for supply to the UK. We expect to secure around 20 million doses for the UK overall, with Scotland receiving a proportionate population share of all vaccines that are procured. Although this is not yet certain, we anticipate that some doses of that vaccine will be available for use in Scotland later this year. If that is the case, we will incorporate that into our modelling. We base our current modelling on the supplies of the vaccines that we know are available and that are already flowing through the supply chain; we will continue to do that.

**Neil Gray (Airdrie and Shotts) (SNP):** I understand the balanced decisions that the Government had to take today, particularly around North Lanarkshire, with its move from level 2 being delayed. Although it is clear that we must proceed with caution, can the First Minister advise whether the 2m rule is under review as we move through the levels? That is of particular concern for churches in Airdrie and Shotts that have been in touch with me. Can she also advise what support is available for people who are apprehensive about readjusting to changes in restrictions as we move forward—a particular concern highlighted by mental health charities?

**The First Minister:** I thank Neil Gray for two very pertinent questions. I set out two or three weeks ago that we intend to have an overall review of physical distancing. We have not concluded that yet, but when we do so, we will publish the outcome. As we go further into the summer, and if we stay on track, as I hope we will, I hope that we will be able to reduce the distancing requirements in many settings, if not immediately in all settings. I know that churches have a particular interest in that, so it is very much something that is under review.

I understand the second point, as I know people in my own life who have that tentative feeling about getting back to normal again. It can make people anxious and stressed. What I would say to people is this: take comfort from the fact that we are continuing to take a cautious approach to it. If you have had your two doses of the vaccine, you

have significant protection against the virus. However, it makes sense to continue to be cautious about face coverings, hand hygiene and distancing for the moment, because those are the things that we know help to keep people safe from getting and transmitting the virus.

**John Mason (Glasgow Shettleston) (SNP):** The fan zone for the UEFA European championship was mentioned earlier. Can the First Minister reassure my constituents who live near Glasgow Green and are a bit nervous about so many people coming into the area?

**The First Minister:** I can understand people's nervousness. Many of my constituents also live reasonably close to Glasgow Green. These are difficult decisions. On the one hand, all of us want to be able to see Scotland play in the euros and to see the euros more generally, to have fans in the stadium and to have fans being able to enjoy the tournament more generally. We also want to see events start again and to have the assurance that they can happen safely. On the other hand, however, I know that some people—perhaps those to whom football is not as important as it is to many others—think “Well, if I'm still under restrictions, why do we have large-scale events?”

We are trying to get the balance of all that as right as we can. We are working closely with the event organisers on preparations for the proposed fan zone. The situation with the virus will be continually reviewed in the run-up to the euros, taking into account all the latest evidence and information. However, the action that we are all taking is not about allowing a football tournament to go ahead; it is about allowing us to get everything—or as much as possible—in our society back to normal.

The arrangements for the proposed fan zone have lots of mitigations in place to minimise the risk of transmission. I think that there has been a meeting today—if it is not today, it is tomorrow—around that, and those matters will continue to be kept under review. We want to allow fans to enjoy the euros safely—with “enjoy” hopefully being the operative word—and we will work hard to make sure that that is the case. However, public safety and protecting people against the virus continues, of course, to be our overriding priority.

**Paul O’Kane (West Scotland) (Lab):** The news today that East Dunbartonshire, Renfrewshire, East Renfrewshire and North Ayrshire will remain in level 2 is disappointing, particularly for local people and businesses. I have been contacted by people in my region aged between 30 and 39 who are anxious that they have not yet been called for vaccination, despite the encouragement for people in the 18-to-29 age group to register. We heard last week from the Cabinet Secretary for Health and Social Care that the online portal that is used

for 18 to 29-year-olds was being urgently considered for extension to the 30-plus age bracket. It would be useful to understand from the First Minister whether she will urgently consider extending online registration and, indeed, whether there could be a more standard online booking process and walk-in provision for areas of concern that remain in level 2 at the moment.

**The First Minister:** First, I welcome Paul O’Kane to the chamber. We are certainly considering extending online registration as we go into another round of the vaccination programme and we will perhaps consider online booking, too. Those developments will be kept under review.

On the over-30s, all appointments should have been scheduled. If anybody in that age group has not had a letter, rather than wait for an online registration system, I would encourage them to go through the vaccinations page to check what has happened and, if there has been a missed appointment, to get that scheduled as quickly as possible. Yes, we will consider extending online registration, but that is not the solution right now for anyone in that age group who has not had the appointment that they have been expecting.

**The Presiding Officer:** That concludes the Covid-19 update. I take this opportunity to ask that members continue to observe social distancing measures, including when entering and exiting the chamber. Please only use the aisles and walkways to access your seat and when moving around the chamber.



## National Health Service Recovery Plan

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

The next item of business is a debate on motion S6M-00144, in the name of Humza Yousaf, on health recovery.

15:06

**The Cabinet Secretary for Health and Social Care (Humza Yousaf):** Covid-19 has profoundly impacted families across our country, with loved ones unfortunately dying as a result of this terrible virus. That loss has been compounded by the necessary societal restrictions that have been in place, not least through the harm that has been done to families who have had to miss, for example, the funeral of a loved one. I offer my sympathies and, I am sure, those of all parties to those who have lost a loved one, relative or friend.

Although the pandemic has not gone away, our national health service vaccination programme and the efforts of the people of Scotland have drastically and dramatically reduced the impact on our NHS. However, we should never underestimate—I do not think that anybody does—the significant challenge that our NHS has faced in responding to Covid. Although someone may not have had Covid-19 themselves, the pandemic may well have impacted their health in other ways, both physical and mental.

Before I offer my thanks to our NHS staff, I say what an honour it is to open this debate and to have been appointed health secretary. I suspect that everyone in the chamber will have their own stories of how the national health service has impacted our lives, and I am sure that we will hear some of those stories today. Over the past two weeks, when people have asked me how I feel about being appointed health secretary, I have often said that I am somewhat daunted. That is how it should be—being entrusted with the health of the nation is a huge responsibility during normal times, let alone while still in the middle of a global pandemic.

Last week, during my first official visit as health secretary, I heard at first hand from the staff at University hospital Monklands about how they have responded to the challenges of the pandemic. Last week, in my first debate as health secretary, I put on record my thanks to and admiration for the exceptional care that all NHS and social care staff have delivered throughout the pandemic. They have answered the nation's call at our time of greatest need. Their efforts on testing and vaccinations have been incredible and are the bedrock on which we will build our national recovery.

More than 5 million doses of the vaccine have been administered in Scotland, with more than 2 million people having had both jabs. As of today, 99 per cent of people aged 50 and over have had their first dose and we remain on track to complete all first doses by the end of July. I hope that it might be even earlier.

In response to the higher levels of Covid-19 in Glasgow, Greater Glasgow and Clyde NHS Board has opened walk-in clinics, to help speed up the process of getting vital second doses into as many people over the age of 40 as possible.

**Alex Cole-Hamilton (Edinburgh Western) (LD):** I am grateful for the engagement that the cabinet secretary has offered me on the outbreaks in Davidson's Mains and Silverknowes in my constituency. Given that he has offered walk-in vaccinations in hotspot areas of Glasgow for those who have not yet been offered their first or second jab, will he make the same provision available to my constituents?

**Humza Yousaf:** That is, of course, a decision for the local health board. I spoke to the chair and the chief executive of Lothian NHS Board last week. I will speak to health board chief executives again tomorrow, and I will certainly impress on them that I think that there is great merit in walk-in and drop-in clinics. For example, over the weekend, an additional 1,700 people were vaccinated on top of those who were scheduled for appointments. I would like those drop-in and walk-in clinics to be extended across the country, and I will impress that on Lothian NHS Board when I discuss the matter with chief executives tomorrow.

Our NHS has continued to provide care and has ensured that those with the most urgent needs have been treated, but we have to be frank about the impact that the pandemic has had on the NHS. That is why, within the Government's first 100 days, we will publish an NHS recovery plan that aims not only to restore activity to previous levels but, crucially, to exceed them, as many members across the chamber have urged us to do. We will work with the front line to design and implement sustainable ways of ensuring that people are seen more quickly while maintaining quality of care.

We will not wait for the recovery plan to be published to remobilise our NHS. We have already opened, in NHS Dumfries and Galloway, the first of three new fast-track cancer diagnostic centres, and it has already started seeing patients. The other two centres will open their doors within a matter of a few weeks.

Since screening programmes resumed in August last year, almost 300,000 patients have had their breast and cervical screening. The decision to pause the national screening

programmes was among the most difficult decisions that the Government has had to make. That is why the safety of patients, the public and, indeed, staff is our priority as we now deliver and expand. It is crucial that we detect cancer early, so it is vital that people do not ignore their invites. Anyone with concerns or symptoms should contact their general practitioner practice without delay.

Plans to remobilise local services, with a focus on supporting staff wellbeing and embedding sustainability, are now being implemented. In NHS Ayrshire and Arran, that has included the Scottish Government funding the buyout of the public-private partnership East Ayrshire community hospital, which the First Minister announced last week.

I am clear that the recovery of our services will not be possible without the recovery of our workforce. A range of wellbeing and mental health resources has been put in place locally, which staff tell us they value. Those services are supplemented by national resources, such as the national wellbeing hub, which has now had more than 100,000 users, and the national wellbeing helpline. It is, of course, easy for us all to clap our hands and embrace NHS staff with warm words, but we as a Government are determined to show them through our actions how much we value them.

We will build capacity for recovery by better managing unscheduled demand. Our GPs and primary care sector are vital in releasing capacity in our hospitals. Primary care is best placed to maintain care within a person's home. Linking GPs, as our expert medical generalists, with their acute sector colleagues will improve referral and discharge. That will be central to ensuring that people who are suffering with long Covid get the range of services that they need. I know that that is an important issue to many members across the chamber.

Our multidisciplinary approach to primary care will empower our front-line nursing staff. We will increase pharmacy support in GP practices, which will allow more medication and polypharmacy reviews to support self-care. We must also increase the training and recruitment of first-contact physiotherapists to meet the anticipated increase in musculoskeletal issues. We will further increase investment in community link workers to ensure that every GP practice has access to a mental wellbeing link worker to better deliver social prescribing. I know that many of us have seen the value of those link workers in our constituencies.

We should not lose sight of how critical digital technology has been to our pandemic response. The use of the Near Me video consulting service

has risen from around 300 consultations pre-pandemic to more than 20,000 per week now. Its utility has resulted in its now being adopted as an approach in England and Wales, too. I should stress that digital and telephony services are a great tool for our NHS but that people seeing medical professionals in person will clearly continue to be vital to the care that we provide.

In recent years, there has been a welcome shift in the provision of in-patient treatment towards day cases. We will continue to make greater use of our community hospitals—for example, we provided targeted investment in NHS Lothian to enable greater use to be made of the theatre capacity at East Lothian community hospital.

Our resilience and ability to increase elective activity are aided by expanding our intensive care unit capacity. We have increased investment in intensive care throughout the Covid pandemic, and we will permanently increase the number of ICU beds from 173 to at least 203. Of course, the NHS remains able to double the national adult ICU capacity to 360 beds within one week, and to treble it to 585 beds within three weeks, should that be required.

A challenge that the UK Government could help to address is that of the effect that pensions changes have had by disincentivising NHS consultants from engaging in waiting times initiatives. Today, I have written to the United Kingdom Chancellor of the Exchequer, Rishi Sunak, to seek early discussions with the UK Government and the British Medical Association on doctors' annual allowance and lifetime allowance for pensions in order that flexibility is allowed, to encourage greater activity without that leading to punitive tax charges for doctors.

Over the past few weeks, many members across the chamber have raised the subject of mental health and wellbeing, and I want to address some of those issues, although my colleague the Minister for Mental Wellbeing and Social Care, Kevin Stewart, will undoubtedly elaborate on what I have to say in his closing speech.

Mental wellbeing is, of course, just as important as physical health. People who might never have been affected by mental health issues are now facing emotional distress as a result of the impact of the pandemic. Our NHS recovery plan will include action on improving mental health and wellbeing services, and we will increase direct investment in mental health by 25 per cent over the course of the parliamentary session.

**Jackie Baillie (Dumbarton) (Lab):** Will the cabinet secretary give way?

**Humza Yousaf:** Yes, I will take an intervention.

**Jackie Baillie:** I am grateful to the cabinet secretary for doing so.

In England and Wales, mental health funding sits at roughly 11 per cent of the overall health budget, yet in Scotland the figure is around 8.5 per cent. Will the cabinet secretary get that figure to 11 per cent by the end of the session?

