The rest of this Official Report will be published progressively as soon as the text is available.

Scottish Parliament

Thursday 19 November 2026

[The Presiding Officer opened the meeting at 13:30]

General Question Time

The Presiding Officer (Kenneth Gibson): Good afternoon, colleagues. The first item of business is general question time. As always, in order to accommodate as many questions as possible, I ask for concise questions and answers.

Ferry Services (Dunoon to Gourock)

1. **Jenni Minto (Argyll and Bute) (SNP):** To ask the Scottish Government, in light of recent reports regarding the MV Argyll Flyer, what actions are being taken to deliver improvements on the Dunoon to Gourock ferry service. (S7O-00541)

The Cabinet Secretary for Economy, Tourism and Transport (Stephen Flynn): As Jenni Minto will know, the MV Argyll Flyer unfortunately had to come out of service on the back of storm Boelo, due to the fact that it collided with something in the water. I had conversations with officials once I realised that the vessel was out of service, and I think that it was a log. As I have said to Jenni Minto previously, the Government is seeking to ensure through its vessels and ports plan that the vessels that serve the route are replaced. I believe that the timeline for that is around 2031 to 2036.

Jenni Minto: Given the consistent issues with the two vessels that service the route and the lack of a relief vessel, local community councils are now proposing that a single-vessel timetable be maintained on the route until new vessels are delivered. That would ensure that any mechanical issues with the vessels did not impact the service and would provide some much-needed reliability. Will the cabinet secretary support that proposal in the short term, until the new vessels are delivered? Although I appreciate the pulls on his diary, will he consider meeting my constituents?

Stephen Flynn: I thank Jenni Minto for her kind invitation in that regard. We will see what we can do in as early a course as possible.

The wider suggestion that has been made is a thoughtful and helpful contribution from the community, and I will ensure that my officials take that forward with CalMac Ferries accordingly.

Willie Rennie (Fife North East) (LD): The cabinet secretary will be aware that there is increasing frustration among the local community councils, which now believe that they are repeatedly being palmed off by the Government with the promise of new vessels. According to the local council, the original plan was that they would be delivered in 2025, but the minister is now saying that another decade could pass before the communities get them. Is there no way that that could be speeded up?

Stephen Flynn: The vessels and ports plan was produced at the same time as the islands connectivity plan during the previous session of Parliament—I believe that it was in 2025. It is important that we stick to that plan and seek to deliver its objectives.

Across the wider network, we are in the process of renewing a third of the entire CalMac fleet. I am sure that the Parliament will join me in expressing its delight that the MV Loch Indaal came into Caledonian Maritime Assets Ltd's ownership just the other day. We hope that we will have it sailing over to Scotland very soon.

Clyde Tunnel (Maintenance)

2. **Colm Merrick (Glasgow Anniesland) (SNP):** To ask the Scottish Government what progress it has made in relation to taking over responsibility for the maintenance of the Clyde tunnel in Glasgow. (S7O-00542)

The Cabinet Secretary for Economy, Tourism and Transport (Stephen Flynn): I thank Colm Merrick for raising that important matter in the chamber. I assure him that my officials are in dialogue with those in Glasgow City Council on the matter, and we will take things forward accordingly.

Colm Merrick: When the First Minister announced plans to take over the running of the Clyde tunnel, he also pledged support for other measures, such as the establishment of an urban development corporation for the city centre and the next stages of feasibility work on the Clyde metro proposal. What progress has been made in relation to those pledges?

Stephen Flynn: There is rightly significant interest in the Clyde metro proposal from the public and indeed parliamentarians. When I met Glasgow Airport Ltd recently, it was keen to talk to me about the opportunities that would come with that. I assure Mr Merrick that, on that matter and the other matter that he raises, my officials are in regular dialogue with the local authority and Strathclyde Partnership for Transport, and we will continue to make progress as quickly as we can.

Paul Sweeney (Glasgow) (Lab): The Clyde tunnel has been a vital artery for the whole Glasgow city region since it opened in 1963. For years, however, simply keeping the 2,500-feet-long tunnel operating has consumed 10 per cent of the whole city council's roads budget for 1,200 miles of road. The proposal, which I have campaigned for since I came into the Parliament in 2021, is therefore a welcome move.

Can we get further clarity on the timescale for the transfer of the asset from Glasgow City Council to the Scottish ministers? Will the cabinet secretary seek capital investment in the tunnel in the upcoming Scottish budget, particularly in the approach roads and the Shieldhall overpass, which are in a critical state of disrepair?

Stephen Flynn: I thank Mr Sweeney for his question and his continued advocacy on this important issue. I am glad that he and I are in agreement that the manifesto commitment that we made in this regard was a good one. He tempts me to veer into discussions about the Scottish budget, but I am afraid that I will not be able to do so. I am sure that he will be listening closely when the Deputy First Minister announces the budget, on 3 December.

Agritourism (Planning System)

3. **Lloyd Melville (Angus South) (SNP):** To ask the Scottish Government how it will support agritourism businesses to grow through changes to the planning system. (S7O-00543)

The Minister for Public Finance (Hannah Mary Goodlad): I thank Mr Melville for his continued support for agritourism and for championing it in his constituency, whether it is about strawberries, blueberries or anything in between.

The Scottish Government recognises the contribution and the diversity of agritourism across rural and island communities. It is important that, as we look to reform our planning system, we take that sector into account and see where it is possible to extend it. We also recognise the importance of planning in enabling good-quality development. Over the summer, as part of our 100 days commitment, I have held conversations around planning to see what needs to start, what needs to stop, what needs to change and what needs to reform.

Lloyd Melville: I recently visited Balkello Farm's hideaway experience, in my constituency, which is run by Caroline Millar, Scottish Agritourism's sector lead.

Agritourism is worth almost £300 million to Scotland's economy, but other countries reap far more from this vital sector. In Italy, farmers may convert existing buildings for guests, and, in Austria's Salzburg region, planning law allows guest rooms and holiday flats within the farmhouse as part of the farm. Will the minister look at how planning could treat agritourism as dual use of the farm rather than a change of use, so that more farms can follow Balkello's lead?

Hannah Mary Goodlad: I thank Lloyd Melville for his contribution in looking at different authorities across different geographies. It is important to remain curious and to see what international best practice examples could be.

It is important to understand that, under current Scottish legislation, planning permission is not required to convert one or two bedrooms in a farmhouse to that use, depending on the overall number of bedrooms in the existing house.

The Scottish Government is committed to an ongoing review of permitted development rights, and any proposed amendment to existing permitted development rights would be subject to public consultation as part of an ongoing review.

Dawn Black (Angus North and Mearns) (SNP): Will the minister outline precisely what steps are being taken to ensure that local planning authorities treat diversification projects as economic development priorities rather than simple planning applications, in the light of the agritourism sector's nearly £750-million investment pipeline, and what steps are being taken to ensure streamlined, time-bound planning processes?

Hannah Mary Goodlad: It is for the decision maker to determine, on a case-by-case basis, what weight to attach to policies. As part of the development plan, the rural development policy of national planning framework 4 aims to encourage rural economic activity, innovation and diversification while ensuring that the distinctive character of a rural area is safeguarded but also enhanced.

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Male Life Expectancy

4. **Mark Simpson (North East Scotland) (Reform):** To ask the Scottish Government what it is doing to improve male life expectancy and reduce premature deaths among men. (S7O-00544)

The Minister for Mental Wellbeing, Public Health, Sport, Alcohol and Drugs (Maree Todd): The Scottish Government welcomes the latest statistics confirming that the avoidable mortality rate in 2025 was at the lowest level since records began, in 2001. However, we recognise the need to reduce inequalities, including higher rates for males.

The Scottish Government's population health framework aims to improve life expectancy and to reduce the life expectancy gap between the most-deprived 20 per cent of local areas and the national average by 2035, through action on the root causes of ill health.

Action is already progressing to address the leading causes of premature mortality. In 2026-27, the Scottish Government's new alcohol and drugs strategic plan is being backed by £160 million of funding, while suicide prevention funding is at a record £3 million. The Scottish Government's early cancer detection campaign has reached more than two million men, and the Scottish Government is funding healthy heart and lung checks in community venues, to reach those who may be less likely to visit a general practitioner.

Mark Simpson: We are currently in Movember, when men across the world are growing fetching moustaches to raise awareness of the important issue of men's health, and today is international men's health day. Men in Scotland still have the lowest life expectancy of men anywhere in the United Kingdom, with two in five dying prematurely, mostly from preventable causes. Across the north-east, from Dundee to Aberdeen, too many families are losing fathers, sons and brothers far too early. With ill health in men costing Scotland £1.73 billion a year, will the Scottish Government commit to producing a dedicated men's health action plan, so that more men can live longer, healthier and happier lives with their families?

Maree Todd: I admire the moustaches that are popping up around the chamber. They give us women a chance to have a giggle.

On a serious note, Movember draws attention to pernicious health inequalities that affect men. Reducing health inequalities and supporting people to live longer, healthier and more fulfilling lives remains a clear ambition for the Government. The population health framework that we published in June 2025 sets out our whole-system approach to improving population health and reducing inequalities over the next decade. The focus, rather than being on the development of a separate, stand-alone men's health strategy, must be more immediately on ensuring that we work across all health policies to address inequalities and plug any potential gaps in support.

David Linden (Glasgow Baillieston and Shettleston) (SNP): Although I did not have the courage to grow a moustache this month, I am a staunch supporter of Movember and was glad to facilitate a fringe meeting with the minister at the Scottish National Party conference.

The minister will be aware that, in 2024, 518 men died by probable suicide. That is nearly three times the rate for women in this country, and that number is still stubbornly high. What more can be done to reduce the rate of suicide among men and women?

Maree Todd: Every suicide is a tragedy with a far-reaching impact on family, friends and the wider community. With an increased suicide prevention budget of £3 million this year, we are intensifying our efforts to reach people who are at higher risk of suicide, including men, who, as the member states, accounted for nearly three quarters of suicides in 2025.

Our aim is for any child, young person or adult who has thoughts of taking their own life, or who is affected by suicide in any way, to get the help that they need and feel a sense of hope. We are determined to address the stubborn trend of male suicide, and we continue to test new and creative ways to reach and support men. For that reason, we are investing in peer support across Scotland's communities, knowing that it can work well for many men.

Women's Rugby

5. **Michelle Campbell (Renfrewshire North and Cardonald) (SNP):** To ask the Scottish Government what steps can be taken to support the growth of women's rugby, in light of its reported contribution to physical health, mental wellbeing and community engagement. (S7O-00545)

The Minister for Mental Wellbeing, Public Health, Sport, Alcohol and Drugs (Maree Todd): The member knows that that is a question after my own heart. However, the whole Scottish Government recognises the positive impact of sport and physical activity for women and girls, and we remain committed to closing the gendered gap in participation.

Scottish Rugby will soon publish its new women and girls strategy for 2026 to 2030, which will help to accelerate growth in the game. We will continue to work with Scottish Rugby to support the strategy's implementation and the wider development of the women's and girls' game. Increasing participation and visibility remains a priority. We want to build on the growing profile of women's rugby, and wider sports, to inspire more women and girls to get involved.

Our commitment to addressing gender inequality in sport is reflected through our signing of the International Working Group on Women's Sport's "Brighton plus Helsinki 2014 Declaration on Women and Sport", our Scottish women and girls in sport week campaign and the recently established project 2035 girls' and women's football taskforce.

Michelle Campbell: Bishopton Rugby Football Club, in my constituency—which has recently, for the first time in its history, elected a woman as its club president—has introduced a postpartum plan to help women to return to rugby safely, in recognition of the importance of supporting their physical recovery alongside their emotional and mental wellbeing. Does the minister agree that recognition should be given to the role of community rugby clubs in supporting the health and wellbeing of women and girls through participation opportunities, health education initiatives and programmes that support women throughout the different stages of their lives, including when they return to sport after pregnancy? Will she join me on a visit to Bishopton rugby club to hear more about the fantastic work that it does and, possibly, to participate in a wee practice when her diary allows?

The Presiding Officer: The concept of short, sharp questions and answers has been lost on some members this afternoon. A lot of people are not going to get in with their supplementaries.

Maree Todd: I would be delighted to join Michelle Campbell. The Scottish Government recognises the important role that sport and physical activity play in supporting the health and wellbeing of women and girls throughout their lives.

I congratulate Bishopton rugby club on the appointment of its female president. Strong female leadership in sport provides visible role models who can motivate, promote and inspire women and girls to participate in sport and stay active. I am also delighted to hear about the club's postpartum plan, which supports women to return to rugby safely. I would welcome the opportunity to visit the club and hear more about that fantastic initiative.

Duncan Dunlop (South Scotland) (LD): I declare an interest in that I am a—now part-time—coach and referee and a passionate supporter of girls' and boys' rugby. I agree that it has significant emotional and physical benefits for a diverse cohort of young people.

Are we giving certain clubs preferential access to resources, which is drawing young players away from other clubs? That would risk reducing participation opportunities for young people and undermining the long-term sustainability of grass-roots rugby. Does the minister share my concern that we are at risk of placing too great a priority on developing elite player pathways at the expense of grass-roots participation for all?

Maree Todd: I would be more than happy to hear about the substance of the concerns behind Duncan Dunlop's question. I assure him that, when I have had conversations with Scottish Rugby, it has been focused on enhancing grass-roots rugby. It has a strategy to encourage women and girls into rugby, which will be published very soon, and I am keen to work with it on its aim of increasing participation in rugby among women, girls, boys and men. As Duncan Dunlop knows, we share a love of that sport, and I would be keen to work with him on that issue.

Schools (Allotments and Food Education)

6. **Katie Hagmann (Carrick, Cumnock and Doon Valley) (SNP):** To ask the Scottish Government how it is supporting schools to develop allotments and food growing spaces, including what steps it is taking to ensure that pupils gain practical knowledge and experience of food production through the curriculum. (S7O-00546)

The Cabinet Secretary for Education, Culture and Gaelic (Màiri McAllan): Food education is an integral part of the curriculum for excellence. Our refreshed learning estate strategy, which we co-produced with the Convention of Scottish Local Authorities, encourages diverse outdoor spaces that can support activities such as food growing. That sits alongside proposals to update the School Premises (General Requirements and Standards) (Scotland) Regulations 1967, in which questions about horticulture areas and more have been considered.

To complement all that work, this year, we have provided £310,000 to the Royal Highland Education Trust to deliver practical food and farming education, with farm visits for up to 18,000 pupils and digital learning that reaches more than 80,000 young people.

Katie Hagmann: The Good Food Nation (Scotland) Act 2022 has the potential to transform our nation's relationships to and with food, creating links to health and environmental stewardship. Schools have a vital role to play in embedding those values in children at an early age. What guidance will be available to schools to support the involvement of children and young people in the development of good food plans, to ensure that their views are properly reflected in that work?

Màiri McAllan: We expect that the views of children and young people are always taken into account in relation to matters that concern them. Children's voices have already helped to shape Scotland's first national good food nation plan through a dedicated consultation, which was designed specifically for school-aged young people.

Health and Wellbeing (Men and Boys)

7. **Miles Briggs (Edinburgh and Lothians East) (Con):** To ask the Scottish Government what steps it is taking to support the health and wellbeing of men and boys. (S7O-00547)

The Minister for Mental Wellbeing, Public Health, Sport, Alcohol and Drugs (Maree Todd): The Scottish Government is taking targeted action to improve the health and wellbeing of men and boys, alongside its whole-system approach through the population health framework. That includes targeted marketing of the "Be the Early Bird" cancer campaign, which has reached more than two million men; continued support for the Scottish Men's Sheds Association to tackle isolation and loneliness; and investment in the "Changing room—extra time" programme, which uses football to help men look after their mental health.

The Scottish Government is also improving prostate cancer care through the new national clinical management pathway. We are working to implement the United Kingdom National Screening Committee's recommendation on prostate screening for men who are at higher genetic risk. In 2026-27, the Scottish Government's £160 million alcohol and drugs strategic plan, and an additional £40 million investment in sport and physical activity, will further support better outcomes, including for men and boys.

Miles Briggs: Today marks international men's day. Promoting healthier men and boys and positive masculinity goes hand in hand with the Government's priority of tackling violence against women and girls, and it benefits our families, communities and workplaces across the country.

I am disappointed, though, that the minister and the Government have ruled out introducing a health plan for men and boys, when we have the "Women's Health Plan" for women and girls. That needs to change, and I hope that the minister will think again about that.

Will the minister also commit to building a wider agenda on men's and boys' health, including by considering having a dedicated champion for men and boys and by supporting the proposed advisory council on men and boys?

Maree Todd: I am certainly open to having continued conversations on the issue. I recognise the challenges that men and boys face. In our mortality statistics, they are overrepresented in alcohol, drug, suicide, cardiovascular and cancer deaths. There is a lot of work that we can do together, and I am more than happy to continue conversations about how best we can tackle the issue. As I said, we have a programme of work across the piece that reaches the whole population, which will benefit the men who are overrepresented in those statistics.

Helen McDade (Mid Scotland and Fife) (Reform): The minister knows that the healthy life expectancy for males—that is, the number of years during which somebody will, on average, be healthy—has declined from 62.2 years in 2015 to 59.1 years in 2023. That is across all classes, although poorer people have a much worse outcome. What research work will the Government undertake to look into that issue?

