OFFICIAL REPORT
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Health, Social Care and Sport Committee

Tuesday 1 February 2022

Session 6

The Scottish Parliament
Pàrlamaid na h-Alba

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CONTENTS

HEALTH, SOCIAL CARE AND SPORT COMMITTEE

4th Meeting 2022, Session 6

CONVENER

*Gillian Martin (Aberdeenshire East) (SNP)

DEPUTY CONVENER

Paul O'Kane (West Scotland) (Lab)

COMMITTEE MEMBERS

*Stephanie Callaghan (Uddingston and Bellshill) (SNP)
*Sandesh Gulhane (Glasgow) (Con)
*Emma Harper (South Scotland) (SNP)
*Gillian Mackay (Central Scotland) (Green)
*Carol Mochan (South Scotland) (Lab)
*David Torrance (Kirkcaldy) (SNP)
*Evelyn Tweed (Stirling) (SNP)
*Sue Webber (Lothian) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Jackie Baillie (Dumbarton) (Lab) (Committee Substitute)
Sam Baker (Scottish Government)
Kevin Stewart (Minister for Mental Wellbeing and Social Care)
Maree Todd (Minister for Public Health, Women's Health and Sport)

CLERK TO THE COMMITTEE

Alex Bruce

LOCATION

The Sir Alexander Fleming Room (CR3)

Scottish Parliament

Health, Social Care and Sport Committee

Tuesday 1 February 2022

[The Convener opened the meeting at 09:00]

Decision on Taking Business in Private

The Convener (Gillian Martin): Good morning, and welcome to the fourth meeting in 2022 of the Health, Social Care and Sport Committee. Paul O'Kane has sent his apologies, and we welcome back Jackie Baillie, who is attending as a substitute member.

The first item on our agenda is a decision on whether to take items 4 to 7 in private. Do members agree to take those items in private?

Members *indicated agreement.*

Health and Wellbeing of Children and Young People

09:00

The Convener: The second agenda item is an evidence session with witnesses from the Scottish Government as part of our inquiry into the health and wellbeing of children and young people. I am delighted to welcome Kevin Stewart, the Minister for Mental Wellbeing and Social Care, and Maree Todd, the Minister for Public Health, Women's Health and Sport. They are joined online by their officials: Angela Davidson, acting director for improving mental health and wellbeing; Mairi Macpherson, deputy director for improving health and wellbeing with the directorate for children and families; Stephen McLeod, national adviser for child and adolescent mental health services and neurodevelopmental services; and Carolyn Wilson, policy adviser for children and families. Welcome to the ministers and to you all.

Ms Todd, I believe that you would like to make an opening statement.

The Minister for Public Health, Women's Health and Sport (Maree Todd): Thank you, convener. I welcome the opportunity to assist the committee with this inquiry into the health and wellbeing of children and young people in Scotland. I thank everyone who responded to the inquiry, either in writing or in person.

As has been noted, the impact that poverty, challenging family circumstances and the pandemic have had on babies, children and young people cannot be overstated. I pay tribute to our young people who, throughout the pandemic, have been extremely gracious in the way that they have responded to the curtailing of their everyday lives. We know that the impact is already being seen in children's speech and language skills, in the increased risk of being overweight or obese, and in mental wellbeing. As decision makers, we need to do all that we can to ensure that children and young people have the right support at the right time so that they can flourish.

Early identification is key, and our universal services are at the forefront of our efforts to tackle those issues before they become long-term problems. We do not want the adults of tomorrow to be dependent on acute health care because of issues that they face as children today. We need to turn off the tap now so that the effects are not seen downstream in the future. That is why our health visiting service plays a vital role, as it helps babies and children to thrive through their first five years. A health visitor who is following the evidence-based universal health visiting pathway and meeting children and their families in their

homes is a trusted source of support and knowledge for families. By picking up issues early, a platform for children's health and wellbeing is set that takes them through to adulthood.

Every part of Government has a role in tackling the challenges that impact on children's health. Children and young people are one of our national priorities in the national performance framework. That is because we know that every part of Government and society needs our children to achieve the best possible physical and mental health and wellbeing. We need to ensure that protecting and promoting children's rights are at the heart of all that we do. Having good health and wellbeing is about more than simply the absence of illness; it makes learning easier and future life choices wider. It makes an active and enjoyable life more likely. It is therefore paramount that we have early identification of need and that responsive high-quality supports are available to meet that need.

We know that the Covid-19 period has been exceptionally difficult for the mental health and wellbeing of many children and young people and their families, and we have been working directly with children, young people, parents and carers to develop policies to address that. The Government is making significant investments in our mental health services to encourage recovery and renewal as we emerge from the Covid-19 pandemic. We recognise how important it is for children and young people to be able to access mental health and wellbeing support at the earliest possible stage, which is why early intervention is a key focus of our mental health and wellbeing transition and recovery plan, and why children and young people's focused activities make up a large proportion of the £120 million recovery fund that supports the plan.

We have provided funding to a range of children and young people's organisations to create a suite of online resources, information and advice to support the emotional health and wellbeing of children and young people. Young people and families have also told us that they need more support that is delivered in a community setting for mental and emotional distress and for their wellbeing and resilience. Therefore, in this financial year, we have provided local authorities with an additional £15 million to fund more than 230 new and enhanced supports and services for children and young people. We are also providing an additional £15 million in 2022-23 to fund the continuation of those services.

Every baby, child and young person in Scotland has the right to the best possible physical and mental health. I look forward to the outcome of the committee's inquiry as we continue to work to improve outcomes for babies, children and young people to enable them to reach their full potential.

The Convener: Thank you. You have outlined how the wellbeing of children and young people is a priority for the Government. We echo that in this committee, and that is why we are doing this inquiry—the issue is a priority for us, too. Certainly, the evidence that we have heard, particularly in relation to Covid, is that it should be a priority for us. The issue is a priority for policy makers, and you have outlined how it cuts across Government. However, we need to look at those who are implementing the Government's policies throughout Scotland, such as those in local authority and health board areas. How does the Government ensure that the issue is also a priority on the ground, and that what you want to happen is getting to people on the ground?

The question is for both ministers, but I will go first to Kevin Stewart for the mental health perspective.

The Minister for Mental Wellbeing and Social Care (Kevin Stewart): We want to track what is happening on the ground to ensure that our investment is making a real difference to young people and their families. Ms Todd talked about the £15 million investment in local authorities. We know that some local authorities have responded more quickly than others to utilise those resources and that others are taking longer. We need to ensure that they speed up. Beyond that, they need to recognise that the moneys that we have made available will flow into next year, so they have the comfort of knowing that the resource will be there. All of our expectations are that the money is best utilised for the good of children in every area.

The other aspect of tracking outcomes is looking at the data that is currently available and considering what changes we need to make. For example, we have the annual health and wellbeing census, which is one of a number of sources that the Government uses to track the wellbeing of young people, but we need to go beyond that, and the pandemic has taught us some lessons in that regard.

During the pandemic, the support that we provided to Young Scot to undertake the lockdown lowdown survey provided us with useful insights into the particular impacts that the pandemic and associated restrictions had on children and young people. This year, we will commission an independent evaluation of our children and young people's community wellbeing supports and services, and we will ensure that we are listening to the voices of those who use and seek access to those services.

Those are the kinds of things that we need to do. We need to listen to the voices of lived

experience to see what is working and we need to track to ensure that the resourcing that we are making available is actually getting it right for young people.

Maree Todd: The best way for me to answer the question is to talk about two particular programmes. I will talk first about the universal health visiting programme, which is a universal service that is available to everyone, and then about the more targeted family nurse partnership.

At the start of the pandemic, all our services pivoted to a digital response, and face to face visiting was reduced. However, in recognition of the importance to new parents of the health visiting service, new parents and babies were prioritised at that time of national emergency. Right at the start of the pandemic, in March 2020, the Scottish Government produced national clinical guidance to ask the health visiting services to prioritise visits for new babies—that is, the first visit at 10 days and the six to eight-week check. That guidance was adapted throughout the pandemic. Time and again, we asked for babies and children to be prioritised. Health visitors largely remained in post and were not redeployed to other parts of the response.

The Government closely monitored the situation. Over the first six months of the pandemic, health boards regularly reported to the Government data on health visitor checks. We kept an eye on the situation, we gave instructions and guidance on what we expected to happen, and we made sure that it happened. As well as that check during the emergency situation, our regular child health surveillance programme continued during the pandemic, so we collected our usual data.

Child health reviews were carried out throughout the pandemic. Some of the contacts might have been virtual. They might have looked a little different on the ground and might have felt a little different for families, but the contact was still there. The data shows very little difference compared to pre-pandemic levels in the percentage of reviews that were carried out, at first visits and then the visits at six to eight weeks, 13 to 15 months, 27 to 30 months and four to five years.

We have a programme in place to evaluate the universal health visiting pathway. We do not just ask health boards to implement the universal health visiting pathway and leave them to it; we look at not just whether it is happening but at whether it is having the impact that we want it to have, because we want it to make a difference. The phase 1 evaluation report was published in December last year. The Scottish Government accepts the findings in full and is pretty keen to consider and build on the recommendations in the report and identify appropriate next steps.

The family nurse partnership is targeted support that is aimed at young people under the age of 19 with children, and some people are eligible for it up to the age of 24. It provides holistic support from early in pregnancy right the way through to when the child is two years old. That is an evidence-based programme. We know what we anticipate achieving with it, and we look to see that it has that impact. That support, too, was prioritised throughout the pandemic, including home visits. More vulnerable families are involved in the programme, so home visits were prioritised, and we collected data to ensure that that was happening. At any one time, around 3,000 families across Scotland are supported by the family nurse partnership. In the past 10 years, more than 10,000 families have received support from the programme, with more than 6,000 families graduating.

We collect a lot of data—we do not leave it to chance. We continually try to improve. Scotland is recognised around the world as having some of the best quality-improvement methodology built in to our national health service services anywhere in the world. We continually strive to improve what we deliver to families to meet their health needs.