**The Deputy Presiding Officer (Liam McArthur):** I am sure that Jackie Baillie is grateful to the cabinet secretary for taking an intervention, but I would appreciate it if she would wait to be called by the Presiding Officer. [*Laughter.*]

**Humza Yousaf:** Forgive her, Presiding Officer—Jackie Baillie is new to this.

We commit, as we did in our manifesto, to increasing that spend to 10 per cent over the course of the parliamentary session. We have already increased some of our additional spending on mental health, and we will continue to do that, especially if further Covid consequential come our way. There will be a substantial increase in mental health spend; indeed, some of that spend is already making its way to health boards—for example, to address the waiting times for child and adolescent mental health services.

In addition to the action that we will take on mental health services, in our first 100 days, we will publish a women's health plan to tackle inequalities by raising awareness of women's health and improving access to healthcare for women throughout their lives. As the first minister to have a dedicated focus on women's health, Maree Todd will progress that work. In the first 100 days, we will also introduce a bill to enable the reimbursement of the women who paid to have mesh removal surgery outwith the NHS, and I look forward to working with members across the chamber to implement that.

Our commitment to create a national care service will deliver services that are founded on fairness, equality and human rights, and will place that service on the same level of esteem as our national health service. The creation of a national care service will be the most significant public sector reform since the creation of the NHS in 1948, and the service will be operational within the five-year lifetime of this Parliament. In our first 100 days, we will begin the consultation on the necessary legislation, with a view to introducing it in the first year of the session. We will also establish a social covenant steering group that includes people with lived experience who use our care services, to ensure that they are part of the co-design process.

I look forward to working across the chamber to protect and support our national health service, and to create and develop our national care service. I know that everyone across the chamber

cherishes and values the work of our NHS and care staff and all that they have done during the pandemic.

In our Parliament, there are many voices with experience in and of our health and care services, and I look forward to hearing them during the debate. Together, we have an opportunity to develop a broad consensus on how our NHS recovers from the pandemic. As health secretary, my door will always be open to positive ideas from across the chamber for improving the care that we give our nation.

I move,

That the Parliament welcomes the Scottish Government commitment to produce an NHS Recovery plan within 100 days, reflecting that the necessary actions of the NHS to deal with the COVID-19 pandemic have impacted on waiting times for care and treatment; recognises that this impact will mean that many people are waiting longer for treatment and that this will be a source of worry for them and their families; notes that the aim of the recovery plan will be to increase inpatient, day case and outpatient activity by 10%, and that urgent care such as cancer will continue to be prioritised and action taken to reduce the longest waits; believes that the recovery plan should address both mental and physical health as all aspects of wellbeing have been affected by the pandemic; further believes that a women's health plan should also be brought forward within 100 days in order to better shape the services that are needed by women of all ages but that have too often fallen short in the past; commends the health and care staff for the remarkable efforts that they have made to provide the best care and treatment possible during the pandemic, and recognises that fundamental to the recovery of the NHS is a recognition of their care and support needs so that they can best meet the needs of patients, and supports the establishment of a National Care Service to ensure that care services are founded on fairness, equality and human rights, and are placed on the same level of esteem as the National Health Service.

15:19

**Annie Wells (Glasgow) (Con):** I am grateful to be given the opportunity to speak to the Scottish Conservative amendment in my name, and to the Government's motion. I wish to extend condolences from my party to all those who have lost a loved one because of Covid.

We welcome the Government's commitment to producing an NHS recovery plan within 100 days, but we are keen to go further. As the vaccine programme continues to roll out across Scotland and the UK, it gives us more confidence that we can soon put the pandemic behind us and return to a life that resembles normality. In the meantime, I am sure that members are entirely united in expressing our continued gratitude to our fantastic NHS staff.

Although we are making substantial progress in containing Covid, we cannot afford to turn our attention away from other significant challenges. Indeed, some of those challenges might be with us

for a long time after the immediate effects of the pandemic have passed. It is truly remarkable, and a testament to their dedication, that during these past 14 months, NHS staff have treated thousands of Covid patients. However, the NHS's backlog is at great risk of spiralling out of control. If urgent action is not taken, we could be heading for a full-blown healthcare crisis. As shown by the latest Public Health Scotland statistics, approximately 28,000 patients have spent 52 weeks or more on an NHS list awaiting planned hospital treatment. It is also true that, as of March 2021, approximately 100,000 Scots are still waiting for key diagnostic tests. We have already heard stark warnings from leading charities, such as Cancer Research UK, about the impact that that would have on tens of thousands of people across the country.

As part of our manifesto pledge, the Scottish Conservatives committed to an additional £600 million to tackle the NHS treatment backlog in 2021-22. Crucially, we also called on the Scottish National Party Government to speed up the delivery of early cancer diagnostic centres, and I am pleased to see that that is now being delivered, as is prioritising boosting the diagnostic workforce, which is key to tackling the hidden backlog of those who have yet to be referred because of the pandemic.

There is no doubt that the NHS backlog will be a source of acute concern for those who are waiting longer for care and treatment, as well as for their families and loved ones. I therefore welcome the fact that the Scottish Government has pledged to produce an NHS recovery plan. However, we have stressed that the promise to increase in-patient, day-case and out-patient activity must not come at the expense of the time that consultants can spend with a single patient.

Given the immense gravity of that challenge, tackling the NHS backlog must be a top priority for the new Parliament. As such, we cannot spend the next five years stuck in the same debates and disagreements that held us back during the previous parliamentary session.

I also recognise that, as it has affected many aspects of our society and economy, Covid-19 has had a tremendous impact on our social care system. We welcomed the Feeley review and supported many of the recommendations on how to put Scotland's social care system on a more sustainable footing. As I made clear last week, I very much look forward to working with the Cabinet Secretary for Health and Social Care, councils, families, and providers on that matter in the weeks ahead.

The Scottish Conservatives have also repeatedly called for an immediate judge-led inquiry to uncover the truth about what happened in our care homes, where more than 3,000 people

tragically lost their lives. I recognise that ministers have had an incredibly tough job during the pandemic, but grieving families deserve answers as soon as possible from those who were responsible for making those key decisions.

The Scottish Conservatives are also calling for a women's health plan to be implemented within 100 days, so I was pleased to hear the cabinet secretary say that Maree Todd will take that forward. As we remodel the NHS, we need to better shape the services that are needed by women of all ages but which have often fallen short in the past.

We also call for a bill on restitution for the victims of the mesh scandal—an issue that my colleague Jackson Carlaw spearheaded—and I look forward to working with others across the chamber and the cabinet secretary on that matter.

As the Scottish Conservatives' motion makes clear, we want the Government to make a serious commitment towards tackling Scotland's drug deaths crisis. We have appealed for cross-party support to tackle drug deaths by opening up access to treatment and rehab programmes. In that spirit, I welcome the number of funding announcements that the Minister for Drugs Policy made last week. They are a welcome first step, but much more needs to be done to tackle the crisis, which is, quite frankly, Scotland's shame. I look forward to working with other parties on that vital matter, as I am determined to build a consensus around new legislation to ensure that no one is denied the rehab support that they need.

To sum up, although I welcome the Scottish Government's commitment to an NHS recovery plan, I believe that we could go further in certain areas. I will continue to make the case that the Parliament's head must be strictly focused on tackling our various health emergencies and I will work with any member across Parliament who believes that Scotland's recovery must come first.

I move amendment S6M-00144.4, to leave out from “, and supports the establishment” to end and insert:

“; welcomes the Feeley Review and aims to work with families and the sector to design reforms focused on putting Scotland's social care system on a sustainable footing; calls on the Scottish Government to ensure that the promised increase in inpatient, day case and outpatient activity will not adversely affect the time consultants get to spend with a single patient; recognises the unacceptably high levels of drug deaths in Scotland and believes everyone should have a right, enshrined in law, to the necessary alcohol and/or drug treatment option that they seek, and awaits the early publication and progress of a bill on restitution for victims of the Mesh scandal.”

**The Deputy Presiding Officer:** I now call on Jackie Baillie—formally—to speak to and move

amendment S6M-00144.1, on behalf of Scottish Labour.

15:26

**Jackie Baillie (Dumbarton) (Lab):** Thank you, Presiding Officer—you are clearly worth watching.

Even before Covid-19, health services were struggling to keep up with demand and there was a growing backlog of care. The pandemic has made things worse and exacerbated existing inequalities, so we need to understand the scale of the challenge that we face.

More than 290,000 people had waited more than the 12-week treatment time guarantee before the pandemic. That figure has now reached 400,000. The 62-day waiting time standard for urgent cancer referrals has never been met since 2012. Public Health Scotland tells us that 7,000 fewer cancer diagnoses have been made in 2020, so thousands are living with undiagnosed conditions—some might have died. Almost 106,000 patients are waiting for a diagnostic test—an increase of 25 per cent—and almost 5,000 of them have waited more than a year for an endoscopy.

The 18-week waiting time for mental health services has never been met. Thousands of young people are still being rejected from specialist CAMHS services and deaths from suicides are rising. Our mental health has worsened during the pandemic, and today's mental health statistics highlight the stark reality that many people across Scotland face. It is shameful.

The NHS has been underfunded for years, demand is increasing and we do not have the staff to cope, so we face a perfect storm. The warnings from respected stakeholders such as the Royal College of General Practitioners and the BMA are stark: they tell of burned-out GPs and NHS staff—some of whom are now taking early retirement after having worked on the front-line throughout the pandemic—and talk about workload pressures and the lack of staffing and resources. We all agree that we need to remobilise the NHS and quickly catch up on the backlog, but we cannot begin to do that unless we take care of the staff, because they are the backbone of the NHS and, without them, we have nothing.

As everyone who has spoken so far has done, I thank the NHS and social care staff for everything that they have done to keep us safe. However, they need more than our thanks; they need our support, and they need action. When the RCGP says that it needs action on workforce planning or a mental health worker in every general practice, the Government must listen and act. The RCGP was promised multidisciplinary teams in GP surgeries, but that promise has been implemented

at snail's pace. We cannot wait any longer. Similarly, when the BMA calls out the fact that consultant vacancies are deliberately underreported and says that staff wellbeing needs to be a priority, the Government must listen and act.

The Scottish Government has not been good at workforce planning. *[Interruption.]* No, I will not take an intervention.

Indeed, it was Nicola Sturgeon as cabinet secretary for health who cut the training places for doctors and nurses, which has led to the crisis that we now face. We need to immediately increase the number of training places for doctors, nurses and allied health professionals, but we now need to do more than that to retain staff. The task is huge, and the Labour health team will work with the cabinet secretary to try to make things better, but we will also be critical if we feel that he is getting things wrong.

One area in which there are real concerns is cancer. The pause in the screening programmes has meant that as many as 7,000 people could have cancer but have not been diagnosed. We all know that early diagnosis and treatment give the best outcomes, yet waiting times are far too long. The number of people who are waiting for diagnostic tests has risen and is 21 per cent higher than pre-pandemic levels. We know that the incidence of cancer is higher in deprived communities—people in those communities are usually diagnosed later, and their outcomes are therefore poorer. As MacMillan Cancer Support points out, we need urgent action to deliver the cancer services plan, but we cannot simply return to pre-pandemic levels of activity, as we need to deal with increased numbers. *[Interruption.]* I am sorry, but I cannot take an intervention; I have a lot to get through.

The First Minister said in the chamber that we would use capacity from wherever we can find it. I agree with her. Therefore, it was disappointing to learn from the minutes of the national cancer recovery group on 19 March that the majority of private sector capacity would cease at the end of March. The same minute recorded concern being expressed by clinicians about the impact of the loss of that additional capacity, which is happening at a time when urgent breast cancer referrals are currently 42 per cent above pre-Covid levels. I suggest that the cabinet secretary acquaint himself with that minute. Although I am not a fan of private medicine, cutting off valuable capacity that would help us to catch up, without having anything in its place, is simply unforgivable. The cabinet secretary's predecessor used the private sector to bolster capacity in the NHS. It is short-sighted to end it when that capacity is clearly still required,

because it might make the difference between somebody living and dying.

Finally, I will talk about social care. Care homes were at the epicentre of the pandemic, and more than a third of all deaths were recorded in them. Social care staff put themselves in danger to care for our older people. They did so with inadequate personal protective equipment, without testing being available, and with ever-changing guidance.

We can never thank them enough for their bravery, but clapping for them is not good enough. It is a predominantly low-paid, female workforce, but we can change that. We can value social care staff. Labour's amendment repeats our budget call: pay them £12 an hour now, and move to £15 per hour over the parliamentary session. The Greens voted against that in the budget, but then put it in their manifesto, so I welcome that change of heart. The money is there to do it—almost £1 billion is sitting unallocated in the Scottish Government's coffers. That would more than cover the cost, and there would be plenty left over to also fund an urgent increase in cancer care. I recognise that the cabinet secretary wants to do his best, so maybe he should start by doing that.

The cabinet secretary has a tough job ahead. He has to steer through the legislation to create a national care service. Labour proposed such a service 10 years ago, and Nicola Sturgeon rejected it. I suspect that she did so because the idea came from us. Paying social care workers £15 an hour is another Labour idea, but let us not wait another 10 years to implement it. The Government must do it now, transform the social care sector and show that it really does care about our older people.