Maree Todd: The Government works with some brilliant academics in Scotland, not least those at the Glasgow Centre for Population Health, who help to inform Government policy. We have world-recognised experts in suicide prevention working in our academia, who also work with us to inform Government policy. We do not commission research directly from those people, but we take their learning and incorporate it into our policy where we can. For that reason, our policy in Scotland is far more robust than it would be without such input.

Rail Infrastructure Works (Outsourcing)

8. **Katy Clark (West Scotland) (Lab):** To ask the Scottish Government what discussions it has had with the United Kingdom Government and Network Rail concerning ending the outsourcing of rail infrastructure works. (S7O-00548)

The Cabinet Secretary for Economy, Tourism and Transport (Stephen Flynn): Despite the Scottish Government providing Network Rail with £4.2 billion of funding between 2024 and 2029, it is not accountable

to Scottish ministers—it is accountable to Labour Party ministers through the Department for Transport. However, I am happy to explore engaging with UK Labour ministers on Katy Clark's behalf, if she would like me to do so.

Katy Clark: The National Union of Rail, Maritime and Transport Workers—RMT—has written to the Scottish Government to set out ways in which savings can be made, including by bringing Network Rail Scotland's renewal work in house, which the RMT estimates could save up to £140 million a year.

Will the Scottish Government and Network Rail engage with the RMT on those proposals? I would be happy to work with the cabinet secretary to make representations to the UK Government, if that would be helpful.

Stephen Flynn: I am always happy to engage proactively and constructively with the RMT. It has made a thoughtful contribution. I think that I am meant to be meeting with the RMT soon. I am sure that this matter will be a discussion point between us.

Patricia Gibson (Cunninghame South) (SNP): Does the cabinet secretary share the concern of many ScotRail employees that they often bear the brunt of passenger frustration that two thirds of delays are due to problems caused entirely by faulty or damaged Network Rail infrastructure? Does he agree that it is time that Network Rail's infrastructure was devolved and integrated with ScotRail to ensure that the people of Scotland have full control over our railways?

Stephen Flynn: Patricia Gibson makes a very good point. I can update members on some of those matters. I wrote to the UK Government's Minister for Rail, Lord Hendy, following Mr Burnham becoming Prime Minister and telling us all that he was in favour of further devolution, to ask that those additional rail powers be devolved to Scotland. Unsurprisingly, I received a negative response to that request, which shows that, although Mr Burnham is keen to talk the talk on devolution, when it comes to taking action, he is very much found wanting.

Publicly Supported Organisations (Scrutiny and Accountability)

9. **Jamie Langan (South Scotland) (Reform):** To ask the Scottish Government what its position is on whether publicly supported organisations with policy and political ambitions should be open to scrutiny and accountability. (S7O-00549)

The Cabinet Secretary for Social Justice and Housing (Shirley-Anne Somerville): The Government funds a broad range of organisations to deliver agreed services and outcomes for the public, with regular monitoring and reporting to ensure successful delivery of their projects. An organisation that is supported by public funds should be open to scrutiny and accountability at the appropriate level, but it should not be restricted from advocating for or against a change in policy or participating in political debate simply because it receives public funding for a project.

Jamie Langan: Since 2020, the Scottish Refugee Council has received more than £10.6 million in public funding, but just two weeks ago, in this very building, it was pushing what can, at best, be described as highly dubious political points. Its objectives incentivise serious organised crime groups to ship their customers across the English Channel in the hope that they will come to Scotland. Does the cabinet secretary share my frustration at the use of taxpayers' money to push a dangerous and highly politicised agenda?

Shirley-Anne Somerville: What I have frustration about—[*Interruption*.]

The Presiding Officer: Excuse me, cabinet secretary. Will members stop all these individual conversations while we are trying to hear the cabinet secretary respond to a question? I am surprised to hear that from members who are themselves keen to ask supplementary questions this afternoon but are willing to talk while others are answering questions.

Sorry, cabinet secretary—please start again.

Shirley-Anne Somerville: I have real frustration with members of Reform coming to the chamber to accuse organisations that are well respected in public discourse of coming to Parliament and sharing their views. Perhaps Reform members are uncomfortable because the Scottish Refugee Council came here to ensure that MSPs had information to hand—not the disinformation that is spread by Reform and not the attacks on people in our communities that are spread by Reform.

My frustration, if I have any, is with members who come here and accuse people—I think that I heard an accusation that the Scottish Refugee Council has an association with organised crime. We are getting to the point of ridiculousness. My frustration lies in how Reform members are quite happy to come here and accuse people of things with no evidence, yet they themselves have an impact on communities, which suffer because of the division that they spread.

Mental Health Service (Rural Areas)

10. **Finlay Carson (Galloway and West Dumfries) (Con):** To ask the Scottish Government what further support it will provide for rural mental health services. (S7O-00550)

The Minister for Mental Wellbeing, Public Health, Sport, Alcohol and Drugs (Maree Todd): Rural mental health services are a priority for the Government, which is why we established the national rural and islands mental health forum in partnership with Change Mental Health.

The communities mental health and wellbeing fund for adults has a specific focus on supporting rural communities. Since 2021, we have invested £99 million in the fund, supporting projects across Scotland, including more than 1,100 in rural and island areas.

In addition, we support a number of rural and farming organisations to provide mental health support, including the Royal Scottish Agricultural Benevolent Institution, which provides counselling, suicide prevention support and mental health training for agricultural workers. Next year, we will double our existing funding to Farmstrong Scotland for the continued development of its wellbeing programme for the farming and crofting sectors.

Finlay Carson: People in rural communities often face acute problems in accessing mental health support. Where there is support, such as that provided by Change Mental Health, it is invaluable, but a lack of services, recruitment issues, digital exclusion and transport challenges all act as barriers.

Last year, Farmstrong Scotland reported that around a third of our farmers are dealing with low wellbeing, so more needs to be done. Will the Scottish Government commit to working with stakeholders, people in rural areas and interested MSPs to deliver a dedicated rural mental health strategy across this parliamentary session?

Maree Todd: As I said in my first answer, we certainly recognise the challenges that rural communities face. I, too, represent a rural community, and I am very aware of the issues that Finlay Carson has described. I am more than happy to work with him and stakeholders to tackle those and ensure equity of access to the high-quality care that people in more urban areas can expect.

Laura Moodie (South Scotland) (Green): In September, I raised concerns about the mental health impact of bluetongue on farmers in south-west Scotland, a concern that was supported by research into previous livestock disease outbreaks. The Minister for Agriculture, Marine and the Islands pointed to Scottish Government funding for the Royal Scottish Agricultural Benevolent Institution—RSABI—as evidence of the support being provided. Subsequent correspondence identified only nationwide funding, with no specific provision identified for farmers in bluetongue-affected areas. Will the Scottish Government consider providing dedicated mental health funding for farmers and other agriculture-based professionals affected by future livestock disease outbreaks?

Maree Todd: I certainly recognise the challenge that the member describes, and I am more than happy to work with her on the issue. Although agriculture is not my speciality, I am aware that a number of challenges face our farming and crofting community that would require a specific response, including a mental wellbeing response. I am happy to work with the member in future on all those issues facing our farming and crofting community.

The Presiding Officer: That concludes general questions. My apologies to the many members I was unable to take for supplementaries.

First Minister's Question Time

Party Leaders

14:00

The Presiding Officer (Kenneth Gibson): The next item of business is First Minister's questions for party leaders. The first person to ask questions will be Michael Marra, who has seven minutes for questions and answers.

NHS Grampian

Michael Marra (North East Scotland) (Lab): The horrific revelations last week of children put at risk by NHS Grampian were the tip of an iceberg. We now know that at least 19 people died at Aberdeen royal infirmary in circumstances that were avoidable.

Dr Habib, a consultant at NHS Grampian, has today put his career on the line, in desperate pursuit of change, so that those who knew what was happening can be held accountable. Nineteen people—fathers,

mothers, grandparents, friends and loved ones—who were in the care of our national health service when they were sick died when they should not have. First Minister, why has this happened?

The First Minister (John Swinney): The issues raised and communicated this morning by Dr Habib are of the gravest concern. Last week, Mr Marra would have heard my expression of regret about the contents of the Healthcare Improvement Scotland report on the conduct of NHS Grampian. The standard of care and the necessity of high-quality care and patient safety being uppermost in all circumstances is paramount in the national health service, so the revelations and the points raised this morning are of the deepest concern to me.

It is important that, in all circumstances where concerns are raised, they are properly pursued. Obviously, we rely on health boards to undertake that responsibility, as it is their statutory duty to do so. With the events of last week and the conclusion of the process involving Healthcare Improvement Scotland, the Scottish Government has come to the conclusion—as the Cabinet Secretary for Health and Care set out on Tuesday—that NHS Grampian must undertake very significant improvement and change to deliver on those expectations. That is what the Government expects.

Michael Marra: I am afraid that that just does not wash. Families were not told and the public were not told, but the First Minister was told. I asked the Cabinet Secretary for Health and Care in the chamber this week if there was anything else that had been covered up by NHS Grampian. She said nothing; there was no answer. Ministers had been told, however. Four times, Dr Habib wrote to Scottish ministers—three times to you, First Minister—seeking help for the people in his care. Nothing was done to stop the deaths—nothing.

Crucially, a 2022 external review that was commissioned by NHS Grampian—I have a copy here—considered 45 cases where whistleblowers raised concerns regarding liver and pancreatic surgery. Nineteen of those deaths were deemed to have been avoidable and due to issues with the surgery. The death rate was six times what would normally be expected. The review sets out the systemic failure, which was due to a lack of leadership, poor decision making, poor pre-operative planning and inadequate surgical care. The report was then buried, hidden from the public and the families of the dead, until this morning. First Minister, who decided to bury the evidence?

The First Minister: Those issues were addressed to NHS Grampian, and it is NHS Grampian's responsibility to ensure that the performance of its clinicians and the delivery of its services are undertaken in accordance with the expectations of the approach that is set out by the Government in relation to patient safety.

The actions in relation to the changes in leadership in NHS Grampian have been undertaken to ensure that the Government can be confident about the standards of care that are in place there. That is where we have to ensure that the necessary changes are made, and the Government has made those changes.

Michael Marra: Dr Habib was told in November 2024 by the First Minister to go to the police. He wrote to the First Minister directly, but the Government itself took no action at that time to deal with the problem.

I have had confirmation this morning that the Healthcare Improvement Scotland report was never published—it was buried by NHS Grampian. Nineteen people died. The First Minister was told not once but three times, and the health board buried the evidence. Enough is enough. The permanent secretary must commission an urgent internal review today on who knew what and when within the Scottish Government. The Lord Advocate must move now, today, towards a criminal prosecution.

Hundreds of grieving families across the country will be wondering today whether it was their son, their daughter, their mum or their dad who died needlessly and who might still be with them if only the Government had listened. Those families deserve answers and they deserve justice. The First Minister was told and did nothing. He must act today to get the answers for those families. Will he do so?

The First Minister: The Government acted last week to address the issues in the Healthcare Improvement Scotland report by requiring significant change in the leadership and direction of NHS Grampian. I accept that it was absolutely necessary to have undertaken that, so that we have in place new leadership that enables us to act in that fashion.

That is the commitment that I give Parliament today, and I gave that commitment to Parliament last week. The Healthcare Improvement Scotland report explains unacceptable performance in NHS Grampian, and there has to be, and there is, change in leadership to enable action to be undertaken. The issues of enormous significance that Mr Marra raises must be properly addressed by those in operational control of NHS Grampian.

On the issue of criminal prosecution, that is not for me—I cannot direct the Lord Advocate to undertake that, as Mr Marra knows. It is for the police to consider any evidence and for the Lord Advocate and the Crown

to make any judgments about the merits of a criminal prosecution. That is the action that must be taken by the appropriate authorities, and it would be wrong for me to intervene in that process.

I can assure Mr Marra and Parliament that the Scottish Government is intent on ensuring that NHS Grampian properly carries out its functions, and that is what we have required it to do.

Michael Marra: The First Minister is carefully avoiding the fact that, on four occasions, the issue was raised directly with ministers: ministers who are sitting on the front bench now, and one who is sitting behind him. He knows that that was the case. I have seen the letters—they were sent to him and nothing was done.

If these were urgent issues that had to be addressed, they should have been addressed, and that is why the permanent secretary should investigate right now. This must not be a repeat of the Government's approach to the Queen Elizabeth university hospital or Eljamel in Tayside—to be dragged kicking and screaming towards justice. Families have waited years for answers. Will the First Minister deliver them?

The First Minister: In all the cases of correspondence coming into Government from Dr Habib, there have been appropriate responses issued to ensure that the necessary action could be pursued in relation to those questions. Advice was given in relation to evidence that could be provided, for example to the police, and about the support provided by the national whistleblowing service, which is a function that operates independently of Government to ensure that these issues are properly and fully challenged.

The Government has made clear its dissatisfaction with the conduct of NHS Grampian, which is why the significant changes in leadership have been required, and that is exactly what the Government is putting in place.

Homelessness

Malcolm Offord (West Scotland) (Reform): I am sure that the First Minister has noticed that the weather has recently taken a turn for the worse, and that nights are much colder. That makes the plight of homeless people sleeping on our streets more difficult. Some of them will be veterans, many are victims of drug or alcohol addiction, and others have fallen on hard times. Does the First Minister know how many of our fellow Scots are presently sleeping on the streets?

The First Minister (John Swinney): I do not have an accurate figure for the number of people who are sleeping on our streets. It is difficult to establish that precise number. However, I say to Mr Offord that the Government is taking a number of steps, through the investment that we make in homelessness services, to support individuals to overcome adversity and find secure housing, and that we are investing in the creation of housing infrastructure to ensure that the needs of the population are met in Scotland. That is reflected in the budget choices that the Government has made.

Malcolm Offord: Indeed, we do not have up-to-date information, so perhaps the First Minister's Government might rectify that.

One of the best ways to avoid young people having homeless futures is to ensure that they get into good jobs today. This week, Labour's Alan Milburn called that a moral duty, and Reform agrees with that. However, for us, that must involve meaningful work in real jobs that are sustainable and add value to families and communities, not just another state-sponsored merry-go-round.

In 2020, the Scottish National Party introduced a young person's guarantee called no one left behind. Since then, the number of out-of-work 16 to 24-year-old Scots has nearly doubled from 30,000 to 55,000. What does the First Minister say to the 55,000 young Scots who have been left behind?

The First Minister: I recognise the importance of the issues that Malcolm Offord raises, which are central to the Milburn review that was published earlier this week. There is a lot in the Milburn review that reflects the policy direction of the Scottish Government with regard to the no one left behind programme, which Mr Offord mentioned. The published unemployment and inactivity rates data tell us that, as a consequence of our efforts, Scotland has a higher employment rate and a lower inactivity rate among 16 to 24-year-olds than is the case in the United Kingdom overall. That gives me some encouragement that the steps that we are taking are providing better outcomes for young people.

In addition, the Skills Development Scotland annual participation measure showed that, in 2026, 93.6 per cent of young people were participating in education, employment or training. There is work to do to make sure that all young people are able to play an active part in our economy and to be contributors to our economy. I absolutely sign up the Government to that aspiration. We will look carefully at the contents of the Milburn review to identify whether there are other steps that we can take to strengthen our approach to ensuring that all young people have the best start in life and the best opportunity to participate in our economy.

Malcolm Offord: It is clear that the First Minister thinks that there is no crisis here at all. I disagree: I think that there is a crisis here. Some 55,000 young Scots are not working. That is completely unacceptable, no matter what happens in the rest of the United Kingdom.

Of course, Màiri McAllan says that the answer to youth unemployment is to rejoin the European Union. Really? To allow a flood of 100,000 young EU migrants to gobble up the vacancies that our own young people need? Why would the First Minister allow outsiders to take starter jobs away from our own young Scots?

The First Minister: This morning, at the Convention of Scottish Local Authorities conference, I expressed my concern about the use of divisive language in our political discourse, and that was a classic example of the divisive discourse that is now part and parcel of what Malcolm Offord says to this Parliament every week. Malcolm Offord and his colleagues need to think long and hard about the way in which they raise these issues and how they spread division within our country.

For my part, there would be many positive advantages to Scotland being a member of the European Union. Membership would offer our citizens freedom of movement—the ability to move into other destinations in Europe, free of all the bureaucracy and obstacles of today, to pursue their interests, academic development and employment opportunities—and it would allow us to benefit from the contribution that is made by people of other nationalities.

Anyone looking at Scotland today can only come to the conclusion that Scotland has benefited from being an open, outward-looking society, and I am determined to ensure that that always remains the case.

Malcolm Offord: I implore the First Minister to deal with the real issue and help working Scots and young Scots to get the best possible start in life. There is a golden opportunity coming up for the First Minister to rectify this mess: the upcoming budget can give a lifeline to young people in Scotland by incentivising employers in Scotland to hire them. The Reform Party Scotland has a tonne of ideas on how to get young Scots back to work, because we care about them. Will the First Minister meet me to discuss those ideas?