The Convener: Mr Stewart, your portfolio includes the national care service development, and children's health and wellbeing services are anticipated to fall within the remit of that national service when it is developed and implemented. What opportunities does that present in relation to the joined-up approach that we have said is a priority?

Kevin Stewart: We are still analysing the responses to the consultation, and we know that we have more work to do to consult with stakeholders about our proposals before final decisions are taken by the Cabinet.

In all of the work that we do on the national care service, and whether services are in or out of it, we have to take a joined-up approach. We know all too well from stakeholders that transition periods can sometimes be some of the most difficult times for people, and that there does not seem to be the link that should be there when people move from one service to another. Legislation on that has changed recently, but there is a question about when is the right time for change and whether that change is the right thing to do. More joined-up approaches are required.

09:15

I can give an example—it is the starkest one that I have—of where we sometimes do not get it right and can confuse people and do too much rather than have a systematic right approach for folks. The other week, one of my officials was

talking to a young person, who has a lot of things going on in their life and is involved with 15 different agencies. The question that that young person asked was, "Who do I listen to in all of this?" Often, what that person was being told was contradictory, according to them. I think that we can all agree that that is not the right approach for a young person, so we have to ensure that, in the future, we do not have those kinds of examples and that everything that we do is person centred.

The message that I get from a lot of young folk is, "I want somebody I can trust to deal with me." There is absolutely no reason why the good practice of having a lead person, which is happening in many places, cannot be followed across the board.

Whether children's services are in or out of the national care service—the initial responses to the consultation show that the majority are in favour of them being in it—we have to make sure that the linkages are right and that we take a person-centred approach, as opposed to the current situation in which, in some cases, we have a bit of a postcode lottery. No matter what, we want a national quality standard so that folks know the service that they can expect.

Beyond that, again no matter what, we have to listen to the voices of lived experience. The places where services are working well are the ones where young folk are at the heart of helping to shape services and where there is the maximum amount of communication, collaboration and co-operation. No matter what, that is what we need to see across the board.

The Convener: Thank you. We will move on to my colleagues. Emma Harper has questions about public health priorities.

Emma Harper (South Scotland) (SNP): Good morning, ministers. I am interested in some of our public health priorities. Priority 2 mentions

"A Scotland where we flourish in our early years".

My question is for Maree Todd. How do we measure, monitor and evaluate whether we have a Scotland where our young people flourish?

Maree Todd: That is a good question, because one of the most important measures is a very long-term one: how people flourish into adulthood. It is difficult to measure very long-term investments.

When I was the Minister for Children and Young People, we looked at the investment that went into providing 1,140 hours of free childcare, which is one of the biggest social infrastructure investments that the Government has ever made. We expect that investment to provide a transformative opportunity for three and four-year-olds, with the quality of education that they are offered enabling them not only to thrive at that age but to seize the opportunities that they are offered later on in school.

Evidence from other countries shows that, if you deliver high-quality early learning and childcare, which we strive to do in Scotland, you will see a benefit not just when a child is in education and in their early life but when they reach early adulthood, with there being a measurable difference in the quality of their parenting. Some of our investments are truly long term. I consider the provision of 1,140 hours of childcare to be one of the greatest long-term investments that we have made in our children to enable them to thrive.

How do we measure the impact? We have evaluation programmes in place to measure the short-term impacts, but it is difficult to have a grasp of the long-term impacts. An entire generation of children have not yet experienced 1,140 hours of childcare, which makes it more challenging to measure long-term outcomes, but we keep an eye on a lot of short-term data. We collect data on all sorts of measures that we think will have an impact.

For example, we collect data on breastfeeding. We recognise that breastfeeding is an important public health intervention. Milk from breastfeeding is the best kind of food for infants, and we want to support women to breastfeed when they make that decision. Breastfeeding rates have increased among women involved in the family nurse partnership programme because of that intervention. Across the board in Scotland, we have the highest breastfeeding rates that we have ever had. In relation to socioeconomic circumstances, there are higher breastfeeding rates in wealthy areas and lower rates in areas where there is more poverty, but that inequality gap is starting to close. We collect lots of data on how things are going and monitor it closely.

From a public health perspective, there are two challenges. The first is that we are looking for very long-term effects, and the second is that all sorts of things can skew what happens. Over the past 10 years, we have made huge efforts to improve the situation for our children and young people. We have introduced all sorts of programmes that will support them to flourish, but the Westminster Government has pursued an agenda of austerity and welfare reform. Agencies from outside the United Kingdom have looked at the level of poverty in the UK and have said that the welfare reform has particularly targeted disabled people and has made poverty worse for children.

We have a two-child cap, for heaven's sake. We have children growing up in Scotland who, we think, are entitled to support from the state because they are living in poverty, but the Westminster Government pursues a policy that

says that children cannot have support if they have two or more brothers or sisters.

There are challenges in gathering data and in ensuring that our interventions lead to the desired outcomes. Those challenges relate to the long-term nature of the work and to the impact of not only Scottish Government processes but Westminster Government ones.

Emma Harper: The 1,140 hours of childcare is delivered by local authorities. What is the Scottish Government doing to help local authorities or other public organisations to deliver a Scotland where our young people flourish?

The Convener: I know that the minister will have plenty to say on that, but we should remember that we will hear from the Minister for Children and Young People next week.

Maree Todd: Passionate as I am about the 1,140 hours of childcare, it is probably best that I leave that question for Clare Haughey to answer.

Other programmes such as the universal health visiting pathway really make a difference. We are starting to see that early years interventions are making a measurable difference to very young children in Scotland. We know that the earliest years are the most important. That is where Governments get the biggest bang for their buck and where their investment delivers the greatest results.

I have talked about some of the impacts of poverty. Intervention is so urgent at that stage because that is also when poverty has the most devastating lifelong impact. If a child under five is living in poverty, that will have a lifelong impact on their health and wellbeing, and we need to strive to tackle that.

Kevin Stewart: I will not stray into talking about education and early years, although it is tempting, because I know that the committee will hear from Shona Robison and Clare Haughey next week.

The investment that we have made in perinatal and infant mental health support can also make a big difference. I know that the committee has been discussing that subject and that you will report on it very soon. The four-year investment makes a substantial contribution to improving and supporting the mental health and wellbeing of women and infants, which can have a huge long-term impact. We await your report and recommendations with anticipation.

Emma Harper: Maree Todd mentioned the UK Government's austerity policies, which have had an impact, but I will not discuss poverty and disability too deeply.

I want to touch on how adverse childhood experiences, such as eating disorders, can affect health outcomes. During the pandemic, there has been an increase in the number of people with eating disorders, and I am interested in that area. How do adverse childhood experiences affect children as they grow up? What work is being done to address eating disorders?

Maree Todd: I will set out what we have available universally to tackle adverse childhood experiences, and my colleague Kevin Stewart will pick up on the specific points about eating disorders.

Preventing and responding to early adversity and trauma is essential to the getting it right for every child—GIRFEC—approach, which Kevin Stewart talked about. That is a multidisciplinary and collaborative approach that involves putting services around the child and working together.

I will give some examples of that approach. Shona Robison will talk more about this next week, but we are trying to increase family incomes and reduce living costs through the tackling child poverty delivery plan. Improving the early learning and childcare system is part of that, so you can see how all the different programmes come together. The investment in 1,140 hours of childcare will support children who are experiencing poverty and will ensure that they get high-quality interactions and learning, but it will also support their parents to be able to work and learn.

As Kevin Stewart said, we are investing in perinatal and infant mental health in order to support parents and infants and to prevent problems from escalating. As I set out, we are also providing more support for children and families in the earliest years. The universal health visiting pathway is one example, and the roll-out of family nurse partnerships is another. We continue our efforts to improve the offering right through the ages. We are doing a lot of work with school nurses to ensure that they focus on tackling adversity.

You are right that early childhood adversity has an impact beyond mental health. It was always kind of obvious that what happens to a child in the early years will have an impact on their later mental health, but the studies into adverse childhood experiences gave us an understanding of the physical impact of early childhood adversity. Children who experience multiple adversities in childhood die younger. My job, as public health minister, in trying to increase life expectancy, starts decades before people reach adulthood by trying to improve the living environment for children and young people.

Kevin Stewart: I will add to what Ms Todd has said, as there are a number of other things that we need to do. We need to raise awareness of

adverse childhood experiences in our communities and across the nation. We have to recognise the impact that trauma can have on people. That is why we are investing in our national trauma training programme and providing some £4 million to support the development of trauma-informed workforces and services.

09:30

In some parts of the country, trailblazing work is going on. I had the pleasure of talking to folks from South Ayrshire and Dundee recently. I was very impressed with the huge amount of work that South Ayrshire Council has done with its workforce and with elected members on trauma-informed practice. We have to ensure that such work is exported across the board.

Ms Harper asked about eating disorders. Eating disorder services are extremely important to me because, as folk know, I know people who have been impacted by family members having eating disorders. During the pandemic, the number of eating disorder cases has risen, and we have to continue to monitor and react to that.

As folks know, we conducted a national review of eating disorder services. The review group is jointly chaired by Dennis Robertson, a former MSP, who has campaigned vociferously for improved services, and Dr Charlotte Oakley, who was previously the clinical lead of the connect-ED—eating disorders—service at NHS Greater Glasgow and Clyde. The group's aim is to ensure that stakeholders are empowered, through collaboration and engagement, to provide their input, experience and expertise and to play a leading role in delivering the recommendations and improving services.

I am sure that the committee is well aware that, in June, we announced an additional £5 million to respond to the review's recommendations. We have also provided further investment in third sector organisations—for example, we gave £400,000 to Beat, the UK's eating disorder charity—to provide a wider range of options and support for those affected by eating disorders, including families and carers.

I do not think that we should underplay the issue. There has been an increase in the number of folk presenting with eating disorders, so we have a fair amount of work to do to get it right for folk.

The Convener: I believe that Evelyn Tweed wants to talk about sport.

Evelyn Tweed (Stirling) (SNP): What steps has the Scottish Government taken to ensure that all children and young people can eat well, have a healthy weight, and be physically active?