**The Deputy Presiding Officer:** Ms Baillie, I am not sure—

**Jackie Baillie:** I move amendment S6M-00144.1, to insert at end:

“; recognises that patients were experiencing unacceptably long waits before the pandemic and significant health inequalities persisted across Scotland; notes the acute need to find missing cancer diagnoses and establish a catch-up initiative in screening programmes; considers that tackling the mental health crisis must be an urgent priority with an end to rejected referrals, putting mental health professionals in general practice and a new suicide prevention strategy; believes that the social care workforce has been undervalued for too long, and calls on the Scottish Government to address poverty pay in the sector by funding an immediate pay rise to at least £12 per hour for social care workers, rising to £15 per hour in the current parliamentary session.”

**The Deputy Presiding Officer:** Thank you—I did not want to give you a second admonition in the space of an afternoon.

15:33

**Gillian Mackay (Central Scotland) (Green):** Thank you, Presiding Officer, and welcome to your new role.

I welcome the commitment from the Scottish Government to produce an NHS recovery plan in the first 100 days. It is great to see tackling waiting times on the cabinet secretary's agenda, but those who have been waiting for a long time for treatment will want to see it acted on quickly.

Although the speed with which the Government wants to work is welcome, the remobilisation must be sustainable and not push an already tired workforce to breaking point. In establishing mental health support and providing additional staff for services such as cancer screening and GP appointments, resources must rise in line with demand to ensure that our current workforce feel that the sentiment that is expressed in the chamber can be turned into action.

I want to thank our incredible health and social care workforce. In the past six months, I have witnessed at first hand the amazing kindness, strength and empathy that they have shown in the face of the pandemic. As many members will be aware, we lost my mum in December and my grandpa just over two months ago. Without the nurses in the stroke ward at Forth Valley royal hospital, we would not have had those final few precious phone calls with my mum. I am for ever in their debt, and I will fight for the working conditions that they and all their colleagues deserve.

We must take this opportunity to transform the way in which we look at healthcare in Scotland. In recent times, our NHS has been a national sick service. I hope that, with this Parliament and some creative thinking, we can move towards a truly national health service. We will have challenges—long Covid and the backlog of screening and surgeries, to name a couple—but we can start embedding system change now.

We have to look at the drivers of poor health and seek to address them by working across portfolios, which the Parliament has perhaps not been the best at doing previously. Let us take advantage of a fresh parliamentary session and sort that. As MSPs, we have to consider how to solve the drivers of poor health. Air pollution, access to good food, housing and poverty all have an impact on our health and wellbeing.

According to National Records of Scotland, people living in the most deprived areas of Scotland may die up to 10 and a half years younger than people living in our most affluent communities. Poverty and poor health are intrinsically linked, which is a cycle that we have to break for the good of generations to come. Low

wages that force families to go to food banks have to be eliminated. Hungry children should be prioritised over bonuses and tax breaks for wealthy individuals.

I welcome the establishment of a national care service. As many members know, that issue is close to my heart. My grandpa received wonderful care and his carers' work allowed me to continue to be his pal in his final few months. To James and the rest of his carers, I say that I can never thank them enough, but Gramps had me on a promise to make sure that both paid and unpaid carers are looked after.

Another promise that I made during the election was to the many disabled people I met. I promised to be a voice for them, and I wish to partly fulfil that now by challenging the Cabinet Secretary for Health and Social Care to make a commitment to actively listen to and, crucially, act on the input of disabled people, their families and other service users when designing our national care service. We need to make a service that has human rights at its heart and allows people to live to their full potential.

**The Deputy Presiding Officer:** Before calling Alex Cole-Hamilton, I remind all members who wish to speak in the debate to press their request-to-speak buttons, if they have not already done so.

15:37

**Alex Cole-Hamilton (Edinburgh Western) (LD):** I warmly welcome you to your place, Presiding Officer—it is great to see you up there.

I thank the Cabinet Secretary for Health and Social Care for bringing the debate to Parliament so swiftly at the start of the parliamentary session and for the inclusive way in which he has reached out across the chamber aisles in the first days of his tenure.

Two weeks ago, I received my first dose of the AstraZeneca jab. My constituency is home to three vaccination centres, and I received my jab from a constituent who I have helped with unrelated casework—it is wonderful how small a village Edinburgh can sometimes feel. My constituent was one of the first people to volunteer for the vaccine programme. It is no overstatement to suggest that the work of our vaccinators is truly remarkable. It gives us all hope that, through their efforts, the nightmare of Covid-19 might finally be coming to an end.

It is therefore right that we should now start to devote parliamentary time to the remobilisation of the NHS and the much-needed reform of our social care service. However, Liberal Democrats cannot support the Government motion unamended. Although much of its sentiment is

laudable, we do not support the establishment of a national care service. Although social care is unquestionably in need of reform in this country and needs parity of investment, we do not believe that the management and control of reform should lie in the establishment of another centralised bureaucracy.

The motion implies that the principal source of delay in treatment that patients experience is the pandemic. The coronavirus emergency has certainly made a bad situation worse, but the Government was failing patients long before anyone had heard of Covid-19. I have lost count of the number of patients who have come to my surgery clutching letters advising them of their right—one that the Government enshrined in law—to be seen within 12 weeks when there is no hope of them being seen within 50 weeks.

Nevertheless, I am glad that the motion begins to acknowledge the backlog that has been created in both mental and physical health services, and aims to redress the balance. However, it is simply not good enough to aim for pre-pandemic standards. We must do better, with proper workforce planning and major investment—in particular, in mental health services and in screening services because, as we know, cancer has remained the biggest cause of death in Scotland, even when the Covid-19 virus was at its peak.

Cancer did not slow down during the pandemic, but diagnosis rates did. In 2020, cases of cancer in Scotland fell sharply and, for several months, national screening services for breast, bowel and cervical cancer were stopped completely. The impact of that is still being felt. As at March this year, the number of people on waiting lists for those vital diagnostic tests was 25 per cent higher than it was last year.

The wait for a cancer diagnosis test is not only physically dangerous; the mental strain that it puts on patients and their families cannot be overstated. As the Scottish Government attempts to tackle those huge waiting lists, it must do so in a way that will lead to long-term improvement in cancer services, so that no one faces a long and traumatic wait to receive that diagnosis.

In February, by backing a Liberal Democrat motion, the Parliament declared a mental health emergency—a crisis. A recent survey of over 1,000 people underscored the extent of that emergency in finding that 13 per cent of those who had tried to speak to their GP about their mental health during the pandemic had been unsuccessful. We learned this morning that, in the field of child and adolescent mental health, the list of children waiting more than a year for first-line support has grown by one third since Christmas.

As I conclude, I thank the Government for its commitment to mesh survivors, which enjoys the support of every party. I restate my admiration for all our NHS and social care staff for the work that they have done and will continue to do for us.

The subject of the debate is one of the fundamental challenges to us in this session of Parliament. It should command Parliamentary time in nearly every week during which we sit. Although we may disagree on how to get there, Liberal Democrats will play a constructive part on that journey.

**The Deputy Presiding Officer:** I call Audrey Nicoll. This is Ms Nicoll's first speech in the Parliament.

15:41

**Audrey Nicoll (Aberdeen South and North Kincardine) (SNP):** It is truly an honour to be elected to this special place, as our nation begins its recovery from Covid-19. I express my grateful thanks to my campaign team, to my loving family, to activists and to all my constituents in Aberdeen South and North Kincardine. I pay special tribute to Maureen Watt—the former first Minister for Mental Health—for her lifetime commitment to the constituency. She will be a very hard act to follow.

I will shamelessly big up Aberdeen South and North Kincardine, which is home to a thriving food and drinks industry, higher education, innovation and stunning coastlines. It is also home to a global energy sector. However, that sector is now experiencing a significant downturn, which places jobs and livelihood at risk. That situation has been compounded by the pandemic and by a disastrous Brexit. It has created a perfect storm, which has had a profound effect on many people—specifically, on their mental health.

Following a 31-year policing career, I joined the school of nursing, midwifery and paramedic practice at Robert Gordon University, delivering nurse education across the health and policing intersect. Never did I imagine, as I lectured to my first-year students on global health challenges, that, weeks later, they would be facing the prospect of their first placements on the front line of such a challenge. I pay tribute to them all, to all NHS staff, and to all my colleagues who returned to the front line. I pay tribute to former colleagues in the emergency services—in particular, those in Police Scotland, who had to balance daily law enforcement duties with using emergency Covid legislation and responding to the growing demand from mental health distress.

I am pleased to focus my first speech on mental health and to speak in support of the motion. Even the most resilient of us felt the mental health impact of the pandemic. However, for young

adults, those on low incomes, and others, the impact was significant, especially in cases in which access to care, treatment and psychological therapies was curtailed. The mental health transition and recovery plan builds on work that is already under way in response to Covid-19, and I welcome the range of engagement that informed its priorities. I am pleased that addressing CAMHS waiting times will be prioritised and that programmes such as distress brief interventions will be rolled out.

In what is dementia awareness week, many of my constituents will welcome the commitment to ensuring equitable access to mental health support for older people. I very much hope that mental health will be at the centre of the NHS recovery plan that is mentioned in the motion.

Public service is what I know; it is who I am. Over many years, I have seen health and social care converge to make people's lives better every day. A national care service is a turning point in our commitment to social care. It is an investment for us, not a burden on us, which offers the opportunity to deliver high-quality, accessible care that is designed around people's rights and needs.

People in my constituency and across Scotland answered the call to action in the dark days of the pandemic. The Inchgarth Covid-19 support project, Community Food Initiatives North East—the CFINE food bank—Cove Woodland Trust and others all played their part in supporting mental wellbeing. I give them my commitment that I will work as hard as I can, across the Parliament and with the cabinet secretary, to support the Scottish Government to deliver the actions in the mental health recovery plan and in the ambitious NHS recovery plan that is at the heart of the motion.

15:46

**Jackson Carlaw (Eastwood) (Con):** I welcome you to your position, Deputy Presiding Officer, and I congratulate Audrey Nicoll on her debut speech. I look forward to hearing more from her as this session of the Parliament progresses.

There is, of course, an enormous challenge to deal with in relation to Covid recovery—the consequences of the pandemic and its on-going complications. We know that there is a backlog in cancer and mental health care, and I hope to work with the cabinet secretary in as non-belligerent a way as possible to resolve the issues. We all understood that, in postponing much care, we were compounding a problem, but we must also recognise that there was a problem to compound. The challenge and the task ahead are huge.

When I welcomed the cabinet secretary to his position, I referred to the proposed developments on mesh, following the First Minister's meeting



with mesh survivors in November 2019, because those developments, too, were partially—and understandably—postponed. The questions that I will ask him are slightly peripheral to today's debate, so I hope that he will contact me after the debate to update me. He is the fifth health secretary, in the third consecutive session of the Parliament, to have to contemplate tackling the consequences of the worldwide mesh scandal—a wholly self-inflicted health crisis in countries everywhere. In Scotland, the scandal was highlighted by the heroic efforts of some heroic women who enabled Scotland to become almost a beacon for people across the world who have been trying to advance the response to the mesh issue.

Let us remember that the mesh scandal cost lives—the first death was that of Eileen Baxter—and ruined lives. It is, therefore, fundamentally important that we finally resolve the issue in this session of Parliament.

First, I ask the cabinet secretary about the case record review that his predecessor announced on 10 February. Before the previous session ended, I asked at First Minister's question time whether the review's terms would be amended as Professor Alison Britton had requested. I understand that the terms have now been agreed. I also asked whether Dr Wael Agur, who has the great confidence of many of the mesh women, would be included in the process, as I hoped that he would be. I am delighted to say that Dr Agur has contacted me to say that the Scottish Government has invited him to work with Professor Britton. Both developments are welcome, and I would be interested to know the timetable for the review, which is under way.

Secondly, the cabinet secretary's predecessor, Jeane Freeman, announced on 24 March—to the absolute delight of mesh survivors—that a bill would be introduced

“as a priority early in the next session”,

to provide for retrospective payment and restitution to the women who travelled outwith the United Kingdom—principally to see Dr Veronikis in the United States—for the costs associated with their operations. I would very much welcome the cabinet secretary saying when—early in this session—he intends to introduce the bill, because those women have waited and suffered long enough and are looking forward to the issue being dealt with as quickly as possible.

Thirdly, will the cabinet secretary update us on the status of the proposed consultation on a patient safety commissioner?

Finally, we now know that mesh extends way beyond being a calamity for women. Women were organised and were able to bring the issue to the

fore, but 10,000 hernia mesh operations, using exactly the same materials, take place in Scotland every year, affecting men, women and children. Some have died and some have suffered the same horrendous consequences. Does the cabinet secretary intend to ensure that there is a much wider review now of the use and application of mesh within the health service, in order that we can draw an end to the scandal of mesh and the damage that it is doing to thousands of our fellow Scots?