The First Minister: I have explained the position that my Government is going to take—we are not going to seek collaboration with the Reform group in the Scottish Parliament. That is a political decision that I have made because I will not associate my party and Government with the divisive ideas that are put forward by Malcolm Offord and Reform. I appreciate that that position will not be universally popular among Reform members, but I have a duty to the people whom I represent and to Scotland, to make sure that I do everything that I can to maintain Scotland's position as a welcoming, inclusive country, and part of that means not engaging with Reform UK.

NHS Grampian

Gillian Mackay (Central Scotland and Lothians West) (Green): I will start by associating myself with the remarks that have been made today on the disturbing revelations about the NHS Grampian situation. There will, naturally, be a lot of anxiety from those in the NHS Grampian region who are seeing today's news coverage and potentially thinking twice about attending hospitals for planned or unscheduled care. Many of the issues that we are dealing with take long-term work but, in the short term, what will the Government do to ensure that those patients can access safe healthcare in which they can have confidence?

The First Minister (John Swinney): The Government will build on the steps that we have already taken to change the leadership of NHS Grampian and ensure that the type of reassurance that members of the public require can be provided. Those steps include: the appointment of an experienced national health service professional as the chair of the board; the taking forward and implementation of the Healthcare Improvement Scotland report that the NHS Grampian chief executive commissioned; and ensuring that the NHS Grampian medical leadership is able to address the substantive issues that were raised this morning by the contribution of Dr Habib. In addition, one of our deputy chief medical officers has been appointed as a new medical director in NHS Grampian to ensure that the quality of leadership is in place to address these very issues.

I acknowledge and understand the unease that Gillian Mackay recounts to Parliament, which I have heard from my parliamentary colleagues who represent communities in the north-east of Scotland, including Aberdeen and Moray. However, in the annual review of NHS Grampian last Friday, the Cabinet Secretary for Health and Care engaged extensively with professional healthcare staff who are routinely and daily delivering healthcare services in NHS Grampian. Those professionals are committed to ensuring that that level of care is delivered. I hope that the Government's actions, as well as the determination of healthcare professionals to deliver the clinical care that is required, address the legitimate points that Gillian Mackay raises with me this afternoon.

Gillian Mackay: I think that we can all agree that patients coming to harm in our NHS is unacceptable. I commit the Scottish Greens to working with patients and across party lines to ensure that justice is done for all those affected.

Last weekend, more than 6,000 people from Scottish communities that are threatened by hyperscale data centres took to the streets of Edinburgh to protest against those energy-sucking artificial intelligence giants. The determination date for the first of those data centres, in Larbert, has now lapsed; the developer has refused an extension and the decision could be left to the Scottish Government. The community there faces continuing uncertainty over the proposed hyperscale centre. Worryingly, emails that were sent to my office suggest that the Scottish Government is not keen to meet campaigners. Will the First Minister help to ease some of that uncertainty by confirming when his Government will make its planning guidance for data centres public?

The First Minister: First, I recognise the level of public concern about those issues, and I take seriously the points that the people who demonstrated in Edinburgh on Saturday raised.

Secondly, in response to a question from Gillian Mackay's colleague Laura Moodie on Tuesday, I made clear my determination to listen to the points that those who are concerned have raised. All that information weighs heavily in the formulation of the advice and the planning guidance that the Government makes available. I expect that guidance to be available before the Christmas recess, and I expect that it will be published to Parliament in the normal fashion.

Gillian Mackay: I appreciate that the Government has committed to publishing the guidance by the end of this year, but to allow Parliament to scrutinise it before Christmas, it would have to be published no later than the start of the last week of term, on 15 December. Will there be a statement from ministers to Parliament before Christmas?

The First Minister: That is my expectation, yes.

Gillian Mackay: The Greens are proud to stand with the workers at Rockstar North, who did the hard work behind "Grand Theft Auto VI", as they stand up against bad working practices and try to unionise their workforce. Last night, the Scottish National Party angered anti-AI campaigners by posting AI-generated GTA memes on its social media, despite huge concerns about the impact of AI and AI data centres on artists, workers and the environment. Does the First Minister understand why people are concerned about his Government's approach to AI and the big companies behind it?

The First Minister: First, I do not want to offend anyone with anything that we get up to, and I am sorry if we did—that was not my intention. Secondly, I understand the concerns about AI. Indeed, I share those concerns, because we are all working our way through significant industrial changes and challenges, which are happening before our eyes. I am acutely alive to that unease.

Equally, sometimes, in our healthcare services, when it is applied to routine healthcare treatments and assessments, AI is advancing the ability to identify the risk of cancer to which members of the public are exposed. We must consider the advantages of AI, which might improve clinical practice and help in other areas, too.

However, we must be alert to the risks, and that is what the Government will consider as part of the issues around AI data centres, because risks will come with their development. Those issues will be fully explored in the guidance that we set out. In broader and wider policy, substantial issues will have to be addressed and considered, and the Government will do exactly that.

The Presiding Officer: Russell Findlay has five minutes for questions and answers.

Aberdeen Royal Infirmary

Russell Findlay (West Scotland) (Con): Countless patients suffered avoidable deaths at Aberdeen royal infirmary. If John Swinney required surgery there tomorrow, would he have any concerns? (S7F-00079)

The First Minister (John Swinney): I would not have concerns, because our clinical professionals are undertaking good work in the national health service across the country. We should have confidence in them to undertake their roles, which carry significant responsibility. I encourage people to be confident in the delivery of NHS services in Scotland, and specifically in NHS Grampian.

Russell Findlay: That did not answer my question. Patients and their families across north-east Scotland are deeply concerned. Aberdeen royal infirmary whistleblowers have been raising the alarm about avoidable patient deaths since at least 2014. Why were they ignored by John Swinney's Government?

The First Minister: On a number of occasions, over a number of years, where concerns have been expressed they have been pursued by NHS Grampian and a range of external bodies. I appreciate and acknowledge the depth of concern about the situation in NHS Grampian.

What I said to Parliament last week and what the Cabinet Secretary for Health and Care set out to Parliament on Tuesday are mechanisms designed to put in place the steps that are necessary to ensure that patient confidence can be at its highest level. I assure Parliament that the individuals that we have put in place have an obligation to ensure that it is the case. The Government will give everything that we need to give to ensure that confidence can be assured.

Russell Findlay: Those whistleblowers were ignored not only by his Government: First Minister John Swinney was warned—personally and in writing—not only once or twice but at least three times, and did nothing. Why is that?

The First Minister: Where issues of clinical practice are raised with ministers, the appropriate area of the Government takes up those issues with the relevant bodies and gives the relevant advice to the individuals who have raised the concerns.

On wider questions about the performance of NHS Grampian, the Government has intervened, as I recounted to Parliament last week, on different occasions during the past few years, in particular during the spring of 2025, when we escalated the supervision of NHS Grampian and put in place additional measures to ensure that improvement in its performance was rigorously pursued. That led to the establishment of the Healthcare Improvement Scotland review and its report, which I addressed in my answers to questions in Parliament last week.

As a consequence of all of that, the performance of NHS Grampian and the legitimate issues about patient safety that Russell Findlay raises can be pursued through the changes that we required to be made in the leadership of NHS Grampian. Those steps are necessary to ensure that the issues with performance and legitimate concerns are properly addressed.

Russell Findlay: This is what John Swinney's Scotland looks like: patients have died, families were lied to, whistleblowers were destroyed and failure was rewarded. Highly paid NHS Grampian bosses were not held to account; they were protected and promoted. Why does he think that that perverse culture is acceptable?

The First Minister: I do not, in any way shape or form, think that that type of culture is acceptable. In my answers to Michael Marra last week, I made clear my determination for the culture of leadership in our public services to be one that addresses areas of failure, inadequate performance and, in the NHS specifically, issues that involve patient risk. There has to be a culture of openness to ensure that that is the case. That is the culture that I expect to be in place, and that is the culture that the health secretary and I will insist on in our dialogue with the national health service.

Russell Findlay: John Swinney's answer is completely detached from reality. Senior whistleblowers have exposed a deep-rooted culture of dishonesty, denial, arrogance, incompetence and cover-ups on an industrial scale. That rotten culture has been imposed by this rotten Scottish National Party Government. It contaminates Scotland's public bodies. How can anyone believe that John Swinney will fix the problem when he is responsible for creating it?

The First Minister: I can only set out to Parliament my commitment to the approach that I am determined to take to ensure that our public services are open with the public and address performance issues so that we can confront them.

If the Government had not, for example, intervened in NHS Grampian to ensure that there was supervision of its performance, Mr Findlay might have a point. The Government acted in relation to last week's report by Healthcare Improvement Scotland, the independent inspectors who carry out those reviews to satisfy the Government whether issues need to be addressed, and we have required leadership changes to be made in NHS Grampian. Mr Findlay might have a point if the Government had not taken that action.

I hope that the steps that we have taken, first by intervening in NHS Grampian and then by acting on the conclusions of the report from Healthcare Improvement Scotland, will give people confidence that the Government will act where there is poor performance and that individuals will be required to act to address that performance.

The Presiding Officer: Alex Cole-Hamilton now has five minutes for questions and answers.

(General Practice Surgeries (Information Technology Systems)

Alex Cole-Hamilton (Edinburgh North Western) (LD): Last week, I warned about the crisis in our accident and emergency departments. This week, we have learned that NHS Grampian is in the kind of turmoil that is, sadly, measured out in human lives. The First Minister owes it to the families of everyone who has been lost to instruct an inquiry into what was known, and by whom in his Government.

Today, I warn members about a fresh scandal in our general practices. Right now, fewer appointments are available to patients because of a faulty computer system called Vision, which is being forced on every GP surgery in Scotland, despite our largest health board warning that the system is causing significant disruption.

Does the First Minister think that the roll-out of Vision is going well?

The First Minister (John Swinney): I addressed the issues with the information technology system for GPs with Mr Harley in Parliament on Tuesday. Those issues arise from the fact that the existing system is coming to the end of its life and that, because of changes in the marketplace, the Vision IT system is the only one available on the market.

That system is being provided and rolled out to GP practices. We want to ensure that any disruption to members of the public during the roll-out of services is avoided and that will be the approach that is taken during the roll-out of that system.

Alex Cole-Hamilton: That is a nightmare for GPs. It is not just another IT scandal; it is also a human one. Right now, doctors at one surgery in Bishopbriggs can see only half the number of patients that they used to and one practice in Kirkcaldy sent text messages to patients to say that it could offer emergency appointments only. In Clarkston, patients could not book an appointment, order a prescription or get a fit note and, in NHS Forth Valley, an answer to a freedom of information request showed that the Vision system can silently and autonomously change the dose of a common drug to only a fifth of what patients should be getting.

Given all those issues, why is the First Minister still forcing our GPs to use a system that is riddled with bugs?

The First Minister: As I explained in my earlier answer, the current system is coming to the end of its life and the Vision IT system is the only one that is available to provide a continuation of administrative services.

Public Services Delivery Scotland is working closely with the GP community to support the roll-out and implementation of the Vision system to ensure that it meets the needs of general practice.

Alex Cole-Hamilton: That system was bungled from the start. The Scottish Government has been working on it for seven years, but it is garbage. We have been inundated with messages. One GP told us that he will not even work in a practice that has been moved on to Vision because it is so bad. Practice staff say that admin is taking twice as long because the system keeps freezing and crashing. The First Minister says that that is inevitable and that we have to move on to the Vision system, but Wales has completely pulled the plug on its roll-out of Vision. As if GPs in Scotland did not have enough on their plates, the Government has ignored their warnings and ploughed on regardless. Why is that?

The First Minister: The reasons are contained in the answers that I have already given to Mr Cole-Hamilton. A new system had to be put in place. Through the work of Public Services Delivery Scotland, we are supporting GP practices to address the issues and to ensure that continuity of care is delivered in communities, and that will remain the focus of the Government's activities.

Alex Cole-Hamilton: I am sorry, but I am just not having this. The First Minister has given me the same answer—that we had to move over to a new system—over and over again. Wales was in exactly the same position, but it abandoned the roll-out of Vision entirely. With many more surgeries still to switch over, the doctors' trade union has told GPs to start lodging formal disputes.

The SNP seems to be incapable of delivering information technology projects. From the NHS app to the ScotRail app and from farm payments to police computers, it has a long record of doomed IT roll-outs. Will the First Minister guarantee that no more surgeries will switch over to the new system until all the problems have been ironed out?

The First Minister: The issues are being addressed through the engagement of Public Services Delivery Scotland to ensure that GP practices are supported with the roll-out of the system. The Government looks closely at the roll-out in all parts of the country to monitor performance and to satisfy itself with regard to the steps that are being taken. That will remain the case as the roll-out continues to progress around the country.

The Presiding Officer: That concludes questions to the First Minister from party leaders. We will suspend the meeting for a minute to enable a changeover of members on the front benches.

The rest of this Official Report will be published progressively as soon as the text is available.

14:36

Meeting suspended.

14:37

On resuming—

Scottish Parliamentary Corporate Body Question Time

The Deputy Presiding Officer (Katy Clark): The next item of business is Scottish Parliamentary Corporate Body question time.

AI-generated Casework Requests

1. **Carol Mochan (South Scotland) (Lab):** To ask the Scottish Parliamentary Corporate Body what action it is taking to support MSP staff, in light of reported concerns regarding an increase in the number of artificial intelligence-generated casework requests. (S7O-00554)

Jackie Dunbar (Scottish Parliamentary Corporate Body): The corporate body recognises that increasing volumes of digitally generated and AI-assisted correspondence can place additional pressure on already busy members and their teams. In particular, high-volume digital campaigns can make it more difficult for offices to identify and prioritise urgent individual casework. The casework system that is provided by the Parliament includes functionality to help members' offices to manage high-volume campaign correspondence, and training on that functionality is available to members and their staff through the Parliament's learning and development programme.

Officials are also working with the system supplier as it develops new AI-supported functionality. Alongside that work, officials will continue to assess what further guidance, training and technical improvements could safely reduce the administrative burden on members' offices, while ensuring that genuine constituent correspondence is handled appropriately.

Carol Mochan: As the member noted, the rise of generative AI has led to a massive upsurge in the volume of casework that members receive, which includes pages and pages of legal citations and references to often obscure standards and practice. I know that other members are concerned about the issue on behalf of their staff. As caseworkers are not lawyers, they do not have the requisite expertise to be able to provide responses to questions of so many pages in a timely manner, even assuming that the citations are correct—and, in many cases, we have found that they are not.

In no way do I wish to limit democratic engagement, but what can be done to streamline requests and ensure that constituents are well informed about the inevitable delays that such lengthy requests lead to?

Jackie Dunbar: I recognise the concerns that the member raises. Generative AI has made it much easier to produce lengthy and highly technical correspondence, which can include legal citations and references that may not always be accurate. That is not unique to MSP casework. The Information Commissioner's Office has reported increasing volumes of complex, AI-generated information requests, including requests that misquote legislation, while the Financial Ombudsman Service has highlighted needlessly long submissions containing fabricated laws, misquoted regulations and invented previous decisions.

I think that there is a practical role for the corporate body here. We can look at whether clearer guidance and standard responses could help members' offices to explain what an MSP can and cannot reasonably do and to manage constituents' expectations about response times when correspondence is particularly lengthy or complex. Alongside that, we will continue working with the casework system supplier on ways in which technology and training can help offices to manage increasing volumes efficiently while ensuring that genuine constituent concerns continue to receive appropriate attention.

Official Reports (Publication Times)

2. **Clare Haughey (Rutherglen and Cambuslang) (SNP):** To ask the Scottish Parliamentary Corporate Body what measures it is taking to reduce the time taken to publish the *Official Report* following parliamentary proceedings. (S7O-00556)

Stephen Kerr (Scottish Parliamentary Corporate Body): *Official Reports* are published as soon as practicable during and after meetings. The *Official Report* of chamber business is produced on the day, with all business up to the end of decision time appearing progressively online within three hours. The report of members' business is published as soon as possible the following day. Committee *Official Reports* are

produced to a publication schedule that is set weekly. The reports are prioritised as agreed by the Conveners Group in 2001—that is, based first on the date of the next meeting and then on the type of business.

There has been an increase in the number of hours in the public parliamentary week, with both chamber hours and committee hours increasing. On average, there were more than 42 hours of public parliamentary business each week between the start of September and the October recess. That was considerably higher than the equivalent periods in the previous sessions and beyond the OR's current capacity of around 37 hours a week.

Clare Haughey: The member refers to weekly publication of committee *Official Reports*. However, to give a recent example, last Friday morning, on 13 November, I noticed that the last published *Official Reports* of the Finance and Public Administration Committee that were available were for 28 October. The *Official Reports* of two committee meetings were not available for reference by members.

This is not a new issue. It was evident in the previous session. If the OR's capacity is not sufficient to service this Parliament, something must be done about it by the SPCB. What specific measures are being considered or, indeed, introduced to reduce the time taken to publish a draft *Official Report* of committee proceedings? I am specifically asking about committee proceedings. How are the timings monitored? Is the SPCB satisfied with the time taken to publish committee proceedings?

Stephen Kerr: I am grateful for that supplementary question, which raises all kinds of concerns that I know will be shared by members across the chamber. The OR team is looking at ways to respond to these challenges by reviewing and adopting new working methods to create efficiencies while maintaining the accuracy, accessibility and reliability of the report. Alongside that, staff have worked beyond contracted hours on public holidays to meet demand as much as possible. In September and October, almost all—but clearly not all—*ORs* were published before the committee's next meeting.