Maree Todd: That is an excellent and timely question, because we are seeing in the early data as we come out of the pandemic an alarming increase in childhood obesity levels. That has been an increasing challenge for us over the past few years—from even before the pandemic. However, last year, we saw some worrying statistics relating to children entering primary 1 who had heavier weights than ever before. There was a big increase, despite the fact that we have prioritised sport and physical activity for children throughout the pandemic.

We set some challenging targets pre-pandemic to tackle childhood obesity and significantly reduce diet-related health inequalities, and we will undoubtedly have to look at that programme in detail to ensure that we are achieving what we want to achieve. We want to make it easier for people to make healthy choices and to reduce the health harm that is caused by diet and unhealthy weight.

However, the problem is a complex one. There is no single one-size-fits-all answer that we can simply pick off the shelf and make a difference with. We will have to do multiple things. We will have to start looking at the problem from before children are even conceived and look at women's health. We will have to support women during the antenatal period and support children from birth right up to their starting school.

We have a number of programmes to tackle obesity in general. There is an extra £2 million to improve weight management services for children and young people who are going into the system, and we introduced new school food regulations to make school food and drink even healthier. I have talked about the work that we are doing to improve breastfeeding rates. The more breastfeeding there is, the lower the risk of obesity. We are also looking at food labelling, particularly infant food labelling, because incorrect health claims are quite often made on infant foods, and at food that is sold as snacks and treats. Babies do not need biscuits. We are taking a multipronged approach to tackling and improving the diet of our children and young people.

You are right that we need to increase physical activity—I am absolutely passionate about that—but experts tell me time and again that people cannot outrun a bad diet. Therefore, we need to tackle both. We need to tackle diet as well as increase physical activity. Increased physical activity will help the physical and mental health of children and young people. We have a solid body of evidence that points in that direction.

Physical activity is also fun. Children learn through play and getting outdoors. Each and every one of us will know that getting outdoors and exercising has been among the best ways to cope

with the challenging situation that we have been in for the past couple of years. It is no different for children. They need to get outdoors and let off steam, and we need to create more opportunities for them to do that. That is a focus for the early years.

The Convener: Can I bring in some other members? I have a long list of colleagues who want to come in specifically on physical activity.

Maree Todd: Absolutely. I have loads to say. I will stop and let you guys ask some questions.

The Convener: I know how passionate you are about physical activity—your daily mile is testament to that. I do not know how many years you have been doing that for.

Maree Todd: I have done my daily mile this morning.

The Convener: Stephanie Callaghan, Sue Webber, Sandesh Gulhane and Carol Mochan all want to ask questions about healthy weight and physical activity. I will bring in Stephanie Callaghan first.

Stephanie Callaghan (Uddingston and Bellshill) (SNP): My question is not about physical activity. If you want to bring in the others first, I will maybe come in at the end.

The Convener: Okay. I will bring in Sue Webber.

Sue Webber (Lothian) (Con): I, too, am passionate about sport and physical activity, and particularly team sports, because I believe that they help people out of socially deprived situations and give them a great springboard to go forward. What is the Scottish Government's assessment of the impact of the pandemic on physical activity levels among children and their ability to access sport and other activities?

Maree Todd: I absolutely agree with you on the impact of team sports. That is intuitive, but the evidence supports that. I think that work that was done in Wales on adverse childhood experiences showed that participating in team sports mitigates issues and that the benefit lasts into adulthood. If we are looking for a benefit that has a long-lasting impact, encouraging team sports is definitely important.

Opportunities to be physically active have been prioritised throughout the pandemic, but they have been restricted. Even just not walking to and from school will have had an impact on many children. I think that much of the reason why children and many of us in the population gained weight was that we were not out and about exercising. We were without the exercise that we would normally do every day in just getting from A to B, which we do not even realise is exercise. There have been significant restrictions on our being out and about and on sport and physical activity, and there has been reduced active travel.

We are seeing an impact from that, which is likely to have been felt unequally. Our early understanding is that, as is the case in almost every situation, people in more deprived communities have suffered more. That is probably due to people not having access to green spaces or a garden. Being holed up in a flat was a very different prospect from being holed up in a detached house with a large garden.

Our sports clubs and governing bodies have been incredibly supportive in the recovery. Even in the midst of the pandemic, we saw some of our sports clubs in communities being a huge part of the response. They reached out, supported their communities, and played a key and pivotal role—and they have continued to play that role.

It has been easier for outdoor sports to recover than it has been for indoor sports to do so. That is to do with how the virus operates. It is safer to gather together outdoors than to gather indoors. We have therefore seen huge increases in participation in, and waiting lists for, football and rugby, and most of the outdoor team sports have recovered pretty well. The indoor sports have had a tougher time. The need to further restrict indoor sports for adults over the course of the omicron spike has also made it difficult for them.

We absolutely recognise the importance of being physically active. That is why we have prioritised that throughout the pandemic. However, despite our best efforts, there has been an impact.

The Convener: Does Carol Mochan want to come in on physical activity?

Kevin Stewart: Can I come in on the team aspect?

The Convener: Sure. I will then come to Carol Mochan.

Kevin Stewart: Ms Webber made an excellent point about team activity. I know that, during the first lockdown, which was very difficult for young folks, some teams coped by being able to gather online. At an event that I was at at St Mirren Football Club, which I have talked to the committee about before, I had a discussion with Paul McNeill, who is the excellent head of community development at the Scottish Football Association. He said that the kids in one of the teams that he coached were getting on grand online, but there was a much more difficult experience mentally for folks who could not get online, because they were not able to connect with their team-mates. It was very important that we made the investment in getting digital devices out

there to folks who were digitally excluded because the team aspect has seen a lot of folk through.

We cannot overstate the value of team sport and the camaraderie that there has been, even though many people could not take part in activities in the first lockdown.

Carol Mochan (South Scotland) (Lab): Good morning. Maree Todd spoke about the fact that things are much more difficult for people in more deprived areas. We need to be honest with ourselves about what happens in those communities. Less funding is going to local government. In local communities, people are able to access more affordable and more local activity rather than just sport. If we are absolutely honest about wanting to get people more active, is it important for us to send the message that we have to resource local communities, particularly in more deprived areas?

Maree Todd: I absolutely agree that we need to increase the investment. That is why we are doubling the investment in sport and physical activity in this parliamentary session, with a particular focus on inequalities. We want to reach those communities. We also want to reach women and girls, who we know are not participating in sport, and disabled people, and we want to see more people from black and minority ethnic communities participating in sport in Scotland. We recognise that that is an area in which inequalities have an impact.

09:45

We are doubling that investment and looking to improve participation and offer opportunities. Over the course of the pandemic, active schools co-ordinators have been redeployed into schools to lead physical activity, and physical education has been prioritised. Through that universal offer, there are ways that we can ensure that children and young people still have an opportunity to participate.

As we came out of the pandemic last year, there was investment in a summer of fun or a summer of activities. Active school co-ordinators made a real effort to support children and young people to be active. Again, that was targeted at more deprived communities.

There are discussions to be had—I have those discussions on a regular basis—about whether there is support for the school estate in all communities in Scotland, for example. There are arm's-length trusts in some local authority areas, and there is a challenge in hanging on to the sporting estate in some of them. In some communities, that has been quite welcome. Sports clubs have stepped up, taken over the running of facilities, and improved how they meet the community's needs. That is community empowerment in action, but that is more challenging in some communities.

There will not be a one-size-fits-all solution. We are looking at the issue very closely to ensure that whatever is done in each community meets the community's needs and people are not left behind.

There is another thing that I need to work on, which is difficult because we still have Covid in this country and we are not out the other side of the pandemic yet. Despite the fact that we dipped under 6,000 cases yesterday, we still have reasonable levels of Covid in Scotland.

We need to ensure that children can access the school estate. We need to work towards that, and there are good pilot programmes. Last time I was at a meeting of this committee, I talked about some of the work that is going on in Dundee to ensure that children can access the school estate for sporting and cultural activities. Both have good evidence bases to support protection and mitigation against adverse childhood experiences. We need to work with our local authority colleagues to ensure that we are all absolutely focused in the same direction and are improving the situation for our children and young people.

The Convener: This particular topic is exercise. I will not be able to take this many supplementaries on every theme. We will probably need to have a whole session on sport, such is the amount of evidence we have heard and the number of questions we have.

I will bring in Kevin Stewart before I go to Stephanie Callaghan.

Kevin Stewart: I will be very brief, convener. Local authorities also have the ability to use the children and young people's mental health services money for sporting activities that support children's wellbeing. Ms Mochan will be well aware, I am sure, of the various projects that are going on in East Ayrshire, but one of the investments that East Ayrshire Council has made is in its vibrant communities project, which includes multidisciplinary community sport support, including sports coaches, for example. There is flexibility in that resource.

Of course, although we have invested £50 million over this year and next year, our ambition, as part of the Bute house agreement between the Scottish Government and the Scottish Greens, is to double that investment over the course of this parliamentary session. Flexibility exists for local authorities to use that money for mental wellbeing, because we know that sport has a vital role to play in that.

Stephanie Callaghan: It is good to see you both here this morning. My question goes back a

wee bit. We have mentioned ACEs, which are, sadly, often passed down from generation to generation—the trauma repeats itself. The minister mentioned the excellent work that has been happening around perinatal mental health, and my question builds on that. We all know the phrase "happy mum, happy baby", but it goes beyond that to "happy mums, happy parents, happy children". Parents' emotional health affects hugely how children feel when they are growing up.

I spoke to Des Murray, the chief executive of North Lanarkshire Council, yesterday and he talked about reaching out to young mums when they drop their children off at nursery so that, instead of going home and being isolated, they become engaged with services, whether that involves their having a coffee, accessing advice services, doing a bit of physical activity or whatever. What are we doing to promote that type of good practice, which recognises how important parental wellbeing is in enabling our young children to flourish?

Maree Todd: You are absolutely right. When children are being dropped off at nursery, that is a real opportunity to do something with the parents. Again, you may want to ask Clare Haughey more about this next week, when she will be here to give evidence. We have certainly seen such programmes being offered—for example, the peep learning together programme, which encourages education, learning and qualifications. That fulfilment of the parent's potential has a benefit for the children.