**The Deputy Presiding Officer:** I call Emma Roddick. This is Ms Roddick's first speech in the Parliament.

15:50

**Emma Roddick (Highlands and Islands) (SNP):** If someone had told me a few years ago that I would be working in Edinburgh this afternoon, I would probably have been a bit upset, because I would have assumed that they meant that I had moved out of the Highlands. I certainly would not have assumed that I would be in this place, representing the biggest—and best—of our parliamentary regions. From Unst to Campbeltown and from Lewis to Keith, the region's scale is immense, and it is a true honour and a privilege to represent it. That fact overwhelms me every time I leave the region that I now speak for to get the train down here—and again when I see the Kessock bridge lights in the distance on my way home. I hope that, thanks to our new virtual provisions, that journey will not always be necessary and that I might be able to attend Parliament from Skye, Sutherland or Shetland from time to time.

I am glad that I do not have to say any goodbyes to the person who held this seat for the SNP before me, because Maree Todd has been returned as a constituency MSP and has moved to the health brief, which I know she will be very excited about. I am delighted to see that that brief includes responsibility for women's health, which comes with enormous opportunities. I hope that, during our health recovery, Maree will take the opportunity to tackle shortcomings in the treatment and management of endometriosis and menopause, in trans healthcare and in access to abortion that is free of obstruction and harassment.

I also look forward to working with Kevin Stewart in his new role as Minister for Mental Wellbeing and Social Care, particularly at a time when the Scottish Government has announced a 25 per cent increase in mental health spend. He can expect a good few emails from me.

Usually, when people hear me speak of my region, I am gushing about its beauty, its bakers or

our broad accents, but one thing that is often hidden in the chat about straths and glens is the looming mental health crisis that we face there. That crisis is an issue across Scotland, but the three areas with the highest suicide rates in the country are in the Highlands and Islands. That can be easy to miss among the many articles about how Inverness and Orkney are the most beautiful or happiest places in which to live. We can use such articles to brag to tourists and attract them to the area, but that outlook is of no comfort to the lonely people who are looking out of their windows at the scenery and considering whether or how to take their own lives.

I make no secret of the fact that I have mental health issues, and I strongly believe that we need to get real about the things that are making people ill in the Highlands and Islands: lack of transport, lack of affordable housing and jobs, and lack of the right mental health services in the right places. Red deer and snow on the ben cannot cure depression, but isolation certainly fosters it. At no time is that more important than when we think about those who have been unable to travel to their nearest neighbour, more than five miles away, for much of the past year or when we think about those who have lost the friends and family they could not visit last Christmas, who did not even get the closure of a well-attended funeral and wake.

The £18 million that was provided for mental health challenges created by the pandemic was very welcome, but, even before Covid struck, 16.6 people per 100,000 in Scotland completed suicide in 2019. As we recover from one pandemic, we risk underestimating the magnitude of another.

It is not lost on me that the job that I face is about as large as the region itself. I love the Highlands and Islands region, but I have also suffered mental illness in it. I will, therefore, spend the next five years doing everything in my power to improve the lives of others who make the Highlands and Islands their home, working with colleagues across the chamber to make sure that we are getting it right.

**The Deputy Presiding Officer:** I call Carol Mochan. This is Ms Mochan's first speech in the Parliament.

15:54

**Carol Mochan (South Scotland) (Lab):** Before I begin my first speech, might I say what a privilege it is to be here, speaking on behalf of my home region of South Scotland? I fully intend to use my time in Parliament to stand up for the ordinary people of this country and the communities that are often ignored by a political

class who are distant from the lives of their constituents.

I came here to get things done—that is what the people of South Scotland elected me to do—and it is important that we understand why so little has been done over the past decade before we move on to the next round of promises. There is no doubt that the campaign that we have all just fought did not pay as much attention to the desperate state of care, the NHS and mental health services as I would have liked, so I welcome the fact that a plan will eventually be brought to the chamber to deal with those matters.

I will focus particularly on the national care service and on the concerning way in which carers are treated in this country. In care, the root of the problem is pay. There is no doubt that the Government is very accomplished at media management, presenting a progressive face to the public and promoting its own narrative, but if that story is not reflected in the pockets of care workers—some of the most overworked people in the country—then it is meaningless.

We must also consider that the injustice disproportionately affects women—more often than not, women who have never been blessed with the advantages of family wealth or an additional income. Taking those factors into account, I have to ask why it has taken so long for the issue to become a priority for the Government. The pandemic may have highlighted the issue, but it should not have required such a life-defining event to turn our attention to these people, who have been undervalued for so long.

The recent Feeley report sets out some important steps forward in tackling the issue, yet it has failed to adequately address the chronic levels of low pay and the poor terms and conditions experienced by most people who work in care. I regularly speak to people of all ages and backgrounds—paid and unpaid, working every hour that they can to care for others—and the message is the same: we are struggling to keep our heads above water.

It is time that we started taking carers and a national care service seriously, but a national care service has to be worthy of the name and involve patients, carers, trade unions and local government from the outset. We cannot keep building institutions from the top down and expecting them to meet the needs of the people at the bottom. Rather than talking about the “esteem” in which a national care service will be held, let us be clear about the financial commitment to it, because if we want world class public services, we will have to pay for them.

When Labour created the NHS, Britain led the world in socialised health. It was a complete shift

in the lives of the whole country, and I see no reason why we cannot aim for that sort of momentous change again. I hope that today is used by the Government as an opportunity to listen and to take on board the fact that there is genuine scepticism about any plans that it has put forward for the reform of health. Why? Because the Government has been in power for 14 years and, during that time, we have seen the NHS become worryingly underfunded and understaffed. Also, as colleagues have remarked, waiting times are now at concerningly high levels. This morning, I spoke to the Scottish Association for Mental Health about the concerning waits for children and young people to access CAMHS services—an on-going issue that must receive urgent attention.

In my final few seconds, I return to the issue of carers and ask the Government to be honest with them. The latest Barnett consequentials provide Scotland with around £700 million for the health and social care budget. It seems sensible that the lion's share of that money should be spent on giving care staff a serious pay rise. I urge the Government to support the call from Scottish Labour and the trade union movement for carers to receive £15 an hour. In my own region, that would make a vast difference to the lives of many people. Let us achieve something meaningful straight out of the gate—right away—and let us send a message from this new Parliament. Let us pay back those people to whom we owe so much.

15:58

**Emma Harper (South Scotland) (SNP):** I welcome the opportunity to speak in this important debate on health recovery and I welcome the Cabinet Secretary for Health and Social Care, as well as the Minister for Mental Wellbeing and Social Care, Kevin Stewart, to their roles.

The past 15 months have been unprecedented for us all. The health and wellbeing, social and financial challenges that have been experienced have been extremely difficult for many people, including our healthcare workforce. NHS Scotland has made rapid changes during the Covid pandemic and now we have an opportunity to accelerate reform. I thank everyone for their commitment and their work in the multidisciplinary team approaches so far.

I will focus on four key points that have particular relevance to health service reform in Dumfries and Galloway, which is in the south-west and part of the South Scotland region. They are cancer treatment pathways; travel-cost reimbursement; the Scottish National Party's manifesto commitment to an agency for remote and rural medicine; and the respiratory care action plan.

I have raised NHS Dumfries and Galloway's cancer treatment pathways on many occasions. D and G is part of the south-east cancer network and the treatment pathways mean that patients in Wigtownshire and the rest of D and G who require radiotherapy, for example, are referred to Edinburgh, which is a 260-mile round trip, instead of Glasgow, which is a 150-mile round trip. Nowhere in D and G is in the south-east of Scotland.

The previous cabinet secretary said that patients should be offered a choice of place for treatment. Will the Cabinet Secretary for Health and Social Care give assurances later today or in correspondence that patients will be informed about their choice of place for treatment, including treatment closer to home?

People in the NHS Dumfries and Galloway area are reimbursed for travel costs only under a means-tested model, whereas people in the Highlands and Islands and in Ayrshire and Arran are eligible for full reimbursement for journeys of more than 30 miles and even for overnight supported accommodation. When I previously raised travel cost reimbursement and the treatment pathway place, the former health secretary agreed that the Government would carry out a review. Has that review been completed? As part of any health service reform, what changes will be made to treatment pathways and reimbursement arrangements? My constituents in the west of Dumfries and Galloway would be happy to hear about positive steps to change current processes.

It is good news that the SNP has made a commitment to creating a centre of excellence for rural and remote medicine and social care. The aim is to provide expertise and advice on the delivery of care in rural, island and remote settings across Scotland. I would be grateful if the cabinet secretary provided further detail about how the rural centre of excellence will be progressed. I have no doubt that a centre for rural medicine and the brand-new fast-track cancer diagnostic centre that is up and running in Dumfries will help many people in remote areas of Dumfries and Galloway with their healthcare issues.

More good news is the Government's commitment to implement the respiratory care action plan. In 2016, I was the convener of the cross-party group on lung health and not long out of my prior job as a nurse, and I called for a plan to tackle issues that relate to smoking, chronic obstructive pulmonary disease and the important condition of obstructive sleep apnoea, which is the first lung health issue that will be addressed under the plan. That is hugely welcome, particularly in dealing with long Covid. I look forward to seeing how the plan will be implemented; I welcome the

commitment of the Government and of Dr Tom Fardon and his team in taking forward the plan.

I welcome the motion, the debate and the health recovery steps that the Government has taken. I look forward to positive engagement with the cabinet secretary.

16:03

**Sandesh Gulhane (Glasgow) (Con):** What would you do if your teenage daughter said that she was feeling low and upset, that she had cut herself to make the pain go away and that she had thoughts of not wanting to be here any more? Unfortunately, such presentations are not isolated or rare—I hear such concerns all too frequently.

This girl has reached crisis and needs urgent help. However, patients go through a gradual process in arriving at crisis; one does not simply happen on crisis. We need to recognise the initial symptoms and act sooner to help. To do that, we need to spend wisely the money that the Government allocates.

To have children's wellbeing practitioners would be an astute step. Such practitioners already operate in England, so we do not need to reinvent the wheel. They intervene when there are early signs of behavioural difficulties and self-esteem issues. They work with patients and parents and they prevent our children from reaching crisis. Such provision is needed, because the latest figures show that 2,000 kids in Scotland have waited a year for treatment.

The NHS is under strain. In general practice we have never worked harder or seen such demand. We have never felt stretched so thin: we treat 50 patients a day, plus referrals, paperwork and results—we barely get time to eat lunch or go to the toilet. GPs work many more hours than we are supposed to and my colleagues across the NHS do the same. We work hundreds of thousands of extra unpaid hours because we are dedicated to our patients, but we are burning out. We need every allocated second with each patient to give them the best care that we can. The motion sets out that the Scottish Government will increase day-case and out-patient activity by 10 per cent. I would like an assurance from the cabinet secretary that he will guarantee that that will not happen by reducing the time allocated to clinicians to see patients.

In my maiden speech, I spoke about long Covid. I will not stand here and pick through the mismanagement of the pandemic, because it is easy to find fault. To do better may be more difficult, but do better we must—for our country, our health service and for the patients. Long Covid is a novel, multisystem disease that causes brain fog, depression, heart and lung issues and fatigue.

It denies people the basic functions that we all take for granted: talking, laughing and breathing. It affects between 10 and 35 per cent of people who contract Covid. We do not know how or why and we do not know how to treat it effectively.

The UK Government has provided new funding to set up Covid clinics in England. I would like to recreate the Hertfordshire model here in Scotland, to give us a multidisciplinary team of GPs, hospital doctors, physiotherapists, psychologists, occupational therapists, dieticians and pain management teams working together co-operatively to give patients hope—something that has been lacking in their lives since falling victim to the Covid crisis. We want to improve and optimise recovery outcomes and to reduce comorbidity. To do that, we need new funding to help tens of thousands, if not hundreds of thousands of patients. I hope that the cabinet secretary agrees that we need to commit new money to fund long Covid clinics.

In my referrals, I summarise my key points for clarity and I thought that I would do the same here. The cabinet secretary has said that his door is always open. From his speech, I see that he recognises long Covid, but I hope that he agrees that we need to provide new money to fund clinics in Scotland, rather than adding to the unsustainable workload of an already burnt-out GP workforce.

We must not cut the time that clinicians have with patients in order to facilitate a 10 per cent improvement in activity. Will the cabinet secretary reassure me on that point?

Finally, I hope that the cabinet secretary agrees that it would be a good step to create a children's wellbeing practitioner.

**The Deputy Presiding Officer (Annabelle Ewing):** I call Elena Whitham. This is Ms Whitham's first speech in the Parliament.