The OR team already uses automatic speech recognition to produce a first draft of the report, and it is looking at exploring artificial intelligence tools that will support the reviewing of reports before publication. However, I sound a note of caution that AI tools remain inconsistent, as we heard in the answer to the previous question, with inaccurate transcriptions and even hallucinations being a frequent issue, particularly given the nuanced and complex business that the Parliament often considers.

I am sure that this is a question that we will return to, and I am grateful for the question.

The Deputy Presiding Officer (Katy Clark): In order to get to all the questions, we will need to have shorter questions and answers.

MSP Staff (Consultation on Changes)

3. **Stuart McMillan (Inverclyde) (SNP):** To ask the Scottish Parliamentary Corporate Body, regarding changes to processes that directly affect the day-to-day roles of MSP staff, such as allowances and the booking of First Minister Questions tickets and meeting rooms, whether it will survey MSP staff to assess whether these changes have been beneficial and whether staff felt adequately consulted prior to their implementation. (S7O-00553)

Pauline McNeill (Scottish Parliamentary Corporate Body): Members' staff will have the opportunity to share their views in an upcoming survey on workplace services and facilities in December, which I hope the member will welcome. The survey will give members' staff a clear and confidential way to share their experiences of working at Holyrood, in constituency offices and from home. It will ask for their views on the impact of recent changes on their day-to-day roles and on whether they feel that they were appropriately consulted before those changes were introduced. The data gathered from the survey will help the SPCB to identify practical changes that will make workplace services easier to use, and it will help to inform future improvement work and investment.

Stuart McMillan: I certainly welcome that survey, and I am sure that MSP staff will welcome the member's comments, too. However, over several years, a number of departments within the Parliament have made changes that have placed additional demands on MSP offices and their staff. We have to remember that Parliament should be reducing the burden of MSP offices, not adding to it. Given that MSP staff are the day-to-day face of Parliament in our communities across Scotland, and that, anecdotally, many MSP staff feel that changes are often introduced without sufficient consultation with those who will be most affected by them, will the Scottish Parliamentary Corporate Body commit to consulting MSP staff before implementing significant changes that affect their day-to-day roles and responsibilities?

Pauline McNeill: I agree with the member that it is vitally important that we do that. The survey will help. There is also a staff forum, which began in 2018, and we are in the process of arranging the appointment of

staff members to that consultative forum for session 7, which we are in now. So, there is the combination of those initiatives and what is done by MSPs themselves.

The review of the dignity at work programme arrangements with the Scottish Parliamentary Corporate Body will consider proposals from MSP staff trade unions to strengthen engagement and communication between SPCB officials and MSP staff, while—importantly—respecting the existing employment structure.

I agree that it is time to ensure that we address the changes that have happened in the Parliament—I know that the member has previously raised changes to the booking system, for example—to ensure that we get feedback from MSP staff so that we get it right.

Public Gallery (Visitor Management)

4. **Ben Macpherson (Edinburgh North Eastern and Leith) (SNP):** To ask the Scottish Parliamentary Corporate Body when it last reviewed the procedures for managing visitors entering and leaving the public gallery during chamber proceedings and committee meetings. (S7O-00565)

Pauline McNeill (Scottish Parliamentary Corporate Body): Visitors to our public galleries are subject to the Parliament's visitor behaviour policy, and we expect visitors to observe proceedings without causing disruption. The specific procedures around people entering and leaving the galleries were last looked at during session 5, when concerns were raised about disruption from movement in the gallery, particularly during the changeover following First Minister's questions.

Ben Macpherson: I want to be clear that I very much welcome visitors to the Parliament. We want to encourage more visits, and I commend the work of the security team across the Parliament.

However, on numerous occasions, I have witnessed business being disrupted or disturbed by visitors arriving and leaving during statements. Even today, a group left when Russell Findlay was on his feet during FMQs—thankfully, they did so pretty quietly, but it could have been very disruptive. I have seen it happen during sensitive committee meetings, for example, while grieving parents were talking about the loss of their children. I wonder whether we want to give more consideration to the etiquette and procedures for visitors entering and leaving during parliamentary business, as theatres and other settings where visitors are welcome do.

Pauline McNeill: I am glad that the member has recognised the importance of ensuring that Parliament is a welcoming place for visitors. I recognise Ben Macpherson's concerns, which I know he has raised at a committee meeting previously.

Visitors should be able to observe parliamentary business without disrupting proceedings, and that principle is already reflected in our arrangements for public galleries. However, there are practical considerations. Parliamentary business can continue for lengthy periods, and visitors might need to leave for a range of reasons, so we would want to ensure that any arrangements are proportionate and workable, rather than preventing people from leaving when they need to do so.

However, we commit to considering the matter further to see how we can manage the movement more sensitively. Guidelines are issued to visitors when they come to the Parliament, and one of the things that we might be able to do is to reinforce to visitors on entry the need to be sensitive when they leave the chamber public gallery or committee public gallery.

Engagement with External Organisations in Parliament

5. **Claire Baker (Mid Scotland and Fife) (Lab):** To ask the Scottish Parliamentary Corporate Body what processes and guidance are in place regarding engagement between external organisations and MSPs within the Parliament, including the location of engagement activities and the conduct expected of parliamentary members and staff in that context. (S7O-00564)

Graham Simpson (Scottish Parliamentary Corporate Body): The Parliament provides a range of opportunities for external organisations to engage with members, including through the member-sponsored events and exhibitions programme. For member-sponsored exhibitions, the events and exhibitions team considers the availability of the dates requested and the size and scale of the proposed exhibition when determining the most appropriate location.

The Parliament expects everyone who is engaging in activities on the parliamentary estate to treat others with dignity, courtesy and respect and has a zero-tolerance approach to unacceptable behaviour, including bullying, harassment and sexual harassment. Staff from the events and exhibitions team are available throughout member-sponsored exhibitions to provide support and response to any concerns that may arise.

Claire Baker: Concerns have been raised with me about the Parliament's engagement stall, which is located outside the members block and is now directly opposite political offices, which presents challenges for organisations that wish to engage with MSPs. I ask the corporate body to consider alternative locations within the parliamentary estate that could be made available for external organisations to engage with MSPs and to reflect on broadening the range of options, which might help to ensure that such activities take place in a more appropriate setting.

What guidance applies to the distribution of party-political material within the parliamentary estate, particularly when that material relates to external organisations that have been invited into the Parliament as part of such engagement activity?

Graham Simpson: That is two supplementaries, so I ask you to allow me a bit of time, Presiding Officer.

The corporate body allocates parliamentary resources impartially. We do so on the reasonable expectation that everyone—that is everyone—who engages in parliamentary activities will behave with courtesy and respect towards others. However, we speak to exhibitors about the arrangements and any concerns that they may have. If an exhibitor raised a particular concern about location, we would take that seriously and, if another suitable location was available, would work with them to make alternative arrangements.

On the second point, the corporate body sets the rules and guidance that govern the appropriate use of parliamentary resources. That includes through the reimbursement of members expenses scheme. If a concern or complaint is raised about the use of parliamentary resources, there are established arrangements for that to be considered and, where appropriate, investigated.

Broadcasting (Accessibility)

The Deputy Presiding Officer (Katy Clark): I call Emma Roddick for question 6.

Emma Roddick (Inverness and Nairn) (SNP): [*Inaudible*.]

The Deputy Presiding Officer (Katy Clark): I do not believe that you have your microphone on, Emma Roddick. There may be a technical problem. Would you like to try one more time?

Emma Roddick: That is ironic. Can you hear me now?

The Deputy Presiding Officer (Katy Clark): We can hear you, thank you.

6. **Emma Roddick (Inverness and Nairn) (SNP):** To ask the Scottish Parliamentary Corporate Body what consideration it has given to improving the accessibility of the Parliament's broadcasting services by adding speaker labels to captions. (S7O-00555)

Liam McArthur (Scottish Parliamentary Corporate Body): It is almost as if the member was making a point.

The Scottish Parliament broadcasting service provides industry-standard live subtitling for the chamber and committee proceedings across Scottish Parliament TV, internal television channels and in-room monitors. In committee meetings, subtitles are colour coded to distinguish between individual contributors, a feature that is currently being trialled for chamber broadcasts.

Speaker names are not displayed on screen as that is not industry standard and risks restricting the space that is required to present captions clearly and legibly.

However, improving accessibility is core to the service. Work has been undertaken on a forthcoming pilot on Scottish Parliament TV, which will introduce an interactive speaker list and enable users to navigate a meeting timeline, view individual contributors and directly access the corresponding video segments.

Emma Roddick: I have heard from many people who are deaf or hard of hearing or who otherwise have difficulty with the spoken word that, for the likes of First Minister's questions in particular, it can be difficult to parse exactly what is happening and who is talking. The speaker may not even be the person on the screen. Will the SPCB speak to people who use that service and who are disabled or hard of hearing, to hear what their issues are with it and what they would like to see?

Liam McArthur: I apologise—I should have acknowledged the member's commendable track record of raising access issues throughout her time in this Parliament.

The Parliament's broadcasting office and British Sign Language communities officer have engaged with deaf audience groups and, to date, the feedback has generally been very positive. As I said, a pilot scheme is ongoing, which may offer opportunities to provide further improvements where they are felt to be needed. Some of that work has already started through the pilot.

I will ensure that staff in the broadcasting team take on board Emma Roddick's concerns and that they are built into that pilot.

Catering Outlets (Halal Food)

7. **Helen McDade (Mid Scotland and Fife) (Reform):** To ask the Scottish Parliamentary Corporate Body whether all chicken or meat served in the catering outlets is halal and, if so, for what reason diners are not offered a non-halal alternative. (S7O-00563)

Graham Simpson (Scottish Parliamentary Corporate Body): I thank Helen McDade for that question—it is very interesting and I had to do a bit of investigating to find the answer.

Our catering contract was re-let during the last parliamentary session. The contract states that the corporate body strives to meet the varying demands of special dietary needs of our wider customer base, and requires that the contractor will provide for

"health related, ethnic, cultural, religious diets at all times, alongside vegan and vegetarian"

ones. In practice, that means that all chicken served across the parliamentary estate is halal and all other meat products served are non-halal.

Helen McDade: For a great many people, animal welfare is key to their choice of food. As a veterinary surgeon, it is key to my choice. Will the corporate body make sure that, in this building, people are told how their meat is slaughtered—I think that people do not know that—and give diners a choice?

Now that we know that answer, people can choose to have chicken or other meat. Perhaps, on alternate days, we could provide options such that people could choose what they were eating for either religious or animal welfare reasons.

Graham Simpson: I will ask the catering team to review the labelling of menu items and consider whether that information could be included. That would be useful.

Several non-halal options are available daily across menus, including other meat dishes, fish, vegetarian and plant-based choices. That ensures that there is always something suitable for a wide range of dietary preferences and requirements. However, I will take the member's suggestion away and come back to her about it.

Members' Bills (Support)

8. **Keith Brown (Clackmannanshire and Dunblane) (SNP):** To ask the Scottish Parliamentary Corporate Body, in light of the delays reportedly experienced by MSPs during the previous parliamentary session, what action it has taken to increase the capacity of services, including legal services, which support MSPs to progress members' bills. (S7O-00557)

Stephen Kerr (Scottish Parliamentary Corporate Body): In addition to keeping an eye on the level of resources available to clerking and legal services, which is constantly under review, the corporate body guidance that was introduced in this parliamentary session makes changes to the members' bills process. Those include changes that seek to ensure that the process is quicker, wherever that is possible, and that it represents an efficient use of resources by corporate body staff, members and members' staff. For example, the processing of consultation responses should be quicker. The corporate body encourages members to meet the non-Government bills unit as early as possible in the session, to ensure that policy proposals are as focused as possible, so that bills in this parliamentary session can be introduced in good time.

Keith Brown: I welcome the steps that have been taken to increase capacity, which Stephen Kerr has outlined. However, given the difficulties experienced by members in the previous session, can the corporate body provide assurances that those measures will be sufficient to support a full programme of members' bills without further delays? Will it commit to keeping capacity under review and taking further action, including, where necessary, providing additional resources, to ensure that members are able to progress their legislation within reasonable timescales?

Stephen Kerr: Keith Brown asks a very logical question—what lessons have been learned from what happened in the previous session? The reality is that more members' bills—there were 19 in total—were introduced in the most recent session than in any other, and that all members' proposals that reached the final proposal stage earned the right to be introduced as a bill.

This session, the threshold to earn the right to introduce a bill is higher, requiring the support of 18 members from three parties on the bureau, as opposed to two parties on the bureau in the previous session. That change might limit the number of proposals that are introduced as bills this session. The deadline for the introduction of a member's bill will also be six months earlier in this session.

A number of factors over and above the availability of resources impact when a bill can be introduced. Those include when in the session the idea is brought forward and the complexity and size of the proposal. The corporate body guidance encourages members to come to the non-Government bills unit as early as possible and to have focused policies.

Prevention and Preventative Budgeting

The Deputy Presiding Officer (Katy Clark): The next item of business is a debate on motion S7M-02089, in the name of Ivan McKee, on prevention and preventative budgeting.

Members who wish to speak should press their request-to-speak button now. There will be a short pause to allow members on the front benches to take their places.

I ask members to note that the debate is starting late due to both First Minister's question time and Scottish Parliamentary Corporate Body questions running late. It would therefore be helpful if speakers could speak within the time limits that they have agreed with their business managers.

15:02

The Cabinet Secretary for Public Service Reform (Ivan McKee): I am delighted to open the debate on prevention and preventative budgeting.

Prevention is central to how we improve outcomes for the people of Scotland, sustain the public services on which we all rely and ensure that our public finances remain sustainable for the future. That is why prevention lies at the heart of our public service reform strategy and the Government's wider programme for this parliamentary session.

The debate comes at an important moment. As we look ahead to the budget, we have an opportunity to consider how a more preventative approach to budgeting and investment can help us to make the shift to directing resources towards better long-term outcomes.

I begin by recognising that prevention is not a new idea. It is one of the core principles of the work of the Christie commission, and it has deep roots in Scottish policy making, with support spanning political parties, public services, the third sector and communities.

Although the principle is well established, the imperative to act has never been stronger. Scotland is facing significant and growing pressures. Demand for public services is rising, and the needs of those who access them are becoming increasingly complex. Demographic change, persistent inequalities and wider economic pressures are placing further strain on our services and communities. At the same time, the public finances within which we must respond remain under considerable pressure.

Those challenges are not unique to Scotland. Governments around the world face the same fundamental challenge of how to improve outcomes for people while ensuring that public services remain high quality, effective and financially sustainable for the future.

The good news is that Scotland already has strong foundations on which to build. Our evidence report, "Learning from 25 years of Preventative Interventions in Scotland", which was published last year, shows that we have considerable experience of turning the principle of prevention into practical action. Examples include the family nurse partnership, backed by strong international evidence showing the benefits of investing early to improve outcomes and reduce future demand. It has increased breastfeeding, supported earlier identification of developmental concerns and strengthened connections to community support. Another example is minimum unit pricing, which has significantly reduced the number of deaths from alcohol and lowered pressure on hospitals in Scotland. A 4 per cent reduction in the number of alcohol-related admissions is attributable to that policy.

Adam Harley (Strathkelvin and Bearsden) (LD): The cabinet secretary will be aware that delayed discharge is costing Scotland at least £1.2 million every day, keeping people in hospital who do not want or medically need to be there. Does he agree that investment in social care in the community as a means of creating long-term savings would be a fantastic form of preventative spending in the health portfolio?

Ivan McKee: Yes, I agree. We wrestle with the challenge of why we still have 2,000 people in delayed discharge, at a cost per day that is significantly higher than it would be if those people were in a different setting. The challenge that we face is how to align resources so that they are in the right place, where they can make a difference. I absolutely agree, which is why the Government is looking at how we can make changes to how we organise social care, to support getting the right money in the right place.

I turn back to our "Learning from 25 years of Preventative Interventions in Scotland" document. Our cashback for communities programme has supported young people to move away from antisocial and criminal behaviour. In 2025-26, more than 8,000 young people reported reduced involvement in antisocial or criminal behaviour through the programme, which is helping to prevent those who are most at risk from entering the justice system.

We are building on that track record through our invest to save fund. Almost £30 million of investment that was approved for 2026-27 is forecast to deliver around £170 million-worth of benefits over five years through prevention, cashable savings, cost avoidance and wider reform.

Taken together, those examples demonstrate a simple but powerful truth: prevention works.

Craig Hoy (Dumfriesshire) (Con): Scotland's drug deaths should be our national shame, yet, in the previous session of Parliament, the Government voted down Douglas Ross's Right to Addiction Recovery (Scotland) Bill. If it is committed to prevention rather than cure, why did it do that?

Ivan McKee: Craig Hoy is well aware that the Government is taking forward a range of interventions backed by significant investment to address the challenge that he raises.

By acting earlier and tackling underlying causes, we can improve outcomes for people and reduce pressure on our public services. The challenge now is to make those successes the norm instead of the exception.