There is no doubt that, over the course of the pandemic, parents have felt more socially isolated than ever before. We have seen some innovative work to improve that situation, such as outdoor walking groups whereby parents use online social media groups to connect and get out together. As a public health minister, I have to say that very few positives have come out of the pandemic. However, if we become a nation that socialises through exercise, that will be a real positive, and I think there are opportunities to facilitate that.

As a mum of three, I know that it is not always easy to walk up to a stranger at the school gate and say, "Do you want to go for a walk?" If that can be facilitated by venues such as school nurseries or by health visitors, who used to run real-life mum and baby groups, that can definitely provide a huge opportunity for parents—it is not just mums; it is dads, too—to engage in that peer relationship, which is absolutely vital to good mental health.

The Convener: I will bring in Sandesh Gulhane, who has questions about eating disorders. Then we must move on to health equalities. Time is running away from us—I knew that it would.

Sandesh Gulhane (Glasgow) (Con): I want to pick up on the issue of eating disorders, which Emma Harper talked about. The highest rate of death from eating disorders is in adolescents, and the suicide rate is 23 times higher in people with eating disorders than it is in the general population.

Minister, you said that referrals have rocketed, and that is, indeed, true. The Royal College of Psychiatry vice-chair for CAMHS said that services were struggling pre-pandemic. There is a lack of beds, and people are having to go to England or having to be treated privately. How can you increase the number of beds, to prevent those at the top end from going down that horrible route?

Kevin Stewart: I do not want anyone to have to go elsewhere for treatment. I want folk to remain as near to their home as possible, because one of the key things in all of this is family support. We have some very good practice in supporting families when there is a distance to travel, but we probably have to do more on that front.

The key thing for me—I am sure it is the same for Dr Gulhane—is that we get to a situation in which folk do not have to go into acute services. That is why an amount of our investment has gone to the likes of Beat. We need to build on the community support that is available. I have visited the unit here, in Edinburgh, and a huge amount of its work is in the community rather than on the ward. We are in a situation in which we will have to keep a very close eye on beds. It may well mean more investment and an increase in the number of beds, but I think that it is preferable—I am sure that Dr Gulhane would agree—if we can keep folk out of hospital and provide them with the right support community. That would be the best way forward.

Carol Mochan: I am interested in how we address the inequalities that we see. We have talked a wee bit about sport, but I am thinking about access to services across the board. Does either of the ministers have a view on how we could improve that?

Maree Todd: You and I have spoken many times in the chamber and at committee about the injustice of health inequalities. They are unjust and they are avoidable, and it is the differences in health between and within population groups that represent thousands of premature deaths. Tackling those inequalities is absolutely high on my list of priorities. We have spoken a little bit this morning about what a long-term project that is because, although much of a person's life is not completely determined, their early years have a huge impact. It is a clear ambition for Scotland to tackle health inequalities. All Governments should want to tackle inequalities.

On the specifics of your question about accessing services, certain populations are considered—and we often hear them talked about—as being hard to reach. However, time and again, I hear that being corrected in policy circles, where we talk about them being easy to ignore. There is a recognition that certain groups do not have a voice and that our services are not targeted towards them.

Our most recent example of that is the vaccination programme. We had an imperative, because of omicron, to get a booster vaccine into the arms of as many people in Scotland as we possibly could, to protect ourselves from the pandemic and from the harm that was coming with that variant. Our target was 80 per cent of the adult population before the new year midnight bells, and we did really well with that, but it has proved harder to reach the other 20 per cent.

We now have specific programmes outreaching through drug and alcohol policy colleagues, outreaching through people who work with those who sell sex for a living, and outreaching to specific communities such as Gypsy Traveller communities. It is slower and tougher work to get out and reach those communities who are not well served by health services, but we recognise their need and we are doing that work. The vaccination programme shows you the level of work that is going on to make sure that they can access services.

I could quote right across the screening programme. For example, right across the board, there is health inequality because the uptake is lower in more deprived communities than it is in wealthier communities, and there is work going on in every screening programme to tackle that. Specifically in cervical cancer screening, there is four-nations work going on, because it is not just in Scotland that we are troubled by the situation and want to improve it.

We are also doing work on self-sampling. There are many reasons why women do not go for a cervical smear, including embarrassment, past sexual trauma, caring responsibilities and disability. We are therefore looking UK-wide at the possibility of home sampling, to improve that situation and to ensure that there is better take-up by the particular communities who do not take up the standard health offerings that we have.

I do not think that that will solve the problem completely. We say, time and again, that these are complex issues. Nevertheless, we will work at improving the take-up, because the cervical screening programme shows that the impact is huge. There is a possibility that we can eradicate cervical cancer. The World Health Organization says that eradicating cervical cancer is doable if we can increase the uptake of screening and if there is a good uptake of vaccination. It is a disease that we can be rid of, so the prize is huge. However, it is not easy, and we need to keep working at it, innovating and listening to those communities.

10:00

Carol Mochan: Another thing that some of the professionals talked to us about in evidence, and which we hear about time and again, is the move towards prevention and how we are trying to improve that area of our work, particularly for people in deprived communities. Do you think that we are doing enough in Scotland to move the model of prevention for these health difficulties that are causing such inequality?

Maree Todd: If I am honest, I think that we are doing a lot. We are increasing the amount of money that people have in their pockets, which is vital to tackling health inequalities. Health inequalities are about wealth inequalities, so things such as the Scottish child payment will make a difference.

I go back to the challenge of tackling these issues with one hand tied behind our back or of our taking one step forward in Scotland and the UK Government forcing us to take a step back. The frustration that that causes me, as somebody who is, like you, absolutely passionate and determined to improve the situation, is difficult to bear, frankly. We are doing a great deal of work in Scotland, but that £20 child payment will be negated by the decrease of £20 in universal credit.

We are doing lots of work to support the insulation of homes and to tackle fuel poverty, but the responsibility for fuel pricing and for VAT, which make a real difference to fuel poverty, lies with Westminster. So far, our appeals to tackle that issue—I represent a part of the country where fuel poverty levels are among the highest in Scotland—are falling on deaf ears. A huge percentage of children in my part of the country—40 to 50 per cent of them in some communities—are living in cold houses because their parents are having to choose between heating their home and feeding them. Such are the real challenges that we are facing.

We must make progress, and we have to do everything we can, but we cannot pretend that we have every power to tackle these issues in Scotland. We spend £600 million a year on mitigating Westminster policies. The bedroom tax would still be affecting disabled people in Scotland were we not spending the money on mitigating that.

Kevin Stewart: Can I just say one thing here? I have said this regularly, and it is not just me—a lot of the mental health professionals out there will

say the same thing. Poverty is the main driver of mental ill health, and it is very difficult for some folk to engage in programmes if they have real concerns about how they will pay their bills, whether they will be able to feed their kids, or whether they will be able to buy that pair of shoes for wee Johnny or Jenny going to school. We cannot get over the fact that many of the powers here still rest with the UK Government.

As Maree Todd has said, we have a situation in which we are doing our level best to mitigate some of the policy decisions from down south, but as we increase the Scottish child payment, which is the right thing to do, the UK Government takes away all of that through a universal credit cut. Although we have mitigated the likes of the bedroom tax, the UK Government still has the welfare cap. We have to recognise that, although we will do everything that we possibly can on such issues, it would be much more helpful if those welfare policies, which have been enacted by the UK Government, were got rid of, because they are having a major impact on the physical and mental wellbeing of so many folk in our country.

Emma Harper: I have a quick supplementary. Maree Todd mentioned progress on self-sampling for cervical cancer, in which I am interested because NHS Dumfries and Galloway is part of the research. My understanding is that there were 6,000 women who had defaulted on their smear, of whom 25 per cent have now taken up self-sampling. Therefore, 1,500 women have been screened who would not have attended in the past. That interesting progress shows that self-sampling might be a way forward.

Maree Todd: Absolutely. Reaching communities who do not participate in health programmes, and preventive health programmes in particular, is a complex issue. We need to be innovating right across the board and right across the lifespan of the population to reach them. I am delighted that your part of the country is contributing to the evidence base, which is building UK-wide. We cannot move to self-sampling without being sure that is safe and effective, but Scotland is contributing to building that evidence, and I am proud of that.

Sue Webber: The attainment gap has been widening quite significantly in the 15 years for which the Scottish National Party has been in power—it has been happening since long before the pandemic. Has your Government identified where its previous approaches were failing, and have you devised new interventions so that real progress can now be made as we exit the pandemic?

Maree Todd: I think that that question is probably best put to the two ministers who will be in front of you next. However, I must challenge your brass neck, frankly, given that we have spent so much of the past 10 or 11 years talking about the impact of austerity and welfare reform.

You called it the attainment gap, but its full name is the poverty-related attainment gap. You cannot close the poverty-related attainment gap without tackling poverty. We have detailed very carefully in just how many areas the party that you represent and support is undoing the work of the Scottish Government.

I am not saying that we are powerless, because we are not powerless in this situation. The investment in the 1,140 hours of free early learning and childcare, for example, is one of the many ways in which this Government has shown its commitment to and delivered for children and young people in this country. Laying the increase in the poverty-related attainment gap at the SNP Government's door when the Westminster Government has increased the level of poverty in the country is a difficult one to take.

The evidence is that, of the four UK countries, Scotland has the lowest level of poverty. The policies that we are enacting are making a difference. We have more affordable housing, which is one of the ways in which we are making a difference to children and families. Food bank use is increasing in all the other countries in the UK; in Scotland, it is decreasing.

Our policies are having an impact, but we are attempting to solve the problem without switching off the tap of appalling and damaging policies that come from Westminster.

The Convener: We will have to move on to one of our other themes. Questions on indicators and monitoring improvement will be led by Sandesh Gulhane.

Sandesh Gulhane: I have questions around data and our children's health. In your opening statement, Minister Todd, you made reference to obesity and said that Scotland has the best qualitative data, but Dr Booth told the committee about the inconclusive data on many health issues. Data on diet, fitness and obesity stood out as lacking in the "2021 Active Healthy Kids Scotland Report Card". How will you get the report card to look at diet, fitness and obesity?