16:08

**Elena Whitham (Carrick, Cumnock and Doon Valley) (SNP):** Thank you. I take the opportunity to welcome you to your new role of Deputy Presiding Officer.

It is a huge honour and a privilege to be here in our Scottish Parliament, representing the guid folk of Carrick, Cumnock and Doon Valley. It is a wonderful constituency, featuring some of the most beautiful rural and coastal scenery in Scotland. It is also blessed with some of the most tight-knit communities, which show tremendous spirit and ingenuity in the face of many challenges.

The community's spirit has certainly been to the fore in the past year as we have all grappled with the reality of the pandemic. My heartfelt thanks go

to the tireless volunteers from the many social enterprises and community groups throughout the constituency that adapted and responded with hard graft to ensure that their fellow residents were fed and supported in the darkest of days.

I take a moment to thank my predecessor, the wonderful and tireless Jeane Freeman. I share the feelings of our new Cabinet Secretary for Health and Social Care as I seek to fill the big shoes that she has left behind, with a wee bit of trepidation and a whole lot of awe.

I thank my hardworking election agent, Paul Cairns, and the entire team, who, on election day, dealt with a freak snowstorm in Muirkirk and a hailstorm like no other in Catrine. I had hailstones down my boots for the rest of the day. I also thank the thousands of people in Carrick, Cumnock and Doon Valley who ventured out to cast their votes. I take my responsibility as their representative in the Parliament very seriously and I will work hard for them every day.

My whole working life has been one of seeking to address inequalities and of championing social justice, including spending a decade as a women's aid worker. For that reason, I was delighted to see that the First Minister has included a minister for women's health in her ministerial team. Women and girls face significant barriers to good mental and physical health. I am confident that having a minister to take forward the considerable work of the women's health group and the women's health plan will mean that, as a country, we will finally see an end to women's health inequalities.

For too many years, policy creation and research parameters have sidelined the wellbeing needs of women and girls. Many illnesses affect women significantly differently from men. For example, heart conditions and strokes present themselves entirely differently in women, yet many women—and, indeed, their doctors—often miss the signs of serious illnesses that, left untreated, can be catastrophic.

We need to be aware of how intersectionality affects women's health inequalities. Women from black, Asian and minority ethnic groups, including Scotland's Gypsy Travellers, have a much higher incidence of maternal and neonatal death, and lesbian and bisexual women experience a much higher rate of breast cancer.

As I know from my working life, domestic abuse is a high risk factor for depression, substance abuse and a host of physical disorders. The many women whom I supported in refuge carried with them decades of unmet mental and physical health needs.

Neurodiversity also presents itself very differently in young girls, who are often grown women before somebody finally diagnoses their

autism spectrum disorder or their attention deficit hyperactivity disorder. That can mean that the already fraught teenage years can become almost unbearable for girls who have no diagnosis, nor the tools that they need to enable them to live their best lives. I have direct experience of that and I have seen at first hand how easily recognised signs and symptoms can be missed if we are always seeking to see the male version of a condition.

As part of our NHS recovery plan, I welcome the creation of the new early cancer diagnostic centre in Ayrshire that is set to open imminently. We lost my mum at only 58, a few years ago, to a late diagnosis of lung cancer. Like many women, she put her symptoms down to being tired because of her caring responsibilities for my gran, who had dementia, and she put her worries to the back of her mind, with devastating consequences. Like others who have spoken, I record my sincere thanks to the staff nurses at Crosshouse hospital who looked after my mother in those short few weeks.

The pandemic has laid bare and shone a light on inequalities, and it is only right that our health recovery plan seeks to address them. I look forward to seeing how our newly acquired East Ayrshire community hospital in my constituency plays a valuable role in that. [*Applause.*]

**The Deputy Presiding Officer:** Our last speaker in the open debate will be Sarah Boyack.

16:12

**Sarah Boyack (Lothian) (Lab):** I thank you, Deputy Presiding Officer, and welcome you to your new post.

I would like to begin by recognising, as colleagues have, the tireless work of our health and care staff before and during the pandemic, but especially now, as we recover and rebuild. We need the Scottish Government to take on board the Labour amendment, which was lodged by Jackie Baillie and calls for an immediate pay increase for care workers to £12 an hour rising to £15 per hour over the current session, and effective engagement with NHS unions to ensure that all the work of our health and care professionals is rewarded, and that they are supported in making their vital contribution.

I want to focus on the crossover between health and social care, and the need to ensure that no one who finds themselves at that crossover is missing out on the care, treatment or support that they need. I am delighted that the Scottish Government will finally be pressing forward with Labour's national care service. From the outset, the service must be fair to staff and users and accessible to the people who need it.

Last week, a constituent from Midlothian reached out to me for support. Her father has dementia and the family have been struggling to meet his care needs, particularly as his symptoms worsen. As it is for many people who live with a dementia sufferer, that has been a constant source of worry and concern, which has been made worse by waiting lists for dementia beds and places in care homes and the absence of a social worker.

My constituent told me that her father's behaviour can at times become challenging because of his dementia. He has been given antipsychotic medication, which means that when his symptoms are manageable, he is not his normal self, and the family feel as though they are firefighting the symptoms and not treating the cause. They were advised that they should, should he have a flare-up, call the police or take him to an accident and emergency department. That is no solution for such a horrible situation.

Thankfully, after a long wait, they got a temporary respite place at the end of last week, and the family has had appointed for them a social worker to support them through the next steps for the father's long-term care. They have praised everybody who has supported them, but their experience shows the stress and anxiety that exist in the crossover between health and social care, and it shows the restraints on professionals who are trying to do their best.

As we move out of the pandemic and we prioritise NHS recovery and building our national care service, examples like that one must be used to help to design the best possible service for those who receive health and social care, and for their families and loved ones, so that no one falls through a gap. We cannot go back to the delayed-discharge crisis that we had before the pandemic. We need step-down care, accessible homes that are adapted to meet people's needs, care staff who are treated with respect under national terms and conditions, and councils that are properly funded. All those are essential for moving us forward so that people get the support that they need when they need it.

One issue was massive for those of us in Edinburgh before the election. I call on the cabinet secretary to commit to fully funding a new eye hospital in Edinburgh, following the First Minister's promises during the election campaign. Yesterday, retired eye specialists raised their concerns that NHS Lothian might fail to back the plan that they had worked up, which was based on using money provided by the Scottish Government, which would ensure the creation of a new eye hospital at Little France. They said:

"Lothian's ophthalmic patients need a fully equipped and staffed eye hospital to replace the current crumbling eye pavilion, which is near the end of its useful life."

We need a clear commitment and we need it fast.

16:16

**Gillian Mackay (Central Scotland) (Green):** I congratulate the members who are making their first speeches today, including Audrey Nicoll, Emma Roddick, Carol Mochan and Elena Whitham. It is a nerve wracking thing to do, but they all did brilliantly. The depth of talent and expertise in this session's new intake will certainly give some of our party colleagues a run for their money.

How we choose to remobilise our health service will be vital in ensuring that we have a healthy population in the future. Our health service must always be in public hands and must be given the resources that it needs. Primary care, including general practices and community pharmacies, makes up 90 per cent of patient contact with the NHS and plays a central role in the nation's health. Support must quickly be directed there and at screening programmes to ensure that no one is missed.

People should be supported to live the healthiest lives possible. Prevention and early intervention are key to achieving that, as is tackling the root causes of poor health, including poverty, air pollution, poor access to food and other factors, including smoking.

Building a truly national health service requires cross-portfolio work and a different approach to the one that we have been used to, but we can do difficult things. This is our opportunity to begin that hard work.

Mental health has been mentioned repeatedly today. I thank those who have shared experiences relating to mental health. Child and adolescent mental health services are undoubtedly in crisis, waiting times for all services are long and we often try to deal with complex needs by offering a set number of sessions of cognitive behavioural therapy. That service is not set up to give people the therapy and support that they need. Many practitioners see people being referred multiple times because the number of CBT sessions that are being offered is not enough. The number of sessions that is on offer often depends on the length of the waiting list and is a postcode lottery. That must be addressed; I look forward to working with the cabinet secretary and the Minister for Mental Wellbeing and Social Care on the issue.

Greens will support the Labour amendment at decision time. We committed in our manifesto to supporting a £15 per hour minimum wage for social care. We did so because we know the

critical role that social care staff play, and because we understand how demanding and how skilled the jobs in the sector are. Those jobs are predominantly done by women. We believe that staff should be remunerated appropriately, but we also understand that that cannot be done as quickly as we would all like. We must have a broader debate about the transition to a national care service and how we will pay for it.

We will not support the Conservative amendment because we cannot support deletion of the commitment to a national care service.

We will support the motion. The cabinet secretary has laid out an ambitious plan in it. I aim to hold him robustly to account and, where I can, to push him further to do everything possible to support Scotland's health and wellbeing to bounce back from the pandemic.

**The Deputy Presiding Officer:** I call Paul O'Kane to wind up for Labour. This is Mr O'Kane's first speech to Parliament.

16:19

**Paul O'Kane (West Scotland) (Lab):** Thank you, Deputy Presiding Officer. I welcome you to your role.

It is an honour to be able to make my first speech in the chamber and to close for Scottish Labour in this important debate on our health service's recovery. As other members have done, I begin by welcoming to their roles the cabinet secretary and the ministerial team of Maree Todd and Kevin Stewart, and all the new shadow spokespeople across the chamber.

This is a time like no other, so collectively we must rise to the challenges that lie before us. There will, of course, be times when we disagree, but there is also much common cause as we support our NHS to recover and build the social care services that we need for the future.

I commend colleagues across the chamber who have made first speeches today. We have begun to see the breadth and depth of what the 2021 intake will bring to our debates in Parliament. I hope that my speech will continue in that vein.

I hope that members will indulge me for a moment while I, as is the custom, thank my family—especially my parents and brother—my friends, party activists and everyone who has believed in me and supported me to be elected to Parliament. I must make particular mention of my partner Alan, who will—Covid permitting and one year late, in August—become my husband. Colleagues can expect some questions from me on the regulations that cover weddings; I hope that they will forgive me for that particular declaration of interests.

It is an honour to represent West Scotland and the communities where I grew up—where I still live today—and the communities that have shaped me, from Neilston and Barrhead to Kirkintilloch and Port Glasgow. I want to take a moment to pay tribute to the retiring members for West Scotland who have served with distinction over many years. I pay tribute to Mary Fee, particularly for her sterling work on equalities and human rights. Mary's work for the rights of Gypsy Travellers in Scotland is something that I believe we should all take inspiration from, as we move forward with a recovery that works for everyone.

I also pay tribute to Ken Macintosh. So much has been said about Ken already. He is a great friend of mine and is someone who has always encouraged me, ever since I first delivered leaflets for him—as Jackson Carlaw will attest to—in my early teens. It was a great joy to be sworn in by Ken four weeks ago. He served our Parliament, our communities in Eastwood and West Scotland and, indeed, our country with diligence, integrity and kindness—something that can be all too lacking from our politics, at times.

On my election to Parliament, I remarked that there were times when I was growing up when I was worried that I would not be accepted for who I was, that life would always be hard and that discrimination and hurtful words would just be things that I had to accept. However, two great things gave me cause for hope as a teenager. First, there were the exceptional teachers in my high school, St Luke's in Barrhead, who saw me for who I was and who genuinely cared and always taught me to be myself—my best self. In many ways they, like countless other educators, understood the real importance of supporting the mental health and wellbeing of young people, long before we started to discuss meaningfully the far-reaching impact of poor mental health for children and young people across Scotland.

The second cause for hope was this place: our Scottish Parliament. When I was on the cusp of becoming a teenager and realising that I was gay, the battles around repeal of section 28 raged across our society. On our television sets and through our letterboxes came the message that there was something inherently wrong and dangerous about lesbian, gay, bisexual and trans people, and that “pretend family relationships” had no place in our schools. I heard the anger, the hate and the downright mistruths that were told about people like me, and I was terrified.

Then people stood up in our new Scottish Parliament and said aloud, in the fledgling days of devolution, that the new Scotland would be a place of which inclusion, respect and equality were the hallmarks. They included Wendy Alexander, Donald Dewar and, of course, my colleague, now,

on the Labour benches, Jackie Baillie. These are the powers of the Parliament: the power to choose, the power to make things right and the power to say to teenagers like me, “You have a place, you belong, you will be safe and we will stand up for you and all your hopes, dreams and ambitions.” As Donald Dewar put it,

“more than our politics and our laws”

it is about

“who we are, how we carry ourselves.”

This debate and the long discourse that we will have about recovery from the pandemic must be about who we are and how we carry ourselves.

More than 10,000 of our fellow citizens have lost their lives in the pandemic. Although we have often heard that figure in the chamber, each represents a person who loved and was loved. Our condolences go to anyone who has lost someone.