As our public service reform strategy recognises, we cannot be satisfied with progress at the margins. We must accelerate the shift towards prevention and make it a defining feature of how public services are planned, funded and delivered across Scotland. That means understanding and addressing the barriers that too often stand in the way of preventative action, including siloed services and budgets and a complex services landscape that delays support.

We need to work more effectively across organisational and portfolio boundaries, align around shared outcomes and create greater flexibility to invest early when we know that that can improve lives and reduce future demand on services. Put simply, we need to make prevention easier to deliver, easier to fund and easier to sustain. That is why prevention sits at the heart of our reform agenda. Our ambition is not simply to deliver more preventative programmes but to build a system in which prevention shapes how services are designed, resources are allocated and investment decisions are made.

We have made significant progress through the public service reform strategy to move prevention from ambition into practical delivery. Central to that has been the establishment of the Government's prevention unit to provide a clear focus, connecting activity across Government and partners and supporting prevention to be more of a routine part of planning, investing and budget decisions. One of the unit's key areas of work has been advancing preventative budgeting, helping to ensure that spending decisions better reflect the long-term outcomes that we want to achieve.

Earlier this year, the unit developed and published a preventative budgeting tool and piloted it across roughly 40 per cent of the Scottish budget. That work identified around £3 billion of preventative spending across the areas that were examined, with preventative investment identified in every portfolio that was involved.

For the first time, we have a much clearer picture of where preventative investment is already happening, giving us a stronger evidence base and a baseline from which to make future spending decisions. We are now extending that approach across the full Scottish budget, so that the evidence can inform the 2027-28 budget process and future spending decisions.

The potential of the work extends well beyond central Government. We are supporting national health service boards and local authorities to apply the approach to their own budgets, helping them to better understand their preventative spend and to use that insight to inform future investment decisions.

We want to go further. In this year's programme for government we announced the creation of the Scottish prevention investment framework, which will build on our preventative budgeting work to create a more systematic approach to identifying strong preventative investment opportunities, aligning them with public and external sources of funding and demonstrating their impact through better outcomes, reduced demand for services and long-term value for money.

Alongside that, we are developing social impact partnerships, bringing together public and private investment to pursue innovative preventative approaches to some of Scotland's most complex social challenges. That sits alongside preventative action across the programme for government, supporting children and families going through homelessness, reducing reoffending and tackling the underlying causes of poor outcomes. That includes investment in measures such as the whole family wellbeing fund, the housing

first approach and wider action to expand access to early intervention and support for those at risk of entering the justice system.

Together, those actions show that Scotland is not just talking about prevention; we are putting it into practice. The challenge is not simply to do more, but to work differently: aligning around shared outcomes, making better use of evidence and directing our combined resources towards the intervention that can have the greatest long-term impact. That is why we are investing in approaches that strengthen collaboration and local capacity, including our support for social enterprise, our commitment to community wealth building, our partnership work with the third sector and our commitment to fairer and more sustainable funding arrangements.

In the previous session, the Parliament unanimously backed the Community Wealth Building (Scotland) Bill, which I brought forward, recognising the importance of ensuring that wealth is generated, circulated and retained within our communities. That shows that prevention is not only about reforming public services; it is about working with businesses, anchor institutions and communities to address the root causes of poor outcomes, creating stronger local economies and more resilient places.

The opportunity before us is a shared one. Only by working together can we make further progress in delivering the shift towards prevention. However, we must recognise the challenges that we face in making that shift. When facing fiscal challenges viewed through the lens of siloed budgets, it is often too easy to reduce spending on the things that matter the most—the investments in prevention that deliver results elsewhere in the system at a future date. This is something that we need to guard against, and it is something that the preventative budget process will help us to identify. It is a matter of ensuring that that does not happen.

I believe that there is a shared purpose across the chamber: improving people's lives, acting earlier where we can and ensuring that our public services remain sustainable for the future. The question before us is no longer whether prevention matters. It is how we make it happen at greater pace and on a greater scale to have the greatest impact; it is about how we address the systemic barriers.

We have evidence of what works, and we have strong foundations to build on. Now, we must accelerate the shift, turning prevention into better outcomes for people, stronger communities and more sustainable public services. That is the challenge—and indeed the opportunity—before us. I look forward to hearing members' contributions.

I move,

That the Parliament recognises that accelerating the shift towards prevention is essential to improving outcomes for people and communities and securing the long-term sustainability of public services in Scotland; welcomes action through the Public Service Reform Strategy to embed prevention, including through the establishment of the Prevention Unit, the development of preventative budgeting approaches and the implementation of a Prevention Investment Framework; further welcomes the Scottish Government's work to shift to action, including support for families and childcare, action to improve population health through earlier intervention and more community-based care, and the exploration of investment approaches, such as Social Impact Partner's Investment, which focus on early intervention and prevention, and supports continued collaboration across all levels of government, public services, communities, the third sector and other partners to make prevention a central principle of public service reform, budgeting and investment in Scotland.

15:13

Joe Fagan (South Scotland) (Lab): I refer to my entry in the register of members' interests as a serving councillor.

I welcome the cabinet secretary's remarks and the recognition from the Government that prevention must be a central feature of our plans for the future of public services. We agree that services should be geared up to intervene earlier, and that we must tackle the underlying inequalities that drive so much service demand. We agree that prevention is essential both to the long-term sustainability of our public finances and to the long-term wellbeing of our country.

I start by inviting the Parliament to ask itself a question. How did Scotland go from being a pioneer in prevention to a country struggling with the consequences of a failure to prevent, a failure to innovate and a failure to reform, with the results today being so mixed?

There was a time when Scotland was ahead of the game—when, 20 years ago, the Kerr report on "Building a Health Service Fit for the Future" set out a vision for a modern health service to be built around anticipatory care, early intervention and supporting people closer to home. We knew then the scale of the demographic change that Scotland would face, and we knew that our health service had to shift the balance of care decisively towards communities. At much the same time, Strathclyde Police pioneered a public health approach to violent crime with the violence reduction unit. That was an exemplar in reform, with a legacy that

endures today. Fifteen years ago, the Christie commission set out a compelling vision for the future of public services based on prevention and partnership and real empowerment.

Those were not timid ideas—they were ambitious, progressive and, in many respects, ahead of their time. They were underpinned by a hard and compelling logic that it is impossible to dispute: that prevention works. The vision behind prevention is not new, therefore, but Scotland has fallen short in delivering it, and that failure has had profound financial, social and human costs.

I do not deny the progress that has been made. There are excellent examples of preventative work taking place across the country. I chaired South Lanarkshire's community planning partnership as we became one of only three Marmot pilots in Scotland, and I hope that that work can be expanded with Public Health Scotland and its partners. Tonight, the Convention of Scottish Local Authorities is holding its annual excellence awards, giving national recognition to services that innovate and excel. The whole family support model is delivering on the ground, and I welcome the establishment of the prevention unit.

The real test of reform, however, is how services improve, and too many services are now in a weaker position than they were 15 years ago. There are more than 30,000 national health service waits that are longer than a year, six months on from a Government pledge to scrap them. The prison population is at a record high, and more than 10,000 children are going to bed tonight in temporary accommodation. Those are the outcomes that we need to change, and changing outcomes matters more than changing structures, because it means changing lives.

We hear a great deal about reorganising councils and the architecture of the state. Scottish Labour certainly believes in change, and in building regional power and rationalising the number of health boards, but changing boundaries on a map will not in itself change the life chances of our people. If it is the Scottish Government's intention to merge public bodies, reduce the number of health boards, reform integration joint boards, redraw the council map and implement its education adviser's report, all in one session of Parliament, I warn it that it will deprive services of the capacity that they need to drive real, deliverable progressive reform. That capacity has already been degraded through years of cuts and inaction.

Ivan McKee: This is a genuine question. We all recognise that a shift to prevention is important, but the challenge is always how we free up the resources to make that intervention while we are dealing with challenges day in, day out in providing services as a result of the current situation that we face. Does the member recognise that much of the work that we are taking forward on the rationalisation of public bodies and health boards, and our other work, is to remove duplication, share services and ensure that resources move into a space where we can use them for preventative interventions, rather than duplicating services and management layers across so many public bodies?

Joe Fagan: Yes, I do. The cabinet secretary will find an ally in the Scottish Labour Party where we agree that that is going to achieve results, but he will hear warnings from us, too, as he would expect. Saying so is not resistance to reform—it is a warning that Government needs to hear. It is a plea from those of us who want to achieve real reform.

If the Scottish Government does not rethink its approach on at least some of those issues, it will make it impossible to deliver the outcomes-focused reform that will bring the progressive, preventative agenda to life. The Government should make the changes that matter most.

The ill-timed—if I may say so, diplomatically—and maybe even incoherent approach to the local governance proposals will be an obstacle to reform. I think that there is a better way. It is finding what works, scaling it up, making a difference, delivering better outcomes and narrowing the fiscal gap at the same time, combining efficiency with social justice and liberating our public services from the costs of a failure to intervene and to innovate in years gone by. That is real public service reform. It comes from prevention, collaboration and empowerment, and from principles long established by the Christie commission and neglected for too long.

I welcome the growing prominence of early intervention and practical steps to embed preventative spending. I ask the Government to reflect on what more it can do to ensure that those who scrutinise public spending can track those preventative interventions to real outcomes, and I suggest that it does more to quantify the reactive spending that we have to bring down at a time when the public finances are strained because of those drivers of demand.

The Government's invest to save fund is currently worth only £30 million, which is 0.04 per cent of the total budget, according to the Scottish Trades Union Congress. The Scottish Police Authority is warning that prevention could be scaled back, health and social care partnerships face a collective fiscal gap of £450 million this year, and many are divesting from prevention in order to sustain core services.

That is the reality right now. Faced with immediate fiscal pressures, Government demands for short-term savings and the expectation that they will deliver long-term change, public services are in a challenging position. That is what we have to work through: we have to create and preserve the capacity to scale up preventative spending while bringing down reactive spending. It is not easy, but it is necessary, and it is how we will make meaningful change.

The Government has a choice between real reform that leads to transformation or another five wasted years, 15 years on from the Christie commission. We have a moral responsibility to get this right and to turn a progressive majority in this Parliament into progressive action.

The Deputy Presiding Officer (Katy Clark): I appreciate that the member took a lengthy intervention, but he will need to wind up now.

Joe Fagan: I will finish simply by saying that we have to do more to track outcomes, to apply the principles of the Christie commission, to embed prevention and to bring meaningful change to people's services and people's lives.

I move amendment S7M02089.1, to insert at end:

"; notes that it is 15 years since the publication of the Christie Commission report on the future delivery of public services and that its vision has not been delivered to its full potential; believes that information on preventative spending and outcomes arising from such spending should be transparent and accessible, and considers that public service reform should prioritise prevention, improved outcomes and action to address the drivers of demand, including health inequalities, over administrative restructuring."

The Deputy Presiding Officer (Katy Clark): I remind members who wish to speak that they should press their request-to-speak buttons.

I call David Smith to move and speak to amendment S7M-02089.3.

15:21

David Smith (West Scotland) (Reform): I start by recognising the good intent behind the cabinet secretary's motion. That prevention is better than cure is a principle that is very easy for everyone to understand and one that the whole Parliament can get behind. In her report from 2011, Dr Christie made a number of very clear, concise and unambiguous statements. In the first one that I will quote, she reflected on previous years:

"A cycle of deprivation and low aspiration has been allowed to persist because preventative measures have not been prioritised."

That was written 15 years ago, but it is almost like it was written yesterday. Christie also stated clearly:

"I urge them to act quickly and decisively—as a society, we no longer have time for delay. I believe the way forward is clear and it is now essential that the Scottish Government exercises its leadership by initiating a fundamental public service reform process."

I am encouraged that at least one member of the Scottish Government might have read that report and now seems to be acting on it.

When writing about the approach to reform, Christie stated:

"The need for reform is now urgent. If it is not substantially achieved in this Parliament, the chance to fashion an effective, sustainable and valued form of delivering public services for the future may be lost. We cannot allow the obstacles that have hampered reform in the past to thwart the action that is now required."

Again, that was 15 years ago. I thank Dr Christie for her efforts in creating the report and express my apologies that my thanks come 15 years after the event.

That clear, concise and unambiguous statement was a warning to the Government. Now, let us consider where we are today with respect to our public services. General practitioners are in crisis; hospitals are in crisis; our ambulance services are in crisis; social care is in crisis; residential care services are in crisis; care-at-home services are in crisis; drug and alcohol services are in crisis; our mental health services are in crisis—I name but a few.

There are some obvious key points that I would like to make, but I have no doubt that others in the chamber will make the same points, so I will talk about something a little less obvious.

We are becoming a society where many people find themselves out of work and view the prospect of returning to work as hopeless. Right now, many people living on benefits or pensions are having to choose between heating and eating. Our cohort of young people who are not in education, employment or training, who have been a topic of much discussion lately, are particularly vulnerable to that collective sense of

hopelessness. Of course, there are also those in work who are working every hour that they can to try to keep up with the cost of living. Many working people are not taking time off to spend time with their families, are not eating healthily, do not have hobbies, are living incredibly stressful lives, and are all falling into despair, with the result that they will eventually need help from our medical and social care professionals.

I do not want to portray work and resolving the cost of living as a silver bullet for everything, because that would be completely wrong. However, stress is an important factor and will continue to be a root cause of many conditions that drive people towards our medical and social care professionals. If we can recognise and prioritise these cohorts and target effective preventative spending in those areas, we will prevent a lot of additional spend and effort in the years that follow.

We need to recognise that, when we talk about preventative spending, or about work, creating jobs and growing the economy, we are talking about the same thing. As we enter the era of public service reform, we also need to recognise that there will be a period of instability to services as they are reformed and transitions take place. We must also ensure that, among all the crises that are engulfing our public services, we do not take Dr Christie's report at face value. We are now 15 years into the future and the Government did not heed her warnings. If Dr Christie wrote a new report today, would she make the same statements?

Our motion calls for a simple, focused approach: we need to resolve the crises, stabilise services and then we can have a more focused conversation about prevention.

The Government motion simply does not contain enough detail for us to get behind it. I encourage all members to support the Reform amendment and I look forward to hearing contributions from across the chamber, because this is a very important issue.

I move amendment S7M-02089.3, to leave out from first "welcomes" to end, and insert:

"recognises the good intentions behind the Scottish Government's prevention and preventative budgeting proposals, but expresses concern that there are no published outcomes against which progress can be assessed; agrees that effective scrutiny requires benchmarks for success to be defined in advance, and not subsequently and selectively choosing comparators that might only show an unduly positive outcome; recognises that, for preventative measures to be effective, measures that bring stability to services also need to be implemented; acknowledges that requiring frontline workers to follow additional new processes while they are working through a service crisis could be counterproductive, and further acknowledges that the current environment created by the cost of living crisis has a negative impact on mental and physical health in the workplace, and that measures to tackle the cost of living crisis can themselves constitute preventative measures that could reduce demand on public services."

The Deputy Presiding Officer (Katy Clark): I call Lorna Slater to speak to and move amendment S7M-02089.2.

15:26

Lorna Slater (Edinburgh Central) (Green): I will speak to and move the amendment in my name, and I am also happy to support the Labour amendment, particularly its reference to implementing the recommendations of the Christie commission.

The Scottish Greens have long campaigned for preventative spending—I can find it in our manifesto as far back as 2011. We want a healthy society, not one that just picks up the pieces. However, as the Public Service Reform Committee heard in evidence last week, nearly everything that Governments do could be considered preventative, so we need to be more specific about what we mean and about what outcomes we intend to achieve.

The case for preventative spending to improve health outcomes, particularly for conditions that affect so many Scots, is solid. Excellent measures that we can all support include increasing access to screening and early diagnosis programmes for cancer detection and cardiovascular risk, as well as creating a network of NHS, third sector and community services to identify and manage cardiovascular risk factors before more serious illness develops. In her closing remarks, my colleague Kayleigh Kinross-O'Neill will speak more about prevention in healthcare.

Ivan McKee: Lorna Slater makes the clear point that we need to be able to identify the correct type of prevention and that everything could be considered prevention, so she will welcome the work that is being taken forward by the prevention unit, whereby prevention has been categorised as primary, secondary or tertiary, with very clear definitions around those categories.

Lorna Slater: I do welcome that, and I look forward to seeing that work at the Public Service Reform Committee. We had a discussion about that, and understanding the Government's position would be very helpful to us.

One of the key places where we can support the people of Scotland to thrive and deal with the challenges that they face before they hit crisis point is within local government. For example, again, last week at the Public Service Reform Committee, we heard what sounds like a really simple example. If councils spend additional resources on gritting pavements when it is icy, the NHS has fewer broken hips and wrists to treat, and we avoid the secondary costs of missed work and unavailable childcare. It sounds simple, but local government and the NHS are funded from different pots. Additional spending by local government might save money for the NHS and help the wider economy, but it does not help local governments to balance their budgets. When a council invests in early years support, homelessness prevention or active communities, the resulting financial savings often accrue in the NHS or the justice system rather than on the council's own balance sheet.