Maree Todd: You were not here when I made my opening statement; I understand that you were listening on your way in. Early on in my—

Sandesh Gulhane: Minister, I listened to everything that you said.

Maree Todd: Excuse me. Can I finish? Early on in my evidence, I said that Scotland has some of the best quality improvement methodology in the NHS; I do not think that I said that we had some of the best data. Certainly, data collection has been

impaired by the pandemic over the past two years. We have not been able to ask front-line staff to collect data with quite the same rigour and effort as normal over the past two years while they have been on an emergency footing.

In terms of the data on obesity, we have certain points at which we measure children's weight. I talked about the data that came out at the tail end of last year—in December 2021—which has given us a very worrying concern. It showed that 15.5 per cent of the children entering primary 1 were at risk of obesity, which is a 5.1 per cent increase on pre-pandemic levels. You do not need to be a data analyst to be concerned about that increase. We have data, and I think we have enough of it to recognise that there is a problem. What we need to do now is to enact policies that make a difference—quickly.

Sandesh Gulhane: Dr Booth would disagree with what you have just said. We need to be clear that, without good data—data that we are able to use and which look at how your policies are enacted and the differences that they make—we will not really go further forwards.

Maree Todd: We have child surveillance data—that programme has continued during the pandemic. We have local reporting on child healthy weight pathway standards. We have collected data that shows us the inequality gap, so we can see quite clearly that obesity is more of a problem in more deprived areas. It is a poverty issue—it is related to the level of poverty in the family and in the community as much as anything else. I would say that we have some good data that tells us where we need to target our interventions.

We can always get more data and we can always have better data. You and I are both clinicians, Dr Gulhane. I am a big fan of evidence-based practice, and in order to have high-quality evidence-based practice, you need good data. However, I would say that we have sufficient data on childhood obesity to tell us that there is a problem and to indicate where we need to turn our attention to.

Sandesh Gulhane: If we have all the data that you think we need, why are we not seeing an improvement?

Maree Todd: What we see is a strong inequality gradient, so this is a poverty-related issue. We are tackling poverty with at least one hand tied behind our backs. You are a general practitioner and you work in Glasgow, so you ought to understand the social determinants of health very well. People will struggle to see improvement if they have one Government that gives—a Government that pulls a lever to improve child poverty, such as the £20 Scottish child payment—and another Government that takes away, such as the Westminster Government of your party. Add to that two years of a pandemic and the impacts on the level of physical activity for children and young people, which we have detailed clearly—impacts such as a reduced level of active travel, not attending school, people living in poverty and an inability to access the outdoors and exercise. You can therefore see that things would undoubtedly get worse.

We have an obesogenic environment and we have to acknowledge, understand and work on that. Some good work is being done on a four-nations basis with the UK Government to tackle that obesogenic environment. The UK is bringing in policies around advertising before the watershed of foods that are high in fat, salt and sugar. I am very pleased about that—we have been asking about it for a long time.

We will work together where our policies are aligned, but we need to tackle the food environment as well as the opportunities for physical activity. Fundamentally, we will not solve the problem without tackling poverty.

10:15

The Convener: We move on to questions on impact assessments from Jackie Baillie.

Jackie Baillie (Dumbarton) (Lab): I will not require long responses to these questions. How does the Government ensure that services for children and young people are designed in a way that reflects diversity?

Maree Todd: I will try not to talk for a long time—I will take your guidance on that, Ms Baillie.

I think that, for all of us, the pandemic has shone a light on inequalities, including pre-existing inequalities and systemic inequalities for black and minority ethnic communities globally. It is almost as if the scales fell from our eyes and we realised that, in some cases, we were perpetuating inequalities rather than tackling them.

The Scottish Government has a strong history of working with communities and ensuring that the voices of those with lived experience are at the heart of the development of policies with regard to children and young people. You may wish to ask Clare Haughey about this, but we have done a lot of work to ensure that children's voices are right at the centre of policy development. However, although I think that we are making some efforts, I would not go so far as to say that we are having the impact yet that we desire.

Kevin Stewart: We are making moves to improve. The new national data set for psychological therapies and CAMHS, for example, will provide individual level data for the first time,

including experience and outcome measures. I think that that is a major move forward.

Jackie Baillie: In 2018, you published "Progressing the Human Rights of Children in Scotland: 2018-2021 action plan", which mentioned children's rights and wellbeing impact assessments. Has that process been applied to all new legislation and policies that impact on children?

Maree Todd: Certainly, the process is routine. As new policy is developed and new legislation comes in, it will be a standard part of the practice.

Jackie Baillie: Okay. That is good to hear.

Kevin Stewart: Can I add to that because—

Jackie Baillie: Hold on one second, Mr Stewart. I will direct my next question to you—you can wrap both answers up together. Has the full children's rights and wellbeing impact assessment of the mental health transition and recovery plan been published?

Kevin Stewart: We carried out a CRWIA screening in February 2021. The Government has adopted a consistent approach to rights and equality that has been used across all the protected categories when assessing deliverables in the mental health transition and recovery plan. Our mental health, equalities and human rights forum is central to that.

Crucially, we continue to involve children and young people in all aspects of our focused actions on mental health and wellbeing. As Ms Todd and I have reiterated again and again today, lived experience should be at the heart of all that we do.

For example, the involvement of members of the Scottish Youth Parliament enriches the work of the Scottish Government and Convention of Scottish Local Authorities children and young people's mental health joint delivery board. We have attached to that two participation officers who focus on children's and young people's engagement.

Jackie Baillie: That is a really helpful response and very interesting information, but I asked a very specific question. You published the screening information a year ago. Has the full CRWIA now been published?

Kevin Stewart: As Ms Baillie well knows, we have gone through a global pandemic, and are now getting back to some kind of normality. I have outlined what we have done around CRWIAs. We know that we have more to do and we will do it.

Jackie Baillie: That is helpful to know, but I take it from that answer that you have not published the CRWIA yet. Do you have a date for when it will be published?

Kevin Stewart: We will write to the committee regarding a publication date, but I would say to all members that we have an ambition and we will meet that ambition. Folk have to recognise that we have had two years of a global pandemic. That means that some of the work that we want to undertake has been put to one side in order to deal with the real crisis that everyone has faced because of coronavirus.

The Convener: I want to get the rest of the session over. I know a lot of people want to ask questions around two themes: family-centred services and mental health. I really want to get to them. Jackie Baillie can ask a final question. I will then need to move on.

Jackie Baillie: I think that this area is important because I was asking about an impact assessment and about a mental health recovery plan that we would all acknowledge children should be at the heart of.

It is great if you are going to write to the committee, Mr Stewart, but do you publish centrally a list of all the CRWIAs across Government?

Kevin Stewart: We will write to the committee about that, too.

The Convener: We will pick that up with Clare Haughey next week. A lot of this is probably best put to Clare Haughey.

Maree Todd: I recall from my time as Minister for Children and Young People—

The Convener: We will ask Clare Haughey about that. We have so many ministers and the cabinet secretary appearing before us because the topic cuts across the whole of Government.

We will move on to Evelyn Tweed's questions on the theme of family-centred services and family support.

Evelyn Tweed: Is enough investment in place to enable holistic family support to be available throughout Scotland?

Maree Todd: It is a good question, and a challenging one. One of the challenges related to that question is that holistic family support will definitely look different in different parts of the country. There is not a one-size-fits-all solution; delivering services to support families in an urban area requires a different approach to doing so in a more rural area. Holistic whole-family support is absolutely central to our aim in Scotland. It is central to keeping the Promise and it builds on work that has been done for years. For example, GIRFEC is very much about pulling together all of the people who need to be involved with the child and collaboration and prevention. Holistic family support will build on that.

The independent care review shone a light on some really difficult stories and it is impossible to ignore them, and we in Government and the Parliament have made a promise to our care-experienced children and young people that we will do more to support families to prevent children ever requiring the care of the state and needing to come into care.

We have a lot of investment in that area, but we have a long way to go before we get to that genuine holistic preventative family support. Too many families in Scotland reach crisis before support is there.

I have talked a lot this morning about universal services that are available to support families. However, we need to get better at identifying those families who are really struggling and need more support so that we can put in extra support before the family is in real trouble. Children live in families and families are vital.

Kevin Stewart: Holistic whole-family support and the whole family wellbeing fund are absolutely vital in getting this right as we move forward. You will hear from our other colleagues that, in terms of the work that needs to be done, along with the multidisciplinary and multi-agency approach that is being taken, we are taking a cross-cutting approach in Government in order to get this absolutely right for families across the country.

We have real ambition on this issue. The work is largely being led by other ministerial colleagues, but we are all involved in the overview of the matter in the group that is chaired by the Deputy First Minister. This is an important issue. This is one of the main policy planks that will help us to move beyond just getting it right for every child to getting it right for everyone.

Evelyn Tweed: In a similar vein, what steps is the Scottish Government taking to ensure that services are organised around family or the individual rather than being set up to address single issues?

Kevin Stewart: Again, that involves work that we are doing at the moment. A huge amount of my time since I got this role last May has involved talking to stakeholders—I talked earlier about the young man with those 15 interventions. Sometimes, we have situations where families have a huge amount of interventions but there is not that holistic approach. The national care service and new standards can make a real difference there. However, we also need to change the culture around how we support families, because we know that where there are too many interventions, as I mentioned earlier, sometimes the trust factor is not there and you do not get the positive results that we want.

As well as the multidisciplinary approach and the multi-agency approach, we need to ensure that, in order to get this right, we have folk in play that families can trust. That will make a real difference. That is why I and other colleagues are quite excited about the way that we can approach this issue in order to improve and modernise the situation for families across the country.

Maree Todd: we are aiming for a transformational shift in how this works. Work is going on right across Government on that. The Deputy First Minister's Covid recovery role is a cross-cutting and cross-portfolio role, and children and families are being prioritised in the recovery. That illustrates the way that we are trying to work at a Government level. There is an investment of £500 million, which is a substantial amount, given the challenges that we are facing economically at the moment. Behind that aim to shift and transform the way that we work, there is the work of the Promise that is also driving and holding us to account on that work.