We must ask ourselves how we will help to carry those who are left behind: those who were already struggling with physical health conditions or poor mental health before the pandemic; the 10,618 people who have been waiting more than 18 weeks for mental health services; the one in five young people who are still being rejected from child and adolescent mental health services; the 28,000 people who have been waiting more than a year for treatment or surgery; and the people whose cancer diagnosis is missing, with more than 100,000 people waiting anxiously for a diagnostic test.

Social care workers are overworked and feeling undervalued. They are the Covid heroes whom we all applauded each Thursday night, but who were offered only a 20p an hour uplift in pay by the Scottish Government. They deserve an immediate pay rise to at least £12 per hour, which would rise to £15 per hour during this parliamentary session. We will work with all parties to secure that, and we will work with anyone who shares our view and the views of our trade unions that after the applause has fallen silent there must be meaningful action to support our care workers.

It is clear that an NHS recovery plan is urgently needed. We will press the Government to ensure that people who are anxiously awaiting diagnosis and treatment, those who badly need mental health support and the workers who gave their all throughout the pandemic are not forgotten. We will use the power of the Parliament to choose, and we will be by their side.

**The Deputy Presiding Officer:** I call Craig Hoy to wind up for the Conservatives. This is Mr Hoy's first speech to our Parliament.

16:26

**Craig Hoy (South Scotland) (Con):** Thank you, Deputy Presiding Officer. I congratulate you on your new role and I welcome the Cabinet Secretary for Health and Social Care and his colleagues to their new positions.

This afternoon, we have heard powerful speeches from members of all parties, but particularly from new members. Paul O’Kane spoke passionately about the challenges of growing up gay, and the cabinet secretary talked about the daunting role that lies ahead of him, with which we wish him well. Emma Roddick spoke with passion about the challenge of mental health, including her own challenges, and my colleague Dr Sandesh Gulhane talked movingly and with first-hand experience of the long-Covid challenge that lies ahead for our NHS.

Jackie Baillie set out the stark realities of the challenges that are facing our mental health and cancer care services, and Jackson Carlaw rightly set out how we must resolve the mesh scandal during this parliamentary session through a process of restitution. My colleague Annie Wells noted the progress that has been made against Covid, thanked our dedicated NHS staff and warned that there are significant challenges ahead.

I also thank the new members who made their maiden speeches: Audrey Nicoll, Carol Mochan, Gillian Mackay and Elena Whitham, who talked with conviction about women’s health issues. As a former journalist, I have listened to many maiden speeches, but today is my opportunity to make my first contribution in this Parliament. I start by paying tribute to Iain Gray. After his final speech here, I wrote to him, thanking him for his service to East Lothian. I said that his successor would have big shoes to fill. Little did I know that it would take three MSPs—Paul McLennan, as the constituency member, and Martin Whitfield and me as the regional MSPs—to fill his shoes.

It is an honour to be able to represent South Scotland. I live in East Lothian, I grew up in Midlothian and my late granny Hoy was brought up in Law near Carluke in South Lanarkshire. The threads of my family run through the rich and diverse tapestry that is the South Scotland region. It was in Law village, where my great aunt Jenny lived with her brother and sister in a cold and cramped miner’s cottage, that I first saw political debate. Jenny was something rare in South Lanarkshire in the early 1980s: she was a Conservative. In the words of her sister Flora, she was a “bloody Tory”.

Jenny was not that at all. She was what hundreds and thousands of working-class Scots went on to become—that is, people who were



ambitious for their families, their friends and their communities; people who stood apart from the old Scottish Labour ways; people who rejected a benign and no doubt well-intentioned socialism, which, I am sad to say, kept the poor poor and the working classes in their place. Although many families, including my own, moved on and made progress, others did not.

Poverty and the harsh health inequalities that it causes are a stubborn stain on the character of modern Scotland. Sixty years after deindustrialisation, we still have a chance to break that cycle. Four generations have had no hope and no stake in the society that they have seen around them. Many people are living with chronic health conditions; others are living with the misery of drug and alcohol misuse. Before Covid, record numbers confronted mental health challenges. Their life choices were limited, their life chances were blighted and their life expectancy was blunted.

Poverty and poor health are the result of public policy failures by a succession of Administrations—by my party, Labour and 14 years of SNP government in Scotland. As we debate the health recovery, let us not kid ourselves that everything was in a good place under the SNP before the pandemic. We had the worst rate of drug deaths in the western world. Today, we found out that 2,000 children and young people are waiting over a year to begin vital mental health treatment. Even before Covid, the SNP's waiting time improvement plan was in chaos.

In the election campaign, we were clear about the urgency of the health challenge. I welcome ministers' commitment to an NHS recovery plan. In March, 100,000 Scots were waiting for key diagnostic tests. The cost of misdiagnosis and cancelled operations will be with us for decades. That is why we called for guaranteed increases in NHS funding for every year of this parliamentary session, an additional £600 million to tackle the NHS treatment backlog, and out-patient appointments and elective surgery seven days a week. Those are practical proposals to help to remobilise our NHS today, not in 100 days.

Members will note our amendment to the Government's motion. I hope that they will give it their consideration and support.

Before I conclude, I want to turn to a myth that could, sadly, dominate this session—that is, the myth that the Parliament needs more powers and Scotland needs to split from the UK to achieve a lasting Covid recovery. The powers to remobilise and revitalise our NHS are already vested in this institution. The levers that control those powers sit just in front of ministers on the front bench. That said, I give a reassurance on our health recovery.

Where ministers reach out and use those powers to full and good effect, they can expect the full support of my party in the Parliament for those endeavours.

The success of the UK vaccine programme means that the long shadow cast by Covid could now be starting to fade. However, no one in the chamber, our GP surgeries or our hospital wards should underestimate the scale of the challenge ahead. The Scottish people want an NHS that they can be even more proud of, and we must work as hard as our front-line NHS staff to deliver that. If we work through our political differences, we will be able to look our constituents in the eye in five years' time and say that we did our best for them. I believe that that is all that they ask and expect from us.

**The Deputy Presiding Officer:** I call Kevin Stewart to wind up for the Scottish Government.

16:33

**The Minister for Mental Wellbeing and Social Care (Kevin Stewart):** I welcome you to your new role, Deputy Presiding Officer. I am sure that you will be fantastic in it.

I thank everyone for their valuable and often personal contributions, which have made this extremely important debate even better. I pay tribute to Audrey Nicoll, Emma Roddick, Carol Mochan, Elena Whitham, Paul O'Kane and Craig Hoy for their first speeches. I apologise to the old hands, but I am going to concentrate mainly on their contributions and all the aspects of my portfolio in my closing remarks.

We have ambitious plans on mental wellbeing and social care as a core. Improving quality across both offers will be a vital part of our recovery. The health and wellbeing of individuals and communities at this time is an absolute priority, as many members have mentioned. Recovery in the social care sector will be achieved only if we learn the lessons from the pandemic. We must recognise the challenging position that many employers and workers now face, and we must seek to improve the offer, the services and the outcomes to give all recipients the best opportunity to thrive in the future.

In this afternoon's debate, many folk have talked about lived experience and their personal experiences. We should not be afraid to talk about our personal experiences in this place, nor should we be afraid to listen to folk with lived experience as we formulate the policy for the future, and I fully intend to ensure that we engage everyone we can in formulating the mental health and social care policies that we need to formulate. That is the only way in which we will improve the offer.

Over the past year, there has been significant media focus on mental wellbeing, and it is important that we recognise that, as we move forward, there will be a broad range of areas where mental health and wellbeing in itself might have an impact on our recovery if we do not get things absolutely right.

As Mr Yousaf explained, we are committed to the creation of a national care service, which will be backed by a 25 per cent increase in investment in social care over the parliamentary session. We will build a world-leading social care system that will be based on fairness, equality and human rights, and it will provide us with the consistency, equity and fairness, as well as the national approach and accountabilities, that we need to improve social care in Scotland.

In the first 100 days of our Administration, we will begin consultation on the legislation that will be required to formulate the national care service, and I want as many folk as possible to respond to that consultation. I want members of the Scottish Parliament to be evangelists to get folk to respond to the consultation so that as many people as possible have their say. The aim is to introduce a bill in Parliament in the first year of the session. That will not be easy and we will need to think radically. That work will be supported by the social covenant steering group, which will include people with lived experience of using care services. The national care service will be operational within the five-year lifetime of this Parliament, but we have a lot of work to do.

**Pam Duncan-Glancy (Glasgow) (Lab):** I thank Mr Stewart for taking my intervention, particularly at this late stage in the debate.

Given the very welcome statement that care staff should have parity with health staff, will the minister outline what mechanisms the Government will use to make the £500 payments to the care staff who have yet to receive them, who are mainly employed through direct payments or the independent living fund and work in the third sector? When can they expect to receive that money?

**Kevin Stewart:** Ms Duncan-Glancy makes a very good point. She will recognise that the issue was one of the matters that were on my desk when I first took office. We are doing everything possible to make sure that those payments reach people who should have had them as soon as possible. I have already written to local authorities and health and social care partnerships on the issue, and we will do all that we can to make sure that that £500 gets in the pouches and purses of those workers as soon as possible. I am sure that Ms Duncan-Glancy will continue to ask me about that.

There are a number of other issues that have not been brought up a great deal during the debate but which I must address, because they are areas on which members of the public have contacted me and other members. One such issue is that of care home visiting. It is my priority to meet representatives from across the sector to support further progress and improve the quality of visits. I have also today written to the Care Inspectorate to ensure that care homes are following the guidance that we have put in place. We are committed to strengthening residents' rights in adult residential settings, including working quickly to give effect to Anne's law, whereby residents can access their nominated relatives or friends to support their wellbeing.

Delayed discharge has also featured sparingly today. I am well aware of the human cost of delayed discharge and the benefits of ensuring that we address it properly. I will work with all health and social care partners to ensure that it is addressed safely and lawfully, and I have already written to them to that effect.

**Martin Whitfield (South Scotland) (Lab):** In relation to matters that have not been mentioned today, will the minister comment on the state of dental affairs in Scotland, as they appear to have been in crisis before Covid and they still are after it?

**The Deputy Presiding Officer:** Minister, there is time in hand for you to get some back.

**Kevin Stewart:** Dental services have improved dramatically in the past number of years. In my area of the north-east of Scotland, folk were queuing for miles to get on to the books of an NHS dentist. That is not the case any more, because we invested in a dental school in the north-east. In our manifesto, the SNP has committed to removing dental charges to ensure equity in treating dental patients. I can provide Mr Whitfield with a greater response, but we have made a huge advance there.

Mental health is an absolute priority for the Government, and it has been throughout the pandemic. Our mental health transition and recovery plan, which contains more than 100 actions, outlines our response to the mental health effects of Covid-19. We are particularly focused on providing the right support to anyone whose mental health has been disproportionately affected during the past 15 months. That plan is supported by a £120 million recovery and renewal fund to transform services. That is the single biggest investment in mental health in the history of the Parliament.

Today's statistics show that more folk are working in our NHS than ever before—9,000 more. We also have 80 per cent more folk working

in child and adolescent mental health services than was the case when we came into power in 2007. However, there is a way to go. We have also agreed early priorities for the investment that I have talked about and we have allocated more than £34 million for the delivery of transformational improvements to CAMHS and to clear waiting list backlogs for CAMHS and psychological therapies.

We have all seen the quarterly statistics that were published this morning, and I have to say that some board areas are performing much better than others. I want to ensure the export of best practice so that we can make the improvements that we need to make in CAMHS. I have already started to engage with board chief executives at each end of the performance spectrum, and I will continue to do so across all boards. It is vital that we get this right for our young people.

I thank everyone for taking part in the debate. The pandemic is far from over and there is much to be done to support the recovery of the mental health and social care sectors. Our recovery plans must be robust, and they must keep people at their centre—the people who work in the social care and mental health sectors, and the people in the community who require their services. As we move forward, we need to continue to listen—I am a great believer in ensuring that those who have lived experience can help to formulate policy—and, as the Minister for Mental Wellbeing and Social Care, I am committed, along with my ministerial colleagues, to doing just that.

16:45

*Meeting suspended.*

16:46

*On resuming—*

## Urgent Question

### Homicide Law

**Jamie Greene (West Scotland) (Con):** To ask the Scottish Government for its response to the Scottish Law Commission's "Discussion Paper on the Mental Element in Homicide" and the wider implications it has in ending the so-called rough sex defence.

**The Cabinet Secretary for Justice (Keith Brown):** I thank Jamie Greene for his question. I also welcome him to the role of justice spokesperson for the Scottish Conservatives and thank him for the constructive discussion that we had once he had been appointed to his post.

We are pleased that the Scottish Law Commission has published its extensive discussion paper on reforms to homicide law. The Scottish Government asked the commission to undertake that project in light of various court judgments that recommended a fundamental study into homicide law, and the progress that the commission has made is positive.