With local government reform, we have the opportunity to build in structures to support councils and reward them for taking preventative measures, and we must take it. COSLA has consistently warned that single-year budget settlements and heavily ring-fenced national commitments restrict councils' ability to plan multiyear preventative programmes or tailor interventions to local communities. For example, Scottish Borders Council committed to investing in early intervention in affordable housing by earmarking more than £2 million from second home council tax revenue. Yet, by November 2026, finance briefings forecast a £1.8 million overspend driven by acute crisis costs, which is forcing the council to balance long-term preventative capital build against immediate statutory pressures. We cannot implement preventative spending if Scottish councils are not adequately funded with multiyear funding and if they do not see the rewards of investing their own finances in prevention.

Another significant opportunity for prevention is in tackling poverty. Poverty is expensive. People who experience poverty, particularly when they are growing up, statistically have worse mental and physical health and suffer educational underachievement and increased worklessness, insecure employment and involvement with the criminal justice system. All those things are wildly expensive for us, as a society, to correct. Effectively tackling poverty and deprivation in the first place pays dividends to society and reduces the demands for the sort of crisis services that are so very expensive to deliver.

Prevention in our public services also means preventing the public services themselves from failing. To that end, we can and should reconsider the powers of the Scottish Public Services Ombudsman. The Scottish Parliament must introduce legislation to grant the SPSO own-initiative investigation powers to identify systemic public service failures and improve outcomes for service users. Indeed, recommendation 155 in the Scottish Parliamentary Corporate Body's final report "SPCB Supported Bodies Landscape Review" states:

> "Based on overwhelming evidence gathered, the Committee recommends that the SPSO is given enhanced powers to enable them to conduct own-initiative investigations in the public interest. We believe this change could identify and report on potential failures in the public sector more efficiently, and in doing so, deliver greater value for public money by helping to prevent systemic failures arising in future. We ask the Scottish Government to work with the SPCB to identify an appropriate legislative vehicle to make this change in early course. While we recognise that some additional resources will be required to ensure successful delivery, our expectation is that this will save money in the longer term."

I very much hope that the cabinet secretary is willing to move forward with that.

The Scottish Greens believe that we cannot thrive or be mentally or physically well unless our natural environment is also thriving. Clean air, clean water to drink and swim in, access to nature and green spaces, safe active travel, affordable and reliable public transport, and communal and community spaces are fundamental infrastructure that is needed to reduce the sort of crises that create so much misery and put so much demand on our public services. Social isolation, unsafe environments and lack of access to green spaces and nature are harmful and damaging, and they are, therefore, costly.

Those things are not optional extras. The impacts of the climate catastrophe are accelerating, and the number of people and places affected by drought, flood, fire and extreme heat will increase. Communities will need support to implement things such as catchment-level water management, money for nature restoration and the responsibility and resources for local climate and emergency resilience.

In 2011, as colleagues have said, the Christie commission report estimated that as much as 40 per cent of public spending was absorbed in addressing avoidable social problems associated with poverty, poor health, worklessness, crime and other forms of disadvantage, which made prevention both a social and fiscal imperative. At the Public Service Reform Committee, we asked witnesses why the recommendations of the 2011 Christie commission had not been implemented, and the answer was, "Because it costs money up front." Investment to change and improve will mean having more money in the long run. So, if we are going to make those changes, we will need to find the money and spend it on the right things.

I move amendment S7M-02089.2, to insert at end:

"; recognises the importance of preventative spending in tackling health inequalities, including through increasing access to screening and early diagnosis programmes; further recognises that a flourishing natural environment can boost health and wellbeing and that investment in green spaces, safer streets, active travel and measures to mitigate the impact of climate shocks constitutes preventative spending that can help create healthier, more prosperous communities that are better able to respond to social, economic and climate challenges."

15:33

Craig Hoy (Dumfriesshire) (Con): Conceptually, this is a worthwhile debate, and I welcome the Government's renewed focus on prevention. However, that will happen only if the SNP Government now commits to accelerating, in hard cash terms, the spending shift towards prevention. It is crystal clear that the Government faces a tricky budget, so it will be interesting to see whether the minister's influence over the Deputy First Minister and Cabinet Secretary for Finance and Local Government is sufficient for there to be a real pivot towards preventative spending now.

I say at the outset that I do not believe that welfare in its truest form is preventative spending. It may or may not be effective—that is a debate for another day—but it is not preventative, because it deals with the consequences of a problem that already exists, be that child poverty, the poor mental health of thousands of Scotland's young people or the growing problem of economic inactivity. As Alan Milburn identified this week, welfare is, in effect, a sticking plaster and not a long-term solution to the significant underlying social and economic problems that have been allowed to fester and that, in many cases, have got worse under the SNP Government.

The SNP's motion states that

"prevention is essential to improving outcomes for people and communities and securing the long-term sustainability of public services in Scotland".

However, with a £5 billion budget black hole of the Government's own making, its back is against the wall.

As Lorna Slater said, we know that the returns on preventative spending are often measured over years and not months. The SNP evangelises about prevention, but let us consider some of the recent spending decisions that it has made, because history repeats itself and past performance is the best predictor of future performance.

Here is the recent record. In 2024-25, the affordable housing budget was slashed by 26 per cent, and police numbers in Scotland have fallen by roughly 1,000 since 2018. Now, there is a warning from the Scottish Police Federation that a flat-cash settlement next year could potentially result in a further reduction in the number of police officers by 1,000. That would undoubtedly have an impact on preventative policing.

Again in 2024-25, there were nearly £20 million of cuts to mental health services in Scotland. NHS Lothian is now reporting a reduction of £250,000 in psychology and a £400,000 reduction in the child and adult mental health services budget. Also in 2024-25, the flexible workforce development fund was withdrawn and totally unfunded, meaning that there was £10 million less to help employers to retain staff, to tackle skills shortages and to support people to remain in work or return to work.

This year, more than £7 million-worth of preventative services face cuts as integration joint boards come under intense pressure due to the SNP's funding settlement. Health and Social Care Scotland has warned that removing those services risks increasing demand for more expensive crisis interventions. As our amendment makes clear, the Government has repeatedly reduced financial support for services that are intended to prevent problems from becoming crises.

In closing, I will mention at greater length the issue with commissioned services, which are often delivered by the third sector with local government funding. Each and every single year, those organisations that are, in effect, providing public services face financial challenges, and they often repeatedly have to put their own staff on redundancy alert. I believe that that is because ministers, who are always on the lookout for a press release or a cheap headline, often respond to failure with new strategies and spending commitments instead of looking at the ground level and at those who deliver such important projects and programmes.

If there is to be a step change, I welcome that, because a commitment to concrete and genuine prevention would mean stronger families and safer and healthier communities. What would that look like in this year's budget? It would mean more resources for councils that have been forced to close community centres and shut down youth projects that prevent young people from falling through the cracks in life. It would mean restoring the colleges budget, so that young people get the skills to give them the best start in life. It would mean providing the police with the right resources to deter crime, deliver safer streets and tackle the social and economic costs of antisocial behaviour. It would also mean a commitment in the short and long terms to reducing the welfare bill, so that more money could flow into our NHS and other front-line services.

In recent budgets, ministers have pointed to the fact that they are pivoting to preventative spend and tagging budget lines accordingly. It is easy to label certain aspects of public expenditure as preventative, but the money must then be invested in them year in and year out. Audit Scotland has also raised concerns about one-off funding streams and a here today, gone tomorrow approach to funding and defunding vital areas of spend—for example, social housing.

Ministers are also presiding over declining capital budgets in health, and waiting times are a problem. I ask the minister what the point of having more doctors and better-paid nurses is if the operating theatre capacity is not there in our NHS. Ultimately, the old adage applies: a small saving today could reduce significant cost pressures tomorrow.

The Government is good at talking the talk, but is the minister really committed to walking the walk? As the other amendments make clear, the Government may be full of good intentions, but if the benchmarks are not clear and the outcomes are not identifiable, that will ultimately be no more than an exercise in budget window dressing. As the budget approaches, we must see a clear, visible and determined effort by ministers to prioritise proven early intervention that will reduce the pressure on our public services and public finances.

I move amendment S7M-02089.4, to leave out from the first “welcomes” to end and insert:

“regrets that the Scottish Government has still not clearly defined 'preventative spend' and has repeatedly reduced financial support for services intended to stop problems from becoming crises; believes that ministers too often respond to failure with new strategies and spending commitments rather than tackling rising demand; considers that genuine prevention means stronger families and safer, healthier communities, helping more people into work and supporting effective local services; notes Audit Scotland’s concerns regarding one-off funding streams, declining health capital budgets and difficulties tagging complex social care versus health spending, which collectively undermine efforts to achieve a whole-system shift, and calls on the Scottish Government to prioritise proven early intervention that reduces future pressure on public services and the public finances.”

15:40

David Green (Caithness, Sutherland and Ross) (LD): This is an important debate. Shifting spending on services towards prevention is essential, and I therefore welcome the fact that the Government’s motion says that that is essential to improving public services. However, that is not a new observation, and we have heard from other members, including Joe Fagan in front of me, that the challenge was identified by the Christie commission 15 years ago when it said:

“Addressing the ‘failure demand’ that results from focussing on consequences rather than causes, and approaches which alienate or disempower service users, has a high cost for society and high costs for public services.”

That shift was urgent then and is even more so now. The Government’s renewed focus on prevention is, I think, an admission, as its public sector reform strategy says, that

“we have not made sufficient change to ensure our system is prioritising prevention”.

The evidence of the failure to achieve a substantial shift towards prevention is written all over our public services. To put it bluntly, they are not delivering the outcomes that people across Scotland need or expect. Prevention and preventative budgeting give an opportunity to change that, and one that we should not underestimate.

The enthusiastic reaction to recent proposals made by the Chancellor of the Exchequer to ring fence preventative budgets for individual departments in the next United Kingdom spending review was instructive. The Institute for Government described it as potentially transformational and said that it could give both a clear baseline to measure progress on the shift to prevention and greater flexibility to public services to manage preventative spending in the most effective way.

As the Public Service Reform Committee heard last week, we do not yet know when the UK Government intends to incorporate the required preventative ring fencing into the fiscal arrangements for Scotland or other devolved Governments, but the Scottish Government will have to consider that as it implements its own measures.

I welcome the Scottish Government’s pilot approach earlier this year to identifying preventative spend. It was useful but highlighted some of the limitations of current budget data and raised questions about aspects of the definition of preventative spending. I can see the cabinet secretary nodding about some of the lessons that can be learned from that.

On a technical level, the Fraser of Allander Institute has noted that the level 4 budget data used in the pilot is

“far too aggregated to support meaningful analysis of spend.”

Moreover, Volunteer Scotland has identified the need for preventative budgeting to consider what is actually

spent and not just what is allocated in a budget line.

To put that differently, this cannot simply be an exercise in tagging broad areas of spending as being preventative: we need detailed consideration of what works best, coupled with mechanisms that will enable the difficult process of shifting spending towards prevention when services are already under pressure.

Ivan McKee: I reinforce the member's point. A lot of technical things have to happen to make this meaningful. We are not taking a broad-brush approach, which is why it will take time, but a power of work is being done and we are keen to work with others from across the chamber to ensure that we get it right.

David Green: I welcome that constructive approach.

Beyond those measures, we must also consider the cultural change that is required for the shift to preventative approaches. I have heard the cabinet secretary talk about that at length. As the Institute for Government has said,

"Overcentralisation makes it harder to shift to a preventative approach."

That is true at an institutional level and it is a challenge for a Scottish Government whose instinct, I fear, is all too often to centralise control. The minister, Hannah Mary Goodlad, and I have often talked about that.

That is also true at the level of the individual staff who work in Scotland's public services. My party set out plans in its manifesto to enable and empower civil servants to innovate, to test promising ideas and to scale them up when they are successful. That would be a start, but we must also consider the concentration of Scotland's civil service in the central belt.

The needs of rural and remote communities in Scotland often differ from those of urban communities. A preventive approach that works in Glasgow or Edinburgh—

Ivan McKee: I am very keen to talk about how we can make the civil service more innovative, which is a passion of mine.

With regard to decentralisation, I am sure that the member will welcome our proposals for community authorities, which are aimed at shifting power down to local community level.

David Green: On community authorities, the Deputy First Minister has said that no powers will be shifted down from the Parliament. [*Interruption*.] She said that on STV.

Ivan McKee: That is not an accurate representation of where we are at. We have been extremely clear that we are in the business of devolving powers to the regional level on economic development, transport, skills, housing and a range of other areas as we work through the process.

David Green: As I have indicated previously, we will continue to engage constructively with the Government to make community authorities work, but I fear that the consultation process that has been set out is far too short, as the Government's front-bench team knows. That needs to be addressed.

I return to Ivan McKee's favourite idea—that of an innovative civil service. The challenges will be different in different parts of the country, and those different circumstances need to be at the heart of the Scottish Government's thinking on how to tackle the challenges. That is why I urge ministers to ensure that the upcoming location policy for civil servants is right, that it protects opportunities in rural Scotland and that it builds a civil service that reflects all of Scotland.

Before I conclude, I want to put on record a point that has been made in earlier exchanges—that the Scottish Government must recognise the importance of the preventative work that is undertaken in the third sector. There are numerous examples of that work, a few of which I will quickly illustrate.

The nook from Scottish Action for Mental Health provides accessible drop-in mental health and wellbeing support that helps people to get the earlier preventative mental health care that they need. Aberlour's family financial wellbeing pilot in Tayside demonstrates how local authorities and the third sector can work together to support families who are experiencing public debt challenges. Chest Heart and Stroke Scotland's healthy heart and lung checks programme aims to improve early detection, reduce health inequalities and strengthen preventive investment. All those services are very welcome.

Those examples, along with many others that I have not had time to mention, demonstrate the potential for early intervention. If the Government is to be successful in improving services and shifting spending towards prevention in the way that it intends, it is crucial, as Craig Hoy said, that it values the independent and third sector.

The Presiding Officer (Kenneth Gibson): We move to the open debate.

The rest of this Official Report will be published progressively as soon as the text is available.

15:47

Bob Doris (Glasgow Kelvin and Maryhill) (SNP): It is not difficult to identify areas of Scottish Government policy that can be considered to be preventative spend measures. I will name three.

The abolition of prescription charges in 2011 helped to ensure that all those who need medicines get them free at the point of need. The extension in 2022 of universal free nutritious school meals to children up to primary 5 helped to ensure that young people get the best start in life when they go to school, through having a warm meal in their belly. As we heard earlier, the NHS family nurse partnership programme, which was first piloted in 2010 and was fully rolled out across Scotland by 2018, supports young mums during pregnancy and until their children are two.

Those three long-standing preventative spend initiatives are well established and embedded in Scotland's public service provision, and the Scottish Government is now taking steps to systematically track preventative spend across all its budgets. I welcome the establishment of the prevention unit and the fact that the budget for 2027-28 will identify how much of that budget can be considered to be preventative spend, but the Public Service Reform Committee, of which I am the convener, has urged the Scottish Government to clearly distinguish between existing preventative spend activity in the current 2026-27 financial year, such as the three initiatives that I mentioned, and new activity in the coming financial year.

Such an exercise must be more than an administrative task. It must support the Government and other public bodies to make informed policy and investment decisions and aid Parliament in our scrutiny of those decisions. The provision of robust baseline data will allow us to compare and contrast preventative spend from one year to the next and, ultimately, over the parliamentary session. However, for that process to be meaningful, the development and application of the proposed Scottish prevention investment framework will be likely to be crucial.

I understand that the framework will

"establish a consistent approach to assessing, prioritising and evidencing preventative investment"

and inform investment decisions to

"deliver long-term social and fiscal benefits while reducing future pressures on public services."

The Parliament will have to properly understand the investment framework if we are to effectively scrutinise what the Scottish Government is doing. Asserting such things is different from scrutinising them, and we will have to fully understand the framework. However, I welcome the direction of travel.

In addition, the framework's related requirements and associated guidance must be practical and proportionate. The process is not an end in itself. Rather, it must support ongoing monitoring of outcomes, which I know is intended, and not detract from them. That being said, a more open and transparent process will not in itself drive public service reform. A space still needs to exist for innovating and trying something different. Alternative delivery models across public bodies must be considered and supported by the prevention investment framework, and all partners must feel that they are equal and valued parts of that process.

I was pleased to learn of the Scottish Government's support for social impact partnerships, which I hurriedly googled when I saw the term in the Government's motion. The cabinet secretary will know of my interest in palliative care, and from what I can see, Scotland's hospices and hospice at home network have been social impact partners for generations, since long before the term was coined. Public service reform must be an opportunity to ensure that third sector organisations are strategic partners in improving things. I will give two examples of that.

First, Glasgow city health and social care partnership recently decided to terminate a contract with Marie Curie to provide fast-track specialist nursing support for people in their homes. That will save £240,000 a year, but the partnership will also lose the £200,000 that Marie Curie put towards that valued service.

I have been in correspondence with the HSCP and I note that it took the view that support is better delivered directly by district nurses. It considered that reform was required, and I acknowledge that it faces tight budgets. However, I would have hoped that discussions between Glasgow's HSCP and Marie Curie could have delivered a meaningful partnership under public service reform to co-produce a new model, rather than the service being terminated. I look forward to constructive chats with Glasgow's health and social care partnership, but that does not augur well for public service reform. We need to change that culture.

Adam Harley: Bob Doris's point lays bare the potential human impact and the importance of getting this right at a human level, because people will have been relying on those services. We need to be incredibly careful in that regard as part of consultation on the preventative spending agenda.