One of the things that we hoped would come from the incorporation of the United Nations Convention on the Rights of the Child—we are still committed to the policy outcomes, even though the legislation has been contested by the Westminster Government—was a shift in culture so that, instead of people looking at a child in front of them and gatekeeping the various funding by asking what it was that they needed, they would look at that child and ask "What are those child's rights and how can I support and respect those rights?" Crucially, we hoped to bring about a situation whereby, if those rights were not supported and respected, it was a justiciable matter, so people could be taken to court for not respecting those rights. That would have changed the culture.

Kevin Stewart: We fully intend to keep the Promise and we intend to ensure that we deal with the difficulties that were highlighted in the independent report on adult social care. In order for us to be able to do that, we need to shift the financial alignment and the balance of investment that we make in this area so that we are not spending constantly on crisis intervention, which is often the case, but can spend on prevention. That will free up even more resource to do that and, of course, by doing it that way, we also lessen the human cost of not getting this right.

10:30

Stephanie Callaghan: I have a couple of questions. I will ask them both at once and you might want to answer them together. How important is a place-based approach that involves having facilities side by side in order to help facilitate families accessing services? I know that,

in North Lanarkshire, there is a single multidisciplinary team approach, whereby there are shared budgets and shared decision making. Is that something that the Scottish Government is looking at? Do you have any comments on that?

The Convener: Can we get comments from a mental health perspective first?

Kevin Stewart: You might get it from a mental health perspective and perhaps a bit of a history perspective and a planning perspective as well.

Ms Callaghan has asked an important question. It is one of the reasons why 20-minute neighbourhoods featured in the SNP manifesto and in the manifestos of the Scottish Greens as well, if I remember rightly—Ms Mackay may correct me there. It is important that, as we plan our neighbourhoods we get it right. In terms of our net zero ambitions and our ambitions for vibrant communities, that is the right way forward.

I know that, in some local authorities, there is much more advancement in this kind of work. There should be more of it, as far as I am concerned. I know from my own experience in local government that initiatives such as planning for real exercises, which involve communities and individuals, are a good way of getting that balance right. Not everybody gets what they want—that is the reality—but, if you set down the parameters, that is helpful in shaping the future of communities.

This is an important issue. I think that we now have the right planning regime in place to allow that to go forward, including the opportunity for neighbourhoods and communities to be involved in local place planning. In order to do that—I apologise to those folks who have heard me say this before, because it is a point that I make all the time—we need to bring community planning and spatial planning together and not see them as separate. We know that achieving that will bring about results that can be good for folks' physical health and their mental wellbeing.

There is a lot of work to be done. Many areas are embarking on it, and some are further on in that journey. However, this is good stuff as far as I am concerned and it is the right thing to do as we move forward.

The Convener: I just want to put the word "rural" in there. I know that Emma Harper wants to come in, and I acknowledge that she represents a rural area, but, as someone who is rural-based, I want to say that, when 20-minute neighbourhoods is mentioned, I am always aware that, obviously, there will not be 20-minute neighbourhoods in rural areas. It is almost as if the ethos is around things being nearby. Can you factor that into your answer?

Kevin Stewart: Yes. I think that many folks who have thought about this for a long while acknowledge that, if you are in a rural area, particularly in a remote rural area or an island community, not everything will necessarily be on your doorstep. That is right. However, there are other ways of delivering services within those communities. Let us take, for example, rural Aberdeenshire—let us go with your constituency, convener, which contains many remote rural places, although some folk might find that hard to believe. There are different ways of delivering services there that ensure that those communities can still flourish and benefit from those services.

During the course of the pandemic, we have seen a rise in the use of telemedicine, but Grampian was a trailblazer in telemedicine long before the pandemic period. We can deliver a lot of services to remote rural communities online. We have to think about what is required. I have to say that I was sceptical around some of the online provision in relation to mental health services, but it works for people—it works well. Again, in your neck of the woods, convener, over the course of the pandemic period, the Grampian resilience hub did extremely well in bringing services into folks' own houses at a point where they could not get out or could not get from Newmachar, Insch or wherever to services in Aberdeen.

There are ways of doing what we are talking about, and it is not just about the physical aspect of that 20 minutes; it is about what we can do in terms of the online world to bring those services to communities that are more remote and rural and to island communities? I am sorry if I have gone on too long but I am quite passionate about this.

The Convener: No, that is fine. I will bring Stephanie Callaghan back in after Maree Todd, and then we will move on to talk about mental health more generally.

Maree Todd: I have two very quick points. I am pretty sure that the NHS Near Me service was developed in NHS Highland by pharmacists, who were deeply involved in it. I will not let Grampian claim NHS Near Me, but that service developed in a fascinating way over the course of the pandemic. It was developed in Highland, largely because of the challenges in accessing services in distant hospitals. What we have found was that, despite its advantages, and even with the imperative of huge distances involved, the service was not adopted in a wholesale way until the pandemic tipped the balance and made people try it. During the course of the pandemic, we have seen some very interesting data around what NHS Near Me has done with regard to the empowerment of people, which is important for their health. People are not walking into buildings and becoming patients as they walk through the

door; they are in their own homes and are empowered to look after themselves. There is some interesting subtle stuff happening around the edges of that.

The point about place-based community services is important, and I could not agree more with what my colleague Kevin Stewart said. Just yesterday, the Scottish Government made an announcement about the implementation of a policy to enable all young people under 22 to access free bus transport. That is an evidence-based intervention. Very early on, I spotted that there was some data from the "Growing up in Scotland" study that showed that access to transport could mitigate and prevent adverse childhood experiences for folk with the highest rates of poverty, so the policy that is being implemented is a really thinking-out-of-the-box way of making a difference to those challenges. It just shows you how important it is to have all of the Government focused on tackling these things.

The Convener: Stephanie Callaghan has indicated that she wants to ask a follow-up question.

Stephanie Callaghan: You will be glad to know that I do not have any further questions; I just wanted to say that I should have mentioned that I am a councillor on Lanarkshire council.

The Convener: Okay. We are talking about mental health more generally, and I know that there will be supplementary questions coming in. We will use the rest of the session to talk about mental health.

Gillian Mackay (Central Scotland) (Green): Good morning. It was recently reported that,

> "Since 2014, Scots have been abused due to their sexual orientation more than 7500 times, while the number of hate crimes relating to transgender identity doubled between 2014 and 2020."

We know that 40 per cent of LGBT young people consider themselves to have a mental health problem, compared with 25 per cent of all young people in Scotland. Are mental health and other support services equipped to deal with the particular issues and trauma that are faced by LGBT young people?

Kevin Stewart: I think that, in many places, they are. Again, I think that we do very well in those places where services listen to young folks with lived experience, where there is that communication, collaboration and co-operation. That does not work so well for others, I have to say. That is one of the reasons why we have put in place the child and adolescent mental health service standards that we have. There is work to do there, without a doubt, and we need to have young folk at the very heart of shaping those services in the future.

I have talked to a lot of young folk over the past number of months and I will be honest with the committee and say that some of the issues that have been raised with me are ones that I would not necessarily have thought of. I think that we need to make sure that we are capturing all of the difficulties that young folk face.

Let me give some examples. The school counselling service is an important move forward in terms of mental health service delivery. We are beginning to get data from those counselling services on what the main challenges are that young people are coming to those counsellors about, and LGBT+ issues are up there. We have to take cognisance of that and ensure that we are shaping the right services for the future to do right by folk.

Gillian Mackay: School counsellors are a phenomenal thing to have, but I have spoken to several stakeholders who believe that we need training places for mental health clinicians to be more accessible to people from a diversity of backgrounds. For example, as you will know, training to be a mental health counsellor takes a significant financial investment in terms of supervision and often requires a large amount of voluntary work to make up accreditation hours. Those barriers can often exclude many of the people we would perhaps like to see in a counselling position—people who experienced care as children and young people or people from lower socioeconomic backgrounds—from entering this type of profession. What can the Government do to ensure that we can have more of those people in place because, in order for children and young people who have these experiences to build trust, it is imperative that they have a counsellor who understands the lifestyle and background that they are coming from.

Kevin Stewart: I agree with the points that Ms Mackay has made. We have a job of work to do to ensure that we have the right mental health workforce for the future. That includes looking at the entry into the profession. It also includes getting the educational elements of this right and allowing folks to follow the career pathways that they may wish. We have some work to do there, but if we are truly serious about getting mental health services right and fit for the future—which I am—we need to recognise that we need more diverse folk in the profession.

Again, we have to be flexible in terms of the workforce. We have talked about school counselling. One of the next big moves, of course, is around folks in the primary care setting, which is extremely important. I have had conversations with a number of colleagues around the table about how we can get that right, because it cannae be the same old. We need folk from

diverse backgrounds but, beyond that, we need workers to be multidisciplinary in what they do.

I will be honest with you and say that I am willing to steal good ideas from elsewhere. I met Dr Gulhane a couple of weeks ago about children's wellbeing practitioners south of the border. I am quite happy to nick good ideas if they fit in. That is grand.

One of the main things that we need to do is to make sure that there is a diverse workforce that caters for the needs of all of society—not just the LGBT+ community but, as Ms Todd mentioned earlier, our minority ethnic communities, which are often not brought into play enough in this regard. In particular, folk will know that I have had an interest in what more we need to do to support our Gypsy Traveller community. We have to get this right for all.

The Convener: I would like to ask specifically about girls. One of the things that we have heard and seen in the statistics is the increase in referrals for mental health services, particularly during the pandemic, which has affected adolescent young women and girls. I know that we are talking about mental health but, after we have heard from the mental health minister, I would like to ask about the physical health of girls as well, as access to sport and physical activity drops off at a certain point and that has an impact on mental health as well. Can I ask Kevin Stewart first to say what we are doing specifically to assist the mental health of girls?

10:45

Kevin Stewart: The evidence has been clear since before the pandemic that girls and young women appear to experience poorer mental health and wellbeing than boys. We undertook research on the reported worsening of the mental wellbeing of young women and girls, which was published in 2019. That research highlighted several interrelated drivers that may have contributed to that trend, which included things such as body image concerns. To further explore some of the causes of the trend, we established the Scottish Government national advisory group on healthy body image for children and young people, which published its recommendations in March 2020. We are currently working on meeting those recommendations. That is one area where we need to move further forward.