In line with the normal process for Scottish Law Commission reports, we are awaiting the commission's final report, which will be developed from, and informed by, the responses to its initial discussion paper. I do not want to pre-empt the commission's final recommendations, but I welcome its inclusion of certain aspects of homicide law for consideration for reform, including consideration of whether Scots law needs to be made clearer with regard to the so-called rough sex defence; whether new defences are needed in respect of those who experience domestic abuse; and consideration of reforming the defence of provocation in that area of law. It is right that Parliament will have the opportunity to consider the commission's final recommendations on those matters when it reports.

**Jamie Greene:** I thank the cabinet secretary for his response and welcome him to his new role in these most challenging times.

This much-needed discussion paper effectively opens the door for potential changes to the law about the most serious of crimes—murder and culpable homicide. The chair of the Scottish Law Commission, the Rt Hon Lady Paton, said that she hopes that the paper will ascertain whether current Scots law is truly "fit for purpose" in the modern era—an era that has shone a spotlight on violence against women and coercive behaviour, and is redefining how those who have suffered from abuse make a case for defence.

The cabinet secretary's predecessor, who sits a few feet away from him, previously said that there was only

"a perception ... that the 'rough sex' defence exists"—  
[*Written Answers*, 12 March 2021; S5W-35741.]

in Scots law. If responses to the paper make it clear that it is the law itself—not the perceptions of it—that is deficient, will the Government commit to legislative change in this area?

**Keith Brown:** The purpose of the report is for us to be able to look at what comes back from the Scottish Law Commission not just in its interim report but in its final one, after it has had submissions and consultation responses, including from anybody in the Parliament who wants to respond.

There is an acknowledgement that some of the defences for homicide and murder need to be updated—there is no doubt about that. I take into account, understand and accept some of the points that Jamie Greene makes about gender-based violence and about some of the language and notions that are used in the law in relation to it.

Some confusion exists about whether the rough sex defence is a defence that relates to a crime that has been committed or whether it can be used not in mitigation but to reduce the charge—by ensuring that a murder charge is not made out, if you like. It can also be used subsequent to a finding of guilt to inform sentencing.

It is important that we have clarity on that point, which is one of the things that the report is seeking. I hope that that will be welcomed not only by Jamie Greene but by everybody else who is interested.

**Jamie Greene:** I agree with the cabinet secretary in the sense that there can never be any defence to gender-based sexual violence—that is something to which members in the chamber would commit to agreeing.

Ahead of the election, the Scottish National Party manifesto promised—indeed, committed to—a reformed justice system. The problem is that we have an enormous backlog of nearly 38,000 cases in our courts right now, and the current forecast is that we will not clear it for at least four years. The effects and trauma of such lengthy waiting times are clear to the victims and their families. What urgent action is being taken by the Government right now to clear that backlog, and will the reformed justice system finally put the needs and rights of victims at its heart?

**Keith Brown:** Jamie Greene will know about a number of the actions that have already been taken by my predecessor in the Scottish Government, such as the £50 million of funding to

help to deal with the backlog, and the unusual citing of additional cases that are being taken through the system just now.

Jamie Greene is right that there is a significant court backlog, as there is in every developed country in the world. However, to go back to the point that he first raised about the Scottish Law Commission's report, he is right to say that there is a need to reform different areas together—the Scottish Law Commission has taken a number of different aspects of the justice system and put them together—because if we uproot just one part of it, we could cause unintended consequences elsewhere. Therefore, it was important that the commission did a comprehensive review. The review is now subject to consultation, and it is important that everybody who is interested has the chance to make their views heard. Of course, we want to carry out the consultation in such a way that, as we make progress with the backlog, we do so in as fair a way as possible, taking into account the much better appreciation that there is in the justice system these days of gender-based violence against women and girls.

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

There are a number of supplementary questions. I ask members who wish to ask a supplementary question to press their request-to-speak button.

**Pauline McNeill (Glasgow) (Lab):** Does the cabinet secretary agree that consent to sex can never be a defence to murder or serious sexual assault? The We Can't Consent to This campaign notes that there were 60 cases across the United Kingdom in which the so-called rough sex defence was used, and that 40 per cent of women under 40 have reported being violently assaulted during sex.

Does the cabinet secretary agree that it is time to remove the partial defence of provocation by sexual infidelity from our law books, to show that our law seeks to keep women safe?

**Keith Brown:** I agree with the general principles of what Pauline McNeill says. She mentioned different issues, including consent and provocation, which can be applied in different ways. She is absolutely right that consent to sex cannot be used as a defence. If somebody has harmed another person in that way, citing the person's consent, using the old principle of *volenti*—that they volunteered to have such harm done to them—is no defence. We have to ensure that the reforms that we make to the legal process reflect that.

There is no question but that such a defence has been used by some people in the past, but the courts have exercised fairness when using their powers to decide whether that is acceptable. I hope, and expect, that the thrust of the report, not

only in relation to the area that we are discussing, but throughout, will lead to an updating of the legal process in many important respects. I hope that that will be supported by the Labour Party.

**Emma Roddick (Highlands and Islands) (SNP):** The cabinet secretary will be aware that a person who kills in a jealous rage brought on by the belief that they have been cheated on can escape a murder conviction under the law as it stands. Does the cabinet secretary believe that, regardless of the ultimate conclusions on the more technical aspects contained in the discussion paper, the partial defence of provocation by sexual infidelity has no place in modern Scots criminal law?

**Keith Brown:** I thank Emma Roddick for her question. I am not sure whether this is the first time that she has spoken in the chamber, but I welcome her to her place here.

The issue that Emma Roddick raises is similar to the one raised by Pauline McNeill. It is an important issue, but I hope that members understand that the Scottish Law Commission will prepare the final report with recommendations and deliver it to ministers; therefore, I do not want to pre-empt the consideration that ministers will give the final report once it is provided. However, I think that there is a compelling case for giving serious consideration to that specific area of reform, and I look forward to hearing what people have to say in response to the discussion paper. It is likely that many people will express the view that has been expressed by Emma Roddick before the commission makes its recommendations for reform.

**Russell Findlay (West Scotland) (Con):** The so-called rough sex defence is not the only issue in our justice system to impact women who have been the victims of sexual violence. I am, of course, talking about the not proven verdict, which was returned in 20 per cent of all acquittal verdicts in Scotland in 2019-20, but in 44 per cent of rape and attempted rape cases. Behind those numbers are people who suffered additional trauma from a verdict that serves no useful purpose. For the sake of future victims, the not proven verdict must be scrapped without further delay.

**Keith Brown:** I am not sure that that was a question; rather, it was a statement on an issue that, in the SNP's manifesto, we committed to look at. It is linked to other potential reforms of the justice system, some of which Russell Findlay might well support, and it is important that it be taken forward in a considered way, and that time is taken to get it right. I understand entirely and do not disagree with Russell Findlay's point that women, in particular, have been badly served by the not proven verdict.

As I said, it is important that the matter is taken forward in a considered way. To that end, I repeat my invitation to all members—whether that is the justice spokesperson for the Scottish Conservatives, Russell Findlay or any other member who wants to contribute to the process. I am more than willing to listen to their points.

**Emma Harper (South Scotland) (SNP):** I want to protect everybody from sexual violence. In Scots law, there is no so-called rough sex defence. The doctrine of volenti—the square go defence—was excluded by the celebrated case of *Smart v HMA 1975*, meaning that, in Scotland, claiming that a victim consented to an act that resulted in their injury or death is not a defence to charges of assault to injury, culpable homicide or murder. Does the cabinet secretary agree that, although there is more to be done to protect people from sexual violence, Scots law does not allow for the so-called rough sex defence?

**Keith Brown:** It is the first time that I have heard reference to the square go defence, but that is an important point, which is similar to the one that Pauline McNeill and Emma Roddick raised. An accused person cannot claim that a person consented to the harm that was caused to them, so it is right to say that there is no legitimate rough sex defence. However, it is also true that an accused person may seek to portray events in such a way to reduce the charge from murder to culpable homicide, as I mentioned. That is for the court to determine in any given case.

I am pleased that the Scottish Law Commission is looking to see whether steps are needed to make the law clearer in this regard. I will carefully consider its recommendations.

I agree with Emma Harper that it is important to be clear about what we are saying when discussing the rough sex defence.

**Claire Baker (Mid Scotland and Fife) (Lab):** I have previously asked the Scottish Government about the recording of data on cases that involve violence during what began as consensual sexual activity. The then justice secretary confirmed that the police and the court do not provide information on such cases and that discussions would take place with stakeholders on how such data could be extracted. Will the cabinet secretary provide an update on related discussions and on any work that will take place to ensure that data on such cases is recorded, so that we can better understand the extent of the issue?

**Keith Brown:** I am more than happy to provide an update in writing to Claire Baker. Given the discussion that we have just had, the proposed reforms and the Scottish Law Commission's report, this area will be subject to substantially more scrutiny. It is important that that be based on

relevant and up-to-date data, so I am happy to respond on the question of where we are now with the collection of such data and to give an indication of where we intend to go with it.

**James Dornan (Glasgow Cathcart) (SNP):** I have long campaigned for the elimination of violence against women and girls, and the cabinet secretary will be aware of the campaigns led by my incredibly brave, determined and focused constituent, Fiona Drouet. It is vital that we do, and are seen to do, all we can to ensure that justice is done for all victims of domestic abuse. Will the Scottish Government commit to undertaking research on whether the changes that have been made in England have had any effect in practice?

**Keith Brown:** I thank James Dornan for his question and, like him, commend his constituent, Fiona Drouet, for the #EmilyTest campaign and the work that she has tirelessly undertaken to support effective gender-based violence interventions in colleges and universities. I commend Fiona for all her efforts and, in particular, those that were focused on improving students' wellbeing and ensuring that victims of abuse do not blame themselves for crimes that are committed against them. As I said, I am aware of the work that Fiona has done in further and higher education institutions.

The effect of the changes to the law in England and Wales is that it is now a matter of statute that a person cannot claim a so-called rough sex defence, whereas it was previously a matter of common law.

The United Kingdom Government has acknowledged that it was not a new law but that it involved the position being made clear in statute for the first time, as I have said. For that reason, the new statute is not yet in force; it was passed only recently. However, I commit to answering the member's question through engaging directly with the UK Government to understand what plans it might have to monitor and evaluate the effect of the new law.

## Business Motion

17:00

**The Presiding Officer (Alison Johnstone):** The next item of business is consideration of business motion S6M-00196, in the name of George Adam, on behalf of the Parliamentary Bureau, setting out revisions to the business programme for this week.

*Motion moved,*

That the Parliament agrees—

(a) the following revision to the programme of business on Wednesday 2 June 2021—

delete

2.00 pm Scottish Government Debate: Economic Recovery

and insert

2.00 pm Ministerial statement: National Qualifications 2021

*followed by* Scottish Government Debate: Economic Recovery

(b) that, for the purposes of consideration of the Health Protection (Coronavirus) (International Travel etc.) (Scotland) Amendment Regulations 2021 (SSI 2021/158), the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No. 18) Regulations 2021 (SSI 2021/166) and the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No. 18) Amendment Regulations 2021 (SSI 2021/168), rules 10.1.3(a) and 10.3.3 of Standing Orders be suspended; and

(c) that the Health Protection (Coronavirus) (International Travel etc.) (Scotland) Amendment Regulations 2021 (SSI 2021/158), the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No. 18) Regulations 2021 (SSI 2021/166) and the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No. 18) Amendment Regulations 2021 (SSI 2021/168) be considered by the Parliament.—[George Adam]

*Motion agreed to.*

## Decision Time

17:01

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

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

The first question is, that amendment S6M-00144.4, in the name of Annie Wells, which seeks to amend motion S6M-00144, in the name of Humza Yousaf, on health recovery, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division. I suspend the meeting for a technical break.