Bob Doris: I am happy to concur with Mr Harley's comments.

I would like to know how the cabinet secretary can provide a meaningful place for Scotland's third sector within public service reform and a more collegiate culture whereby we can have co-produced services rather than commissioned services.

My time is running out, but I want to mention my second example, which is the groundbreaking work of Highland Hospice and the end-of-life care together model in NHS Highland. Money was provided by Macmillan Cancer Support and Highland Hospice, but money was not mainstreamed by NHS Highland to continue to deliver the service, which prevents people from going into hospital for unscheduled care and makes a real difference to NHS Highland.

I cannot for the life of me work out why a pilot would be started without people working out how money could be mainstreamed at the start, rather than NHS Highland waiting until the end of the pilot to say, "We don't have any money to do this." There has to be a better way under public service reform.

The Scottish Government has had a £30 million invest to save fund for the past two years that is focused on areas such as digital transformation and supporting voluntary severance schemes. We have to make sure that that fund is opened out into preventative spend in areas such as palliative care. That is not what it says on the tin at present, but that has to change.

Do I have any time left, Presiding Officer?

The Presiding Officer: No.

Bob Doris: I do not. I ask the Government to reflect on the comments that I have made, and I leave my remarks at that.

15:54

Heather Anderson (Dundee City West) (SNP): I declare that I am a serving councillor on Dundee City Council. As a Dundonian, I would like to put on the record that, after a wait of 13 years—a period that some might describe as a generation—Grand Theft Auto VI has arrived. The video game has already been universally described as a masterpiece. To all the developers who have worked on it over the past decade, I express my congratulations on the job that they have done.

As a councillor, I do not need any convincing about the impact and importance of prevention work. Much of the work that councillors do—from providing housing to collecting bins, maintaining parks and running schools—is focused on the 80 per cent of determinants of health that are not dealt with by the health service.

It is often the small things that make a difference. For the past couple of winters, Dundee City Council has run the open doors programme, which provides warm spaces across our libraries, community halls and public venues. The offer is simple: a cup of tea, something to eat and some company. It also provides support with energy costs, which will be greatly needed in January next year, when those costs will increase by 26 per cent.

Sometimes, a cup of tea and a welcome can make all the difference. For someone who feels forgotten and cold in a house that they are scared to heat, such a connection can help them to rebuild the resilience that they need to get through tough times. We may never know how many people we have prevented from falling down the stairs in their house and ending up in accident and emergency. However, we do know that although tea bags do not cost much, their impact can be invaluable.

As a councillor who has had to help to balance no fewer than nine council budgets, I know that the hardest decisions are on so-called discretionary payments. Such payments are described as discretionary because they do not fund statutory services, which means that the services that they can fund are always under pressure. Even the open doors programme is at risk.

Therefore, I will make a few pleas to the cabinet secretary on behalf of local government. First, if we are to make progress on prevention, we must find a way to identify and protect local authorities' discretionary spending. That is the life-blood of preventative work.

Secondly, can we ensure that local authorities and COSLA embrace the Scottish Government prevention unit's methodology for identifying preventative spending, so that we can begin to analyse budgets all the way through to delivery?

Thirdly, can we re-evaluate and value the work of community development and youth work staff? Community development staff are the silent engineers of community connection and cohesion. We cannot do prevention without them, so they need to be protected.

Another area in which prevention is vital is youth work. Yesterday, I was pleased to sponsor a morning event with Winning Scotland, entitled “Building a Scotland young people deserve”. Winning Scotland uses the Planet Youth prevention model, which was developed in Iceland. It gathers young people’s experiences and views then uses those insights both to target preventative measures to reduce the risks that young people face and to strengthen the protective factors needed to increase their resilience and self-esteem. Backed by £3 million in Scottish Government investment, Planet Youth’s evidence-based prevention model uses data collected directly from young people to guide the work done through its network. It found that, between 2021 and 2025, the level of suicidal thoughts among respondents fell from 41 per cent to 23 per cent; smoking halved; drinking dropped by almost a third; and weekly community participation rose from 58 per cent to 68 per cent. Those are verifiable results that prove that prevention work makes a difference.

We all know that we need to shift health spending towards prevention—we have known it for decades. As I mentioned earlier, 80 per cent of the determinants of health exist outside the healthcare system. That means that more money must be made available for local government, the third sector and the care sector.

We also know that prevention is not just a way of alleviating pressure on the health service—although that is important—but is about helping people to live healthier and more resilient lives. The prevention unit’s preventative spend pilot programme has been very useful. It examined 41 per cent of the Scottish Government’s 2025-26 budget and found that only 15 per cent of that spending was preventative, while 52 per cent was put into acute and responsive services. The analysis also found that most of the tiny bit of the budget that was spent on prevention was used in areas where risk had already been identified, while only 18 per cent of it went to population-level primary prevention measures such as free school meals and vaccinations. We need to invest further upstream.

If we are to redirect a percentage of the budget towards prevention, we also need new indicators and new targets. Acute interventions are vital—every operation matters—but, if all that we ever measure are those acute interventions, they will be the only things that count. We need to design new targets that identify wellbeing and health, not just the absence of good health.

I welcome the prevention initiative. I think that we are serious about doing something about it over this parliamentary session. I look forward to reviewing the whole budget and identifying areas of preventative spend. We need to work with our partners in the third sector and local government to ensure that we follow that spend through to the point of delivery.

16:00

Joe Long (Mid Scotland and Fife) (Lab): It is clear, from this debate and previous ones so far this parliamentary session, and certainly from meetings of the Health, Care and Sport Committee on which I sit, that there is cross-party consensus on the need to resource preventative action properly. Fifteen years on from the Christie report, it is past time to deliver on that imperative. Therefore, the Scottish Government’s motion is welcome and will find no argument from Labour members. As always, though, the proof of the pudding will be in the eating, so we look forward to seeing on 3 December a budget that clearly demonstrates that commitment.

Preventative budget tagging, which has been piloted already, will be a helpful tool in scrutinising and monitoring the fulfilment of that ambition, if it is implemented meaningfully and consistently. When it comes to health outcomes, we know that much of the work to prevent ill health takes place outside health services, in community settings that support a healthy lifestyle, physical activity and social connection. It also tackles wider inequalities and determinants of ill health, such as poverty, housing and a poor environment, as Scotland’s population health framework recognises.

The Scottish Government’s preventative budgeting tool pilot distinguishes that work, but only a small percentage is classified as primary prevention—that community-based work. That makes it logical to provide significant increased funding to community-based services. If we are serious about budget tagging as a means of measuring preventative spend, we need not only to tag existing activities as preventative but to demonstrate, through tagging, where a genuine shift is taking place in resource allocation. Such a shift also demands that we follow robust evidence and outline clear measures of success if we are to properly scrutinise where preventative initiatives are working or face obstacles.

Michelle Campbell (Renfrewshire North and Cardonald) (SNP): Does Joe Long agree that the refreshed national performance framework is where we should see where outcomes are deliverable and where there are fundamental changes, which would allow us to see where preventative spend is having the best impact for our communities?

Joe Long: The member has either read my mind or read my speech. I will come back to that point, but I will say just now that we find ourselves in agreement on it.

I welcome the place-based approach to tackling social inequalities that is used in the Marmot places, but we also need to learn the longer-term lessons from existing community planning partnerships, which were introduced after the Christie review. We are not starting from scratch, so we must learn the lessons from what has already been tried. I hope that we will finally see a shift from crisis to prevention that is properly tagged, tracked and evaluated.

Although I am fully on board with the shift, I posit that prevention cannot be the only paradigm through which we make public policy. We also need a hopeful and clear vision of what living well looks like, and we should not entirely lose our focus on wellbeing in political discourse in Scotland. Budget tagging is an important tool, but prevention is just one side of the coin. We also need Scotland's national performance framework to be completed and brought into our policy conversations so that we can show the positive outcomes that we seek for people in Scotland.

For example, I have said several times in the chamber that we cannot judge the success of social care solely by seeing reduced delayed discharge figures. Social care is about much more than that; it is about providing people with a good life, on their own terms, in the community. The same principle runs across public service provision. We need to be clear not only about what we seek to prevent but about what individual and collective wellbeing looks like.

Let us shift from reacting to crisis to resourcing prevention, but let us also agree that the prize is a Scotland in which people live well. We need to demonstrate, on the one hand, a shift and a measurable reduction in inequalities, ill health and poor life outcomes and, on the other, an increase in the positive outcomes that demonstrate individual and collective wellbeing. I hope that both of those ambitions will be evident in December's budget and in the Scottish Government's public service reform process.

The Presiding Officer: I call Emma Roddick, who joins us remotely.

16:04

Emma Roddick (Inverness and Nairn) (SNP): Nobody stands up in the Parliament to argue in favour of waiting until a crisis hits before we spend public money. The hard part, and the reason why we are debating this again, is making preventative budgeting work in practice when budgets are tight and people are in crisis and can see how the decisions that we make affect—or do not affect—their immediate situation. That emergency firefighting demand is in front of us every day.

I want to talk about the need for rural proofing and Inverness proofing—because Inverness may be a growing city but, when it comes to delivering public services, it faces the same pressures as the rural communities around it in Nairnshire and across the Highlands. We struggle to recruit; it costs more to deliver services across a massive area; and, often, statistics are shared with rural and island communities because those statistics are at a council level or wider, which often creates a meaningless average that tells us nothing.

If we measure the return on preventative investment using any formula based on population density, the Highlands will always lose out. You cannot reach thousands of people from a city-centre hub when your catchment area covers half of Scotland. We must accept that preventative work in the Highlands requires a higher up-front spend per head. If we do not pay that up-front cost, we will end up paying far more later on for emergency patient transfers, acute admissions at Raigmore and crisis interventions.

That brings me to what genuine prevention looks like. We have heard a lot about health and social care, which is unsurprising in a debate about prevention, but some of the most effective preventative spending that we can do happens in housing.

David Green: I thank Emma Roddick in the Highlands for taking an intervention from down here in Edinburgh. She makes a brilliant case for the need for rural proofing. Does she agree that the Government should consider legislating for rural proofing—or for rural proofing impact assessments—potentially in the rural renewal bill that we are expecting?

Emma Roddick: That is a novel idea. I recall a former colleague raising the possibility of that type of bill in a previous parliamentary session. The Rural Affairs Committee is considering what rural proofing could look like, whether it is introduced by the Parliament or the Government. I would be happy to talk to David Green and others about that.

Going back to housing, shelter sits at the very bottom of Maslow's hierarchy of needs alongside food and water. We cannot expect someone to engage with preventative healthcare, manage a chronic condition, hold down a job or recover from trauma if they do not have a safe, warm and secure roof over their head. If they

do not know where they are sleeping next week or whether their rent payment will bounce, that is where their head will be.

The figures highlighted by Crisis, following the latest homelessness statistics, show the scale of the challenge that we are dealing with. Levels of homelessness have risen. More than 19,000 households are living in temporary accommodation—the highest number since records began. Crucially for us here, Crisis points out:

"2,005 households, nearly 5% of all applications, became homeless straight from prison, hospital or a children's residential placement".

That shows that our prevention systems are not working.

The human cost is devastating but, if we look at it from a financial perspective, it still does not add up. A few weeks ago, I welcomed John, from Crisis's lived experience panel, to the Parliament. During time for reflection, he spoke about the "Million Dollar Murray" essay in *The New Yorker*, which looked at how quickly chronic homelessness could cost the public a million dollars without doing any good for Murray or stopping the cycle that he was stuck in. That could have been done by those systems talking to one another and someone stepping in to figure out the core issue in play.

When someone is discharged from hospital into homelessness or left in cold, damp or insecure housing, we are guaranteeing that they will end up back in acute services really quickly. The new homelessness prevention duties, alongside the fund and the expansion of housing first, are welcome steps. If we want to reduce long-term pressure on the NHS, investing in permanent affordable housing is as direct a preventative health measure as anything in the health portfolio.

We also need to be honest about how we fund the third sector and we need to put money where we know that it works. Charities across Scotland are already doing extraordinary work but, too often, they are caught out when one public body makes a cut to balance its books. One example is Carr Gomm's mobile home care team in Argyll and Bute. Between April 2023 and October 2025, six mobile teams carried out nearly 63,000 visits. They provided rapid-response flexible wraparound support for up to six weeks that helped people to get home safely from hospital, which involved adapting support and stepping in to prevent unnecessary hospital admissions. Over 30 months, the teams prevented more than 1,000 admissions and facilitated more than 2,100 discharges.

That is what we need to bridge the gap when people are waiting for care packages but are otherwise fit for discharge, or when they need immediate support to avoid going into hospital in the first place. However, because of financial pressures, the health and social care partnership cancelled three of those teams in 2024 and the remaining three this year. Those teams cost an average of £158,000 a year, but delayed discharges for Argyll and Bute residents cost the NHS an average of £5.9 million a year. That is nearly half a million pounds every month. Cutting that £158,000 service did not save a penny; it just shunted the cost on to the Ambulance Service, NHS Highland and the local council.

My colleague Bob Doris mentioned the Highland Hospice, which deals with people at the end of their life but which is still managing to lead on preventative spend. I remember feeling like I was bashing my head against a wall when I tried to support the hospice with its palliative care helpline in the previous session of Parliament. We know that it saves hospital bed days, prevents people from hitting crisis and saves the NHS money, yet the funding is still being covered by the hospice. I can only imagine how much more frustrating that is for those involved. That is the exact mentality that we must end.

Preventative budgeting requires political courage, because the savings rarely show up in the same financial year or even in the same portfolio, but it is just as easy to defend as it is to criticise.

The Presiding Officer: Please conclude.

Emma Roddick: People will understand those arguments, so let us get on with it.

16:11

Helen McDade (Mid Scotland and Fife) (Reform): The Health, Care and Sport Committee has, as others have mentioned, considered preventative spend a lot. I have good news for the cabinet secretary, because I have a couple of really good examples of where he can save money very soon.

I thank Bob Doris for bringing the stroke thrombectomy team in yesterday to talk to us. The team is really inspiring, and it is working hard. The team wants to roll out the 24/7 stroke thrombectomy service to others. The team members have worked hard to come up with innovative ways to do it themselves in Dundee, Lothian and Glasgow, but it needs to go further.

The great thing about the service is that it is transformational. Anyone who is familiar with it knows that, instead of people having a stroke and ending up in a care home, they might walk out of the hospital several days later. We must roll out the service, which I know the cabinet secretary and minister are in favour of. I know that there is a plan, but the plan is to move at a certain rate. We need to spend the money as quickly as possible. We need to learn from those surgeons and get the service rolled out.

It is not easy to do that. I worked in a job that involved providing 24/7 cover, and nobody wants to do it. If they are not doing it at the moment, something needs to change. We might even have to pay people to sit around not doing anything during the night, so that they are there when required. We must also work with the Ambulance Service. The stroke thrombectomy service really is transformational, and it involves preventative spend. Someone might come in unable to walk but be able to walk back out. We must consider doing things differently and making that change.

It was really exciting to see the stroke thrombectomy team. We have also had, within the past 24 hours in the Parliament, a professor talk to us about the glucagon-like peptide-1 weight-loss drug. I am not usually in favour of just rolling out drugs, but there is no doubt that, when people are obese or very overweight, they are at risk of cardiac problems, diabetes and musculoskeletal issues—the list of issues is endless. A lot of people are paying for the drug themselves, which is not great, because they are getting it from who knows where. However, such drugs are another example of preventative spend. We need to look much further into it before the drug is given to children, though. I am concerned that children are on it, and we do not know what impact it might have on their growth.

Unlike most preventative spend stuff, you can look at that and say, “Next year, we will have saved X number of people who come in with these conditions.”

Bob Doris: Helen McDade mentioned weight-loss drugs. She might be aware that there is an issue with getting those weight-loss drugs adopted on to NHS formularies, of which there are 14 across Scotland, so that they can be prescribed. I wonder whether moving from 14 to two health boards might speed up not just the approval but the adoption of those new medicines.

Helen McDade: We already have strategic health boards, and we could do that. There is no doubt that we would want some services to be looked at beyond our current health boards. However, going to two health boards is another debate, and I am sure that we could discuss the issues that might arise with people getting local input and going where they would most like to go. We already have some strategic health boards, and I accept the member’s point.

I ask the cabinet secretary to look into the issue and consider the examples that we would see the benefit from and that would not be as hard to implement as a lot of others.

16:15

Katie Hagmann (Carrick, Cumnock and Doon Valley) (SNP): I am delighted to speak in today’s debate on prevention and preventative budgeting.

If we want to create a healthier, fairer and more sustainable Scotland, prevention cannot be an afterthought. It must sit at the very heart of our ambitions, our policies and our decisions about how we invest public money. However, I acknowledge that that is not always easy. As I have said before in the chamber, change can be unsettling. It can create uncertainty and fear and, at times, it can feel uncomfortable, but if we are serious about improving outcomes for people and communities, we must be willing to have honest conversations about how we use the resources that are available to us.

Before we discuss budgets, programmes or services, we must first answer more fundamental questions. What kind of country do we want Scotland to be? What outcomes are we trying to achieve? It is only by being clear about the outcomes that we can have any hope of delivering them.