I know that there has been discussion at the committee and evidence given about the impact that screen time and social media use can have on young folk, so body image is not the only aspect, although it is way up there. We are looking to resource work on that and to work with Young Scot to bring forward a national conversation on body image, screen time and mental wellbeing. We want to hear the voices of young folk about this directly, so that we shape our future work absolutely right.

We have touched on eating disorders today. Young girls are disproportionately impacted by eating disorders, which was again exacerbated during the course of the pandemic. I have already outlined some of the work that we are undertaking there.

We also need to better understand the mental health needs of women and girls who are affected by gender-based violence. Having recently funded and published an Improvement Service report on that important subject, we are now considering how best to take forward its recommendations. We will link all that work to a refresh of the Scottish Government's equally safe delivery plan.

I would like to touch on another area where we need to do more: autism in young women. I have heard—and I am looking at members' faces because I think that others have probably heard the same thing—that it is much more difficult for a young girl or a young woman to be diagnosed as autistic, and often they are left in limbo for a long while and diagnosis comes far too late. We have to ensure that we work on that. It will take a fair amount of graft to get it right for the future.

I hope that that gives you a flavour of some of the work that I see as being a priority, but there are many other things that we are doing also.

The Convener: Thank you. I am glad that you mentioned the gender-based violence aspect, because I think that young women are under a lot of pressure because misogyny and sexual harassment start fairly early. Tackling that at school level is important from an early intervention point of view.

Kevin Stewart: We only have to look at news reports from yesterday to see the impact that it can have on young women. Day and daily, this is difficult for young women, so we have to get this right as we move forward and we are committed to doing that.

The Convener: Can I bring in Maree Todd to discuss the other aspect that I mentioned—physical health and the impact of young women giving up physical activity at the transitional point between primary and secondary school—from her perspective as Minister for Public Health, Women's Health and Sport?

Maree Todd: You are absolutely right. One of the reasons why women suffer health inequalities is the reduction in sport and physical activity. Before puberty the levels of sport and physical activity among children are pretty similar for boys and girls, but after puberty young women are less

likely to participate and less likely to exercise. That has an impact on their physical health and, of course, on their mental health. We are determined to improve that. The doubling of investment in sport and active living to £100 million by the end of this session of Parliament is focused on tackling those inequalities.

There are a couple of things that we are doing. Again, we cannot think of this issue without thinking about the reality of the world, which is that, as we have just highlighted, women and girls face sexual discrimination and gender-based violence from a very young age. Sport alone will not overturn that, but it can be part of the solution among a whole programme of Government efforts to tackle the environment that enables that.

We are looking at things such as sports sponsorship to try to ensure that women's sport is supported equally with men's sport. We are hoping to hold a summit about media coverage of women's sport. One of the challenges is the focus on men's sport. We all know that you cannot be what you cannot see, so one of the reasons why young girls stop participating in sport is that they do not see it reflected in the world around them. We have some ideas on how to do that.

I meet a lot of stakeholders as well. Just in the last week, I have met the SFA to discuss the power of football. Fiona McIntyre, the head of women and girl's football, was at that meeting. The cabinet secretary, Mr Yousaf, and I were blown away by the work that the SFA brought to us. Football is the most popular sport in Scotland and, if we can work together to tackle some of these inequalities, I think that it will be a powerful force.

The Convener: Were sports journalists included in the discussion?

Maree Todd: Not in the meeting about football but, absolutely, they will be involved in the media summit. There are some outstanding female journalists, but it is in the media and on social media where we see some of the most ingrained misogynistic attitudes expressed.

Last week, I also met Nick Rennie and Sophie McCall, who are involved in the cycling world and have some great ideas about how to increase female participation and a real opportunity to do so. We have the UCI world championships coming here in 2023, we have the increased interest in cycling during the pandemic and we have net zero imperatives to drive us towards active transport, so we have a real opportunity to increase participation in cycling among women. Seventy-five per cent of women do not cycle. We have low-hanging fruit there. We can definitely improve that but, again, none of the answers is straightforward.

The Convener: [*Inaudible*.]—to improve that, but I will leave that for now.

Sue Webber: We have heard a lot of evidence today and a lot of commentary from both of you—and it has been great to hear it—about the prevention and early intervention agenda in terms of your approach to the health and wellbeing of children and young adults. We have heard a little bit about how cycling will save the world—it is a shame that the bikes that were promised for our young people have not yet materialised.

With real-life waiting times for CAMHS being so wide of the mark, are we not in a position where the prevention and early intervention agenda has to take a back seat and is just fantasy at this stage, because we have to tackle the crisis and the waiting lists that are facing us right now?

Kevin Stewart: No, I think that we have to ensure that community-based services are as good as they can be in order to stop folk reaching acute services. That is the ambition here. As we move forward, we want to invest more in that preventative approach. That is why we have invested in school counsellors, that is why we are investing in primary care and that is why we are investing in community resources.

I would agree that we have a lot of work to do to reduce CAMHS waiting times and waiting lists. We get fixated about the statistics, but all of this is about people and their families, and I recognise that this is a particularly stressful time for folk who are waiting. I want to ensure that we have a service whereby we reduce those times and those lists.

There are lessons that have been learned pre-pandemic that have led to the modernisation of services in certain places, and we need to ensure that that happens everywhere. That is why we have put the standard in place to make sure that everybody follows that way. I will give Ms Webber an example—I may have given it before, so my apologies if I have. If we look at CAMHS waiting times and lists, we see that Grampian has done fairly well even during the pandemic. A decade ago it was not in a good place, but it has modernised the service. It is much more community focused, with much more emphasis on helping folk in communities, and that has made a real difference. We need to export that best practice and those models across the country. That will reduce lists and reduce waiting times.

Somebody mentioned data earlier. In some regards I get frustrated when we are comparing apples with oranges. We have to get the data right in all of this to ensure that we have all the knowledge at our fingertips to show what investment we will require in the future.

Finally, to show how seriously we take all this, I note that we have invested £40 million of the £120 million mental health recovery and renewal fund in CAMHS. That is how important we feel it is. This is a priority.

Maree Todd: I have a couple of points in response to Sue Webber's questions. One of the key roles in this whole picture is that of school nurse. We are investing to increase the number of school nurses, and 250 extra school nurses will be recruited. Their role is very much to support school-age children and they play a vital role in improving their health and wellbeing. There is evidence that investing in school nurses can reduce the requirement for CAMHS, so we are continuing to invest in preventative work.

If I could pick up the issue of bikes that Sue Webber raised, we have a number of bike pilots going on around Scotland that are looking not just at getting bikes into the hands of children and young people but at the barriers that they might face to cycling. Do they have somewhere to store the bike? Do they have someone in their community who can fix the bike? Do they have access to cycle routes? In those projects we are also exploring ensuring access for disabled people, who are another group in society that faces health inequalities and is unable to participate in sport. We are determined to use the learning from those pilots. Clearly, Ms Webber is not aware of those pilots, so I will make sure that, in our follow-up letter to the committee, we give you some information about that. That will improve things.

The final thing that I want to mention is that sportscotland has a strategic partnership with the Scottish Association for Mental Health, which is a leading mental health charity, to consolidate the work across the board between sport and mental health and ensure that everything that we are doing is as impactful as it can be. A couple of things have started already. For example, more than 1,300 staff members of the Scottish sport workforce, including active schools co-ordinators, have attended a total of 110 sessions, including maintaining wellbeing reflection sessions, sessions on how to have a mental health conversation and mental health awareness workshops. All that work is important and it is vital for the preventative work. Sport on its own is good for your mental health, but we are trying to maximise the impact of sport by working smartly with partners to enhance the work that is going on, and I think that we are seeing some benefits.

The Convener: I promised Emma Harper a final question.

11:00

Kevin Stewart: May I say one thing before you bring in Ms Harper, convener?

The Convener: Yes.

Kevin Stewart: It is important to put on record our thanks to the staff who work in mental health services, but particularly in CAMHS. I should say to the committee—we will provide more detail as always, because I know that you will ask for it after the session anyway—that the last quarter saw a record number of new patients starting treatment in CAMHS, as our NHS continues to remobilise and as demand has increased. That is a record number of new patients entering CAMHS, and that is down to the efforts of the workforce, who have increased in number, although we know that we have more to do there The staff have been amazing in rising to the challenge. I hope and know that they will continue to do that. We will send you more details because I know that the committee is always interested in the numbers.

The Convener: Thank you. We will take a very short question from Emma Harper.

Emma Harper: It is a quick question about the importance of tackling stigma and discrimination, which we have talked about in the past. Obviously, if we reduce stigma, more young men, young women and young persons will come forward. The ice hockey team in Dumfries has a campaign to tackle stigma and discrimination called "Skate out of darkness." That is important work, so could you give us a couple of comments on the importance of stigma?

Kevin Stewart: The project that Ms Harper has talked about is not one that I am aware of. If she furnishes me with further detail, I will have a look and see what work it is doing. I am sure that it is very good work. I have said to the committee previously that there is good work in destigmatising mental health going on in communities across Scotland. Nationally, we have provided £5 million over five years for See Me to give it the comfort of knowing that that resource is available over a longer period of time. It has done some immense work, but we still have a way to go.

There are some areas of mental health that we have to destigmatise further, such as self-harm, which it is much more difficult for folk to talk about. I have met representatives from the Labour Party and the Green Party about our ambition to create what is I think the world's first self-harm strategy. We will have to get folk to open up in order to be able to do that right and we will have to destigmatise. I am due to meet Conservative and Liberal Democrat representatives about this, too, in the near future. I hope that we can work cross-party collaboratively to help destigmatise that

area, because there is a lot of work to do there. I hope that we will see collaboration and co-operation right across the Parliament on an issue that we have not done enough to tackle.

The Convener: Thank you very much. I thank both ministers for their time this morning. Maree Todd will be joining us in the next session.

11:04

Meeting suspended.