17:01

*Meeting suspended.*

17:07

*On resuming—*

**The Presiding Officer:** We move to the vote. Members should cast their votes now.

### For

Balfour, Jeremy (Lothian) (Con)  
 Briggs, Miles (Lothian) (Con)  
 Cameron, Donald (Highlands and Islands) (Con)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Dowey, Sharon (South Scotland) (Con)  
 Findlay, Russell (West Scotland) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Gallacher, Meghan (Central Scotland) (Con)  
 Gosal, Pam (West Scotland) (Con)  
 Greene, Jamie (West Scotland) (Con)  
 Gulhane, Sandesh (Glasgow) (Con)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Hoy, Craig (South Scotland) (Con)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Kerr, Liam (North East Scotland) (Con)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Lumsden, Douglas (North East Scotland) (Con)  
 McArthur, Liam (Orkney Islands) (LD)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 Rennie, Willie (North East Fife) (LD)  
 Ross, Douglas (Highlands and Islands) (Con)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Webber, Sue (Lothian) (Con)  
 Wells, Annie (Glasgow) (Con)  
 White, Tess (North East Scotland) (Con)  
 Whittle, Brian (South Scotland) (Con)  
 Wishart, Beatrice (Shetland Islands) (LD)

### Against

Adam, George (Paisley) (SNP)  
 Adam, Karen (Banffshire and Buchan Coast) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)

Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Brown, Siobhian (Ayr) (SNP)  
 Burgess, Ariane (Highlands and Islands) (Green)  
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)  
 Chapman, Maggie (North East Scotland) (Green)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Constance, Angela (Almond Valley) (SNP)  
 Denham, Ash (Edinburgh Eastern) (SNP)  
 Dey, Graeme (Angus South) (SNP)  
 Don, Natalie (Renfrewshire North and West) (SNP)  
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)  
 Dornan, James (Glasgow Cathcart) (SNP)  
 Dunbar, Jackie (Aberdeen Donside) (SNP)  
 Ewing, Annabelle (Cowdenbeath) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)  
 Gougeon, Mairi (Angus North and Mearns) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Gray, Neil (Airdrie and Shotts) (SNP)  
 Greer, Ross (West Scotland) (Green)  
 Harper, Emma (South Scotland) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lochhead, Richard (Moray) (SNP)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)  
 Mackay, Gillian (Central Scotland) (Green)  
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)  
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAllan, Màiri (Clydesdale) (SNP)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)  
 McLennan, Paul (East Lothian) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 McNair, Marie (Clydebank and Milngavie) (SNP)  
 Minto, Jenni (Argyll and Bute) (SNP)  
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)  
 Robison, Shona (Dundee City East) (SNP)  
 Roddick, Emma (Highlands and Islands) (SNP)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Slater, Lorna (Lothian) (Green)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Collette (East Kilbride) (SNP)  
 Stewart, Kaukab (Glasgow Kelvin) (SNP)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Sturgeon, Nicola (Glasgow Southside) (SNP)  
 Swinney, John (Perthshire North) (SNP)  
 Thomson, Michelle (Falkirk East) (SNP)  
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)  
 Tweed, Evelyn (Stirling) (SNP)  
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

**Abstentions**

Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Bibby, Neil (West Scotland) (Lab)  
 Boyack, Sarah (Lothian) (Lab)  
 Choudhury, Foyso (Lothian) (Lab)  
 Clark, Katy (West Scotland) (Lab)  
 Duncan-Glancy, Pam (Glasgow) (Lab)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Griffin, Mark (Central Scotland) (Lab)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Lennon, Monica (Central Scotland) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Marra, Michael (North East Scotland) (Lab)  
 McNeill, Pauline (Glasgow) (Lab)  
 Mochan, Carol (South Scotland) (Lab)  
 O'Kane, Paul (West Scotland) (Lab)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Sarwar, Anas (Glasgow) (Lab)  
 Smyth, Colin (South Scotland) (Lab)  
 Sweeney, Paul (Glasgow) (Lab)  
 Villalba, Mercedes (North East Scotland) (Lab)  
 Whitfield, Martin (South Scotland) (Lab)

**The Presiding Officer:** The result of the division on amendment S6M-00144.4, in the name of Annie Wells, on health recovery, is: For 32, Against 68, Abstentions 22.

*Amendment disagreed to.*

**The Presiding Officer:** The next question is, that amendment S6M-00144.1, in the name of Jackie Baillie, which seeks to amend motion S6M-00144, in the name of Humza Yousaf, on health recovery, be agreed to. Are we agreed?

**Members:** No.

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

**For**

Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Bibby, Neil (West Scotland) (Lab)  
 Boyack, Sarah (Lothian) (Lab)  
 Burgess, Ariane (Highlands and Islands) (Green)  
 Chapman, Maggie (North East Scotland) (Green)  
 Choudhury, Foyso (Lothian) (Lab)  
 Clark, Katy (West Scotland) (Lab)  
 Duncan-Glancy, Pam (Glasgow) (Lab)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Greer, Ross (West Scotland) (Green)  
 Griffin, Mark (Central Scotland) (Lab)  
 Harvie, Patrick (Glasgow) (Green)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Lennon, Monica (Central Scotland) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Mackay, Gillian (Central Scotland) (Green)  
 Marra, Michael (North East Scotland) (Lab)  
 McNeill, Pauline (Glasgow) (Lab)  
 Mochan, Carol (South Scotland) (Lab)  
 O'Kane, Paul (West Scotland) (Lab)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Sarwar, Anas (Glasgow) (Lab)  
 Slater, Lorna (Lothian) (Green)  
 Smyth, Colin (South Scotland) (Lab)  
 Sweeney, Paul (Glasgow) (Lab)  
 Villalba, Mercedes (North East Scotland) (Lab)  
 Whitfield, Martin (South Scotland) (Lab)

**Against**

Adam, George (Paisley) (SNP)  
 Adam, Karen (Banffshire and Buchan Coast) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Balfour, Jeremy (Lothian) (Con)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Briggs, Miles (Lothian) (Con)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Brown, Siobhian (Ayr) (SNP)  
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)  
 Cameron, Donald (Highlands and Islands) (Con)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Constance, Angela (Almond Valley) (SNP)  
 Denham, Ash (Edinburgh Eastern) (SNP)  
 Dey, Graeme (Angus South) (SNP)  
 Don, Natalie (Renfrewshire North and West) (SNP)  
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)  
 Dornan, James (Glasgow Cathcart) (SNP)  
 Dowey, Sharon (South Scotland) (Con)  
 Dunbar, Jackie (Aberdeen Donside) (SNP)  
 Ewing, Annabelle (Cowdenbeath) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)  
 Findlay, Russell (West Scotland) (Con)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Gallacher, Meghan (Central Scotland) (Con)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)  
 Gosal, Pam (West Scotland) (Con)  
 Gougeon, Mairi (Angus North and Mearns) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Gray, Neil (Airdrie and Shotts) (SNP)  
 Greene, Jamie (West Scotland) (Con)  
 Gulhane, Sandesh (Glasgow) (Con)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Harper, Emma (South Scotland) (SNP)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hoy, Craig (South Scotland) (Con)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Kerr, Liam (North East Scotland) (Con)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lochhead, Richard (Moray) (SNP)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Lumsden, Douglas (North East Scotland) (Con)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)  
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)  
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAllan, Màiri (Clydesdale) (SNP)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)  
 McLennan, Paul (East Lothian) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 McNair, Marie (Clydebank and Milngavie) (SNP)  
 Minto, Jenni (Argyll and Bute) (SNP)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)



Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)  
 Robison, Shona (Dundee City East) (SNP)  
 Roddick, Emma (Highlands and Islands) (SNP)  
 Ross, Douglas (Highlands and Islands) (Con)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Collette (East Kilbride) (SNP)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Stewart, Kaukab (Glasgow Kelvin) (SNP)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Sturgeon, Nicola (Glasgow Southside) (SNP)  
 Swinney, John (Perthshire North) (SNP)  
 Thomson, Michelle (Falkirk East) (SNP)  
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)  
 Tweed, Evelyn (Stirling) (SNP)  
 Webber, Sue (Lothian) (Con)  
 Wells, Annie (Glasgow) (Con)  
 White, Tess (North East Scotland) (Con)  
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)  
 Whittle, Brian (South Scotland) (Con)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

#### Abstentions

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

**The Presiding Officer:** The result of the division on amendment S6M-00144.1, in the name of Jackie Baillie, on health recovery, is: For 29, Against 89, Abstentions 4.

*Amendment disagreed to.*

**The Presiding Officer:** The final question is, that motion S6M-00144, in the name of Humza Yousaf, on health recovery, be agreed to. Are we agreed?

**Members:** No.

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

#### For

Adam, George (Paisley) (SNP)  
 Adam, Karen (Banffshire and Buchan Coast) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Bibby, Neil (West Scotland) (Lab)  
 Boyack, Sarah (Lothian) (Lab)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Brown, Siobhian (Ayr) (SNP)  
 Burgess, Ariane (Highlands and Islands) (Green)  
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)  
 Chapman, Maggie (North East Scotland) (Green)  
 Choudhury, Foyso (Lothian) (Lab)  
 Clark, Katy (West Scotland) (Lab)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Constance, Angela (Almond Valley) (SNP)  
 Denham, Ash (Edinburgh Eastern) (SNP)  
 Dey, Graeme (Angus South) (SNP)  
 Don, Natalie (Renfrewshire North and West) (SNP)  
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)  
 Dornan, James (Glasgow Cathcart) (SNP)

Dunbar, Jackie (Aberdeen Donside) (SNP)  
 Duncan-Glancy, Pam (Glasgow) (Lab)  
 Ewing, Annabelle (Cowdenbeath) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)  
 Gougeon, Mairi (Angus North and Mearns) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Neil (Airdrie and Shotts) (SNP)  
 Greer, Ross (West Scotland) (Green)  
 Griffin, Mark (Central Scotland) (Lab)  
 Harper, Emma (South Scotland) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lennon, Monica (Central Scotland) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Lochhead, Richard (Moray) (SNP)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)  
 Mackay, Gillian (Central Scotland) (Green)  
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)  
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)  
 Marra, Michael (North East Scotland) (Lab)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAllan, Màiri (Clydesdale) (SNP)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)  
 McLennan, Paul (East Lothian) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 McNair, Marie (Clydebank and Milngavie) (SNP)  
 McNeill, Pauline (Glasgow) (Lab)  
 Minto, Jenni (Argyll and Bute) (SNP)  
 Mochan, Carol (South Scotland) (Lab)  
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)  
 O'Kane, Paul (West Scotland) (Lab)  
 Robison, Shona (Dundee City East) (SNP)  
 Roddick, Emma (Highlands and Islands) (SNP)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Sarwar, Anas (Glasgow) (Lab)  
 Slater, Lorna (Lothian) (Green)  
 Smyth, Colin (South Scotland) (Lab)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Collette (East Kilbride) (SNP)  
 Stewart, Kaukab (Glasgow Kelvin) (SNP)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Sturgeon, Nicola (Glasgow Southside) (SNP)  
 Sweeney, Paul (Glasgow) (Lab)  
 Swinney, John (Perthshire North) (SNP)  
 Thomson, Michelle (Falkirk East) (SNP)  
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)  
 Tweed, Evelyn (Stirling) (SNP)  
 Villalba, Mercedes (North East Scotland) (Lab)  
 Whitfield, Martin (South Scotland) (Lab)  
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

**Against***Meeting closed at 17:16.*

Balfour, Jeremy (Lothian) (Con)  
 Briggs, Miles (Lothian) (Con)  
 Cameron, Donald (Highlands and Islands) (Con)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Dowey, Sharon (South Scotland) (Con)  
 Findlay, Russell (West Scotland) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Gallacher, Meghan (Central Scotland) (Con)  
 Gosal, Pam (West Scotland) (Con)  
 Greene, Jamie (West Scotland) (Con)  
 Gulhane, Sandesh (Glasgow) (Con)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Hoy, Craig (South Scotland) (Con)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Kerr, Liam (North East Scotland) (Con)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Lumsden, Douglas (North East Scotland) (Con)  
 McArthur, Liam (Orkney Islands) (LD)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 Rennie, Willie (North East Fife) (LD)  
 Ross, Douglas (Highlands and Islands) (Con)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Webber, Sue (Lothian) (Con)  
 Wells, Annie (Glasgow) (Con)  
 White, Tess (North East Scotland) (Con)  
 Whittle, Brian (South Scotland) (Con)  
 Wishart, Beatrice (Shetland Islands) (LD)

**The Presiding Officer:** The result of the division on motion S6M-00144, in the name of Humza Yousaf, on health recovery, is: For 90, Against 32, Abstentions 0.

*Motion agreed to,*

That the Parliament welcomes the Scottish Government commitment to produce an NHS Recovery plan within 100 days, reflecting that the necessary actions of the NHS to deal with the COVID-19 pandemic have impacted on waiting times for care and treatment; recognises that this impact will mean that many people are waiting longer for treatment and that this will be a source of worry for them and their families; notes that the aim of the recovery plan will be to increase inpatient, day case and outpatient activity by 10%, and that urgent care such as cancer will continue to be prioritised and action taken to reduce the longest waits; believes that the recovery plan should address both mental and physical health as all aspects of wellbeing have been affected by the pandemic; further believes that a women's health plan should also be brought forward within 100 days in order to better shape the services that are needed by women of all ages but that have too often fallen short in the past; commends the health and care staff for the remarkable efforts that they have made to provide the best care and treatment possible during the pandemic, and recognises that fundamental to the recovery of the NHS is a recognition of their care and support needs so that they can best meet the needs of patients, and supports the establishment of a National Care Service to ensure that care services are founded on fairness, equality and human rights, and are placed on the same level of esteem as the National Health Service.

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

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

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The Scottish Parliament  
Pàrlamaid na h-Alba