Public Health Scotland is clear in its ambitions. It wants more people to live longer, healthier lives and to reduce the unacceptable gap in healthy life expectancy that exists across our society today. We can all agree with those aims. The difficult question is how we achieve them in a sustainable manner. That is not a new debate and, as members from across the chamber have said, the Christie commission highlighted that Scotland was spending too much time and resource dealing with the consequences of disadvantage, instead of addressing its cause. The same principles run through the Marmot review and the work that has followed on tackling the social determinants of health.

The evidence has been remarkably consistent: if we want better outcomes, we must intervene earlier; if we want to reduce demand on public services, we must prevent problems before they reach crisis point; and if we want sustainable public finances, we must invest further upstream. Collectively, we must agree on the

outcomes that we want to create and, in doing so, I hope that fear can be diminished. By working together in a genuinely collaborative way, we can build trust. Collaboration is critical, because prevention cannot be delivered by Government alone. It requires national Government, local government, public services, the third sector, communities and citizens all working together towards our shared goals.

One of the greatest privileges of my role is the opportunity to work with and support young people. Our young people are brilliant. They are engaged, compassionate, ambitious and determined. We have a duty to ensure that their futures are as bright as possible. The value of youth work and youth clubs can never be overestimated. Spaces where young people can build friendships, develop confidence, gain new skills and simply spend time together are saving lives.

Craig Hoy: Having served on it until recently, Katie Hagmann will know the acute financial pressures that Dumfries and Galloway Council faces. Will she join me in appealing to the Scottish Government to ensure that it does not short-change rural councils? Otherwise, many of the programmes and initiatives that take place at the ground level will be further cut, which, ultimately, will store up problems for future generations.

Katie Hagmann: The title of today's debate is "Prevention and Preventative Budgeting". I absolutely support the Government in how that is taken forward, and I absolutely support all our rural communities. That is a discussion and dialogue that I think everybody across the chamber is committed to.

I have mentioned the value of youth work, but there are many more examples of prevention measures that impact our young people. The best start grants are preventative, as are the childsmile programme, investment in early learning and childcare, the Scottish child payment and free school meals. There is so much more that I could say in the same vein. However, it is not just about our young people; we must ensure that we all have the opportunity to age well. Community healthcare and helping older people to live independently for longer is crucial.

Too often, prevention is discussed solely in relation to health services. However, it starts before a child is born, and it continues throughout childhood and the teenage years, and into adulthood and later life. It can be found in housing policy, education policy, food policy and anti-poverty policy. Whenever we help people before problems escalate, we improve lives and reduce future demands on services.

There remains a challenge that we must address honestly. How do we invest more resources upstream while continuing to meet the significant pressures that services face today? What areas will we disinvest from? That is not a simple question, and I suspect that many of those working across public services know that there is no simple answer. I believe, however, that that answer cannot be a delay to taking action. We already know that investing in prevention delivers benefits for individuals, communities and public finances alike. The longer we wait, the greater the pressures become. Prevention is not just a spending priority; it is a way of thinking. It is about designing services around people and tackling root causes instead of continually managing consequences. It is about putting people before structures.

Prevention and preventative budgeting is ultimately about building a Scotland where everyone has the opportunity to live a healthier, happier and more fulfilling life. I look forward to seeing that ambition take a step forward to delivery, and I am pleased to support the motion.

16:21

Keith Brown (Clackmannanshire and Dunblane) (SNP): I welcome the debate and the Government's commitment to accelerating the shift towards prevention, particularly through the new prevention unit and the development of a prevention investment framework.

A couple of aspects of the debate have been quite disappointing, to be honest. In particular, the opening speeches from the Labour Party and the Conservative Party showed a certain degree of self-delusion. We would hope that, over time, we might get a much more responsible debate.

For example, Joe Fagan talked about a lack of progress. There is an element of truth in that: we would all like to have seen more progress. However, he never mentioned the financial crisis, Brexit or the pandemic, all of which have had a major impact. We have had 17 years of austerity funding, certainly in terms of revenue and even more so in terms of capital. Those factors inhibit our ability to take initiatives. Even those who do not agree whole-heartedly with the scale of that could at least acknowledge the fact that those things have happened. That would make for a much more sensible debate.

As for the Craig Hoy and his list of demands—more money for local government, more money for hospitals, and sorting out that £5 billion black hole that people keep talking about—we heard no indication of where any of the money will come from. I thought that the economic illiteracy of the Tory party had died with Liz Truss's

premiership, but there is nothing in what the Tories are saying that gives any indication that they have any idea of the scale of the issues facing people. It is about time that they did.

Over the time that I have been here, as far as I remember, neither Labour nor Tory members have ever proposed an amendment to the budget by saying, "Put more money into this," or, "Put more money into that." There is no commitment or willingness to do the serious work in relation to this area, and that is disappointing.

There is an important distinction between prevention and preventative budgeting. Prevention is about what we do; preventative budgeting is how we substantially resource it. We have all heard people tell us that, if we spent money in one particular place, we could save a fortune. We must have the money to spend there, however. Members should bear in mind the financial situation that the country has been in for a long time.

If it comes down to the usual debate about who is responsible, the Scottish Government must accept responsibility for what it does, but it was Wes Streeting who said, when asked to explain why the health service was in such a bad state in Wales, that

"all roads … lead back to Westminster".

That is the foundation of the financing of the various Administrations.

I would like to draw on some of the points that Katie Hagmann made.

Carol Mochan (South Scotland) (Lab): I hope that the member might agree that we have had some reasonable debates in the chamber. I do not think that it is unfair for him to discuss the wider crisis and so on. In fairness, however, noting how the member started his speech, I would reflect back on that last comment about all roads leading back to Westminster. In a debate in this chamber, there are some things where we should be talking about what we can do within the financial constraints. That would be helpful as well.

Keith Brown: I do not disagree with the point that Carol Mochan makes—I have tried to say that. The Scottish Government has to accept responsibility. I think that the Scottish Government—here is a heresy—should acknowledge the fact that we have not been able to fund local government to the extent that we should in order to cover all the things that it does.

Nonetheless, we should look at what local government here has done. We have not had a single council go to the wall in Scotland. In England, there are councils—I do not know how many it is now—that have gone to the wall; commissioners have been brought in and the council has gone bankrupt. There is a similar situation in Wales. Local government in Scotland has managed in the circumstances, but we should at least acknowledge the overall environment. Yes, councils have responsibilities—I accept that.

However, to pick up on some of the points that Katie Hagmann made, I will draw on one experience from Clackmannanshire Council in my constituency. The council has done some genuinely innovative work through the family wellbeing partnership, supported by the Government and public and third sector partners. What makes it different is that it starts with the needs of people and families. Harry—I forget the guy's second name; that is terrible.

Bob Doris: Burns.

Keith Brown: Harry Burns used to always say that that is where we should start, and he highlighted a couple of initiatives down in the north of England that started with the premise of asking people what they actually wanted rather than all the things that we give to them, some of which they do not want.

That is what Clackmannanshire Council has done. It started with that approach of seeing what people wanted. Through the child wellbeing partnerships, 860 children across 436 families were supported between April and September this year. Childcare is being used as a gateway to wider family support, employment and training, helping to tackle the underlying causes of poverty before difficulties escalate. That also reflects our commitment to keeping the Promise, ensuring that families get the right support at the right time.

I want to mention one other thing, rather than go through what is left in my speech notes. One of the biggest areas, which was mentioned by Emma Roddick, has to be homelessness. What we pay—especially in Edinburgh and Glasgow, but in other parts of the country, too, even in Stirling—for people to be kept in substandard homeless accommodation is absolutely astonishing. If we can manage it, whether through pension funds or through taking devolved responsibility for child benefit—as I argued that we should have done; it was on offer at one stage—we have to be able to fund a proper house-building programme that can take people out of substandard accommodation, not only because it is not good accommodation but because that could save an absolute fortune. That is preventative spending.

Craig Hoy: Will the member take an intervention?

Keith Brown: I am sorry, Mr Hoy—I do not have much time. I am in my last minute.

The Presiding Officer: You can take an intervention if you so wish.

Keith Brown: Okay.

Craig Hoy: I thank the member for taking an intervention. He says that the Scottish Government should take responsibility where responsibility is due. It was the SNP Government that reduced the affordable housing budget by 26 per cent in 2024-25.

Keith Brown: The member has mentioned that, and I have said that the Scottish Government has to take responsibility for its actions, but I wish that he would take some responsibility for the overall situation, and he just will not do it. That is the denial and the delusion that goes on in the Conservative party, along with new demands every week for more money to be spent on this, that and the other.

One other example that I want to mention is the STRIVE—safeguarding through rapid intervention—team in Clackmannanshire, which brings together housing, police, health, social work and other partners. An evaluation of just 13 STRIVE cases estimated the potential lifetime savings to the public purse at £66 million.

Ivan McKee: Will the member take an intervention?

Keith Brown: I will do, if the Presiding Officer is feeling generous.

The Presiding Officer: I call Ivan McKee.

Ivan McKee: Does the member recognise, with regard to the previous point that Craig Hoy raised, that the reason for the reduction in the housing budget in that particular year was because of a significant reduction—from memory, I think that it was about 9 or 10 per cent—in the capital budget from what was then a Conservative UK Government?

Keith Brown: I acknowledge that point. It raises a point about what the Conservatives, and sometimes some of the Labour Party members, think that their role in the chamber is. Surely it should be to speak up for proper resourcing from Westminster, not just parroting whatever Westminster tells us. Had the Tories spoken up, perhaps they would not be reduced to the handful of members that they now have in the chamber.

I mentioned a couple of examples in Clackmannanshire. I also want to mention the Scottish Government's prevention investment framework, which offers a real opportunity to change how we fund public services. In that case, the Scottish Government has been very helpful in enabling Clackmannanshire to take forward those initiatives. The council has some of the worst deprivation statistics in Scotland. We often hear about Glasgow, because the scale of deprivation is so great there, but its profound nature is just as bad in Clackmannanshire. It has therefore been important, especially for a small council, to have the support of the Government.

I go back to the overall situation with budgets. With limited borrowing powers and budgets that are—to state the obvious, it seems to me; it should not be contentious to say it—heavily dependent on Westminster decisions, we lack the flexibility to invest for the longer term. The difficulty is that, for a period, we have to fund both ends of the system, and investing in prevention will continue to come up against existing demand for essential services.

I will finish on this point, which repeats the point that I started off with—

The Presiding Officer: Please conclude.

Keith Brown: As Katie Hagmannn said, if people are genuinely serious about this debate, then, before they say that money must be put into making savings in one place, they must identify what they would cut to get that money. Some might say that that is the Government's responsibility, and so it is, and the Government will do that, because it is going to have to do it. However, members of this Parliament can do it as well: they are free to make suggestions and say what they think should be cut in order that the money can be invested elsewhere. The members on the Conservative benches are free to go on the welfare-hunting trips that they regularly engage in—

The Presiding Officer: Please conclude.

Keith Brown: There is no reason why they cannot do that. I appeal for a bit more of a joined-up debate in future.

The Presiding Officer: We now move to the winding-up speeches. I call David Green.

16:30

David Green: A lot of what Keith Brown said in his speech was—

Joe Fagan: Mince.

David Green: —relatively fair-minded. In general, it was. I hope that Joe Fagan will get to watch the exchanges later, and I am sure that he will be able to have a conversation afterwards.

In his speech, Joe Fagan set out the historical context of the debate, addressing where we have come from with regard to the Christie commission and where we are now. He posed some important challenges for the Government regarding local government reform, an issue on which the cabinet secretary and I had an exchange earlier in the debate. If the Government gets its way, there will be significant up-front costs, the extent of which we do not yet know. I understand that Common Weal estimates those to be around £2 billion, so we need to recognise some of the weighty challenges that the Government will have to engage with in order to achieve any consensus.

The other Joe, Joe Long—we have double Joe here today—made a good point in relation to wellbeing, and I recognise some of the progress that the Treasury has made on trying to track that.

David Smith made a great attempt at oratory. He will have been disappointed—I was—that he did not have members behind him banging their desks as he listed one crisis after another. As a Liberal Democrat, I experience that quite often, but there we go.

We heard from Malcolm Offord at First Minister's question time that Reform is apparently a party that is full of ideas. Unfortunately, I do not think that I heard any of them in David Smith's speech. However, I will be fair-minded and say that Helen McDade tried to bring some to the exchanges.

Lorna Slater made important points about the various pots of money—not least in the areas of health and social care—and how they can be aligned within the Government's tracking of preventive spend. That was a helpful contribution to the debate.

Craig Hoy made a number of fair points about speculation around preventive spend. We need to acknowledge that issue and wrestle with it. He alluded to multiyear funding, but he also made a lot of calls in relation to councils and colleges. I do not know whether his party is doing this—perhaps his speech was an indication that it is—but we are going through a budget process right now, and I am sure that those on the Government front bench will seek to engage with his party if it comes forward with suggestions. Perhaps this is the first time that the Conservatives will engage with the budget process.

Craig Hoy: For the record, we are engaged in that process. We have suggested £1.5 billion-worth of tax cuts and additional spending and £1.5 billion of savings. As ever, our budget is fully costed.

David Green: I stand potentially corrected. I will see how meaningful some of the discussions with the Government have been in the read-out.

In particular, I commend Bob Doris's on his speech. He is recognised as a real champion of hospice care and palliative care. I note his remarks about the Highland Hospice, which I very much appreciated, and I will just quickly plug my members' business debate on the hospice next week—I hope that members will be able to attend. There is a challenge not just for the Government, with regard to the framework, but for MSPs, with regard to the cultural change that is required if we are to understand what preventive spend will mean in terms of up-front costs.

I will come to my concluding points. I reiterate Heather Anderson's points about Planet Youth Scotland. I understand that she had a breakfast meeting with the organisation earlier this week. It is an important organisation that is doing terrific work, particularly in my constituency and across the Highlands. It is genuinely making young people feel safer, more optimistic and better about themselves. That will be important for our services right down the line.

The Presiding Officer: Please conclude.

David Green: It is important that the Government recognises that it needs to take the whole country with it, not just this Parliament, as a serious cultural shift must be made.

16:34

Craig Hoy: This has been a genuinely solid debate—although perhaps not entirely: Keith Brown is a very different character outside the chamber than he is in the chamber, and I think that he reinforced his in-chamber character today with what was a churlish and partisan contribution.

I welcomed what I heard in various speeches from across the chamber. Heather Anderson was absolutely right to say that, 15 years after the Christie commission, it is still disappointing that just 15 per cent of spend is genuinely preventative. If that is a benchmark, the Government needs to improve on that.

Joe Fagan was absolutely right to say that the Government is potentially biting off more than it can chew with simultaneously trying to reform the public sector and the quango state, create two mega health boards and also create up to 160 new local authorities and six to 10 mega authorities. The minister is competent, but I am not sure that even he can rise to that challenge. Before my praise goes to the minister's head, I will point out some of the difficulties that he is now experiencing, which could negatively impact on his capacity to pivot to preventative spend.

I draw his attention to today's section 22 report from Stephen Boyle, in which he makes quite clear that the gap between the projected available funding and the cost of public services still needs to be closed in-year and in future years. He warns that the problem of setting out how those savings will be achieved is due to

"a lack of specific milestones and timelines"

within the Scottish Government's budgeting and accounting processes. Therefore, as the minister embarks on dramatic reviews of how the Government will allocate preventative spending, perhaps he must also consider some of the granular detail and the criticisms that have come forward from Audit Scotland regarding the way in which the Government has managed its budget and financing processes to date.

Lorna Slater was absolutely right to draw attention to the importance of early diagnosis and detection. However, because of the year-on-year funding issues that face primary care, it is getting increasingly difficult for people to see a GP, and that is often the first point of contact with the medical profession, so problems are being stored up in our NHS because of the lack of access to primary care.

David Green was also absolutely correct to flag some of the comments that the Fraser of Allander Institute has made in relation to the way that the data is being managed and analysed. Bob Doris rightly alluded to that when he said that, as we go through the spending and tag what is preventative, we should be looking for new activity, rather than simply building up a cumulative picture of the way in which money is spent overall.

Ultimately, the way in which the Government will succeed—if, indeed, it does succeed—is for preventative spend to be part of the DNA of the budgeting process. I am concerned when the solution is another unit, strategy or framework, rather than making sure that the process is firmly embedded in the principle of the core public finances.

I commented earlier on the situation that faces councils, which is where the Government could, most of all, undermine its efforts to pivot to preventative spending. Last year, in my constituency, Dumfries and Galloway Council was considering entirely defunding the Dumfries and Galloway Citizens Advice Service, which would have meant the service closing. The service fought a very effective rearguard action to make sure that that did not happen. In doing so, it pointed out that, for every £1 invested into a local citizens advice service, the return to society was £50. There is no clearer example of local government or the Government making a short-term funding cut that has long-term and serious consequences.

Ultimately, the Government now needs to double down and make sure that the initial vision for preventative spend, as identified by the Christie commission, is driven right through the process. That means that it must be meaningful, manageable and deliverable and, if it is those three things, it should be effective. However, given some of the criticism that we have seen from Audit Scotland, the Government will have to ensure that the processes and procedures are in place, so that it actually delivers on its agenda and strategy to create truly preventative spend throughout Scotland's public finances.