11:15

On resuming—

Common Frameworks

"Organs, Tissues and Cells (apart from embryos and gametes) Provisional Common Framework"

"Blood Safety and Quality Provisional Common Framework"

The Convener: Welcome back. Our third agenda item is an evidence session on two common frameworks. The Minister for Public Health, Women's Health and Sport, Maree Todd, is still with us. I thank her for staying on. Joining the minister online are Sam Baker, donation and abortion policy team leader, and Sharon Grant, donation and abortion policy team member.

Minister, whenever it comes to frameworks, I ask this general question: what does the framework mean for Scotland?

Maree Todd: I have some introductory remarks that I can use to set the context, convener.

The Convener: You are most welcome to deliver them.

Maree Todd: Thank you. First, thank you for inviting me along to the committee to discuss the two provisional common frameworks. Officials in my team have been working with our counterparts in the UK Government, the Welsh Government and the Northern Ireland Executive to develop a four-nations approach to the delivery of the European Union repatriated functions on common areas of interest in the frameworks. The ministers of the four nations have agreed the content of the provisional frameworks, which were published on 2 December 2021.

Policy on organs, tissues, cells and blood safety and quality were and continue to be highly regulated at EU level. The purpose of the frameworks—and what they give Scotland, to respond to your question—is to ensure that, post EU exit, there is a joined-up approach across the UK to the continued maintenance of high standards of safety through the delivery of regulatory functions in these areas. That includes agreement as to how divergence will be managed within the UK, as well as governance and decision-making processes.

Throughout the process, we have committed to continuing to work collaboratively to develop common frameworks on the basis of consensus and in line with the agreed principles of the joint ministerial committee on EU negotiations as of October 2017. The provisional frameworks have

been operational on an interim basis since the end of the transition period and they will remain provisional until the parliamentary scrutiny by all legislatures has been completed. I am happy to take questions.

The Convener: Thank you. That answers my very broad question. Emma Harper has a follow-up question.

Emma Harper: I am a former liver transplant nurse in Los Angeles and I was always interested in looking at the tracking, the tracing, the safety and where the organs came from. To what extent is the cross-border sharing of tissues, organs and blood an issue for us in Scotland?

Maree Todd: It is an area on which we have always worked and collaborated well on a four-nations basis, and it is vital that we do that. We are quite a small country and we sometimes require organs for individual citizens that are not available in Scotland. Conversely, we sometimes have organs that we cannot use in Scotland and it is really important that we have ways of sharing them. It is not unusual for such a system to be operated across units like the UK, and such collaborations sometimes occur even more widely. In a couple of instances, we have shared organs into the Republic of Ireland, and I think that there are arrangements in place for that to happen with France as well.

It is really important that there are high standards and that each nation is aware of the standards that operate in each country in order to make sure that the system is safe and transparent.

Sue Webber: Just out of curiosity and interest, given that anyone who is a donor will want to make sure that every organ that they donate on their death can be used, is there anything in the provisional common framework that will inhibit that?

Maree Todd: No. It is an incredible gift that people give when they donate their organs and I reassure them that we are grateful for that and will use organs all over the UK to help people who need them.

Stephanie Callaghan: What discussions took place during the development of the framework? What were the key areas of debate? Were there any notable areas of disagreement?

Maree Todd: I reassure you that a great deal of collaboration goes on in this policy area and there are good, strong reasons for us not to have disputes and to work well together. I do not anticipate areas of divergence but, as with all these frameworks, it is really important to build in a possibility for that to happen. We have different legislation and a different NHS, and it might be necessary to do things slightly differently in each of the four UK nations.

A possibility of divergence is built into the framework. That does not mean that it will inevitably happen, but the possibility is there. It is really important that that is maintained and that there are mechanisms for resolving any areas of conflict and for enabling divergence, should that be needed.

Gillian Mackay: Did stakeholders raise any concerns about the frameworks? The committee did not receive any responses to its calls for views, but it would be good to understand whether any concerns were raised with the Government.

Maree Todd: I am not aware of any concerns being raised, certainly on the specific frameworks that we are discussing. There is a general concern about the way that the frameworks operate and the powers that were repatriated from the EU, and the United Kingdom Internal Market Act 2020 certainly causes all the devolved Governments real concern. It was not given consent in Scotland or in Wales. There are some general discussions, but I am not aware of any concerns being raised in the specific policy areas that we are discussing. In fact, it is in our interests and everyone's interests for us to work together closely in order to meet the needs of our citizens on this front.

The Convener: Emma Harper has some questions about the Northern Ireland protocol.

Emma Harper: It is obvious that everybody needs to collaborate and work together, and the utmost safety of any policy is crucial. I am curious to know whether the Northern Ireland protocol will have an impact. Under the EU-UK withdrawal agreement, Northern Ireland is in the UK customs territory, but it remains aligned with EU regulations. The rules in Northern Ireland could change in order to remain aligned with the EU, and the framework sets out the structures and processes for managing the impact of such changes. Could changes that result in divergence between Northern Ireland and the rest of the UK obstruct any sharing of blood, tissues or organs?

Maree Todd: I would like to think not. Such concerns are precisely what the framework is intended to address. It is a four-nations agreement that is intended to drive a consistent approach across the four nations, but it acknowledges that there is a possibility of divergence. It is clear that, if there is a change in EU law, that will apply in Northern Ireland. That will need to be considered through the framework processes. The Scottish Government set out its view that, although we are not in the same situation as Northern Ireland, we are pretty keen to remain aligned with EU law where such alignment is appropriate and in Scotland's best interests.

That is the reason for the potential in the framework to enable policy divergence between the four nations. It may well be necessary for Northern Ireland and we may well want it for Scotland. Through the framework process, we are able to seek and access expert advice to ensure that any on-going decisions or any divergence are taken into account and to make sure that it works well. However, the framework simply provides a means of discussion between the four nations.

Emma Harper: If any change or policy divergence is proposed, it will be important for there to be clear and timely communication so that the Scottish Government is aware of that.

Maree Todd: Absolutely. The framework should enable respectful communication between the four nations. It enables those discussions and that divergence to occur with respect being paid to the devolution settlement. It is not likely that there will be policy divergence, or huge policy divergence, in these areas, but the framework enables it to happen in such a way that there is good communication and understanding and it is worked out in a respectful way between the four nations.

One thing that is happening at the moment, though, is the continued pursuit of the United Kingdom Internal Market Act 2020, which we are seeing time and again. On Saturday morning, my colleague the Cabinet Secretary for the Constitution, External Affairs and Culture, Angus Robertson, was summoned to a meeting with the UK Government where policy was announced that we knew nothing about. The dialogue is often strained. The framework is intended to improve the dialogue, to ensure that each of the four nations is content with the divergence, and to enable divergence should that be in the interests of any of the countries that are signed up to it.

Emma Harper: Ultimately, this is about organ accessibility and saving lives.

Maree Todd: Absolutely. As I said, it is in everyone's interests that we make this work well, and thus far it has worked well. We have a separate NHS, separate legislation and different systems in Scotland to the rest of the UK, but we work together really closely and well in this area because it is in our shared interests to do so.

Sandesh Gulhane: I think that we all agree that collaboration across the UK on blood, tissues and organs is vital. Divergence is an option in the framework. Can you give us an example of circumstances where Scotland may diverge?

Maree Todd: I cannot think of a specific example at the moment. It is important that the option is there, because I do not have a crystal ball and I cannot see into the future. One example might be a situation where EU law changes, given that Scotland generally wants to align itself with the EU. We have an intention of returning to the EU when we are an independent country, so we want to remain aligned with EU legislation. That might well be an area where policy divergence occurs, but I cannot foresee it at the moment.

Sandesh Gulhane: As Sue Webber said, organ donation is the greatest gift that somebody can give, and we do not want to waste organs. Is there a risk of that if we have divergence? What impact might divergence between Scotland and the rest of the United Kingdom have?

Maree Todd: That is not a risk. I absolutely reassure people who want to give this immense gift to help their fellow citizens that there is no risk whatsoever that the framework will prevent them from doing that. The framework will enable good co-operation, and continued co-operation. We already work really well and closely together. The framework will enable further co-operation and collaboration even in the event of policy divergence. It will prevent the concerns that you raise, rather than contributing to them.

The Convener: Carol Mochan has a question about dispute resolution mechanisms in the framework.

Carol Mochan: Everything seems to have been put in place—quite rightly—to make things work as smoothly as they can. However, if there was a suggestion that any of the Governments wished to dispute anything or withdraw from the agreement, how would that work? How would the Scottish Government bring that to us, as parliamentarians?

Maree Todd: I will ask one of my officials to comment on that, but I reiterate that the whole purpose of the framework is to prevent disputes from arising. The point is to enable close collaboration between the four UK nations and to enable policy divergence, should that be a choice. It respects the devolution settlement, so the circumstance that you describe, with the need for dispute resolution, should not arise. The point of the framework is to prevent that from occurring.

The dispute avoidance and resolution arrangements that exist are robust, as you would expect. Formal processes are in place through the appropriate intergovernmental structures to resolve disputes at the lowest possible level. If that is not possible, the matter can be escalated right up to ministers. However, I ask one of my officials to comment.

11:30

Sam Baker (Scottish Government): As the minister said, the frameworks set out the process for resolving disputes and they contain mechanisms for that, starting with officials and

escalating to more senior officials, to ministerial level and, if necessary, up to cabinet secretary level. The aim is to make sure that any dispute about the framework can be resolved. As the minister said, if we could not reach an agreement, we would agree to disagree and, if necessary, diverge in regulations. However, the aim is certainly to try to resolve any dispute, to work together where possible and to ensure that there is as much alignment as possible.

The Convener: I do not see any member indicating that they want to ask a further question, so I bring this session to a close. I thank the minister for her time and her evidence on the frameworks and the other issues that we have discussed.

At our next meeting, on 8 February, the committee will take further evidence from the Scottish Government as part of our inquiry into the health and wellbeing of children and young people. We will also take evidence on two supplementary legislative consent memoranda related to the UK Health and Care Bill.

That concludes the public part of our meeting.

11:31

Meeting continued in private until 12:59.

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