FRIENDS OF THE SCOTSMAN /

We need the right kind of intervention from MSPs to help the pub sector recover

Parliamentarins need to wake up to the ruinous impact the Tied Pubs (Scotland) Bill will have on the industry, writes Emma McClarkin



year ago, I wrote in these pages about the invaluable role that the Scottish pub plays in the economy and communities up and down the country. Twelve months on and these things still hold true, but the impact of Covid-19 on our sector has been devastating.

In a normal year, pubs contribute over£1.1billion to the economy and employ more than 45,000 people acrossScotland.Sincethefirstlockdown over seven million pints have been poured down the drain, the vast majority of employees in the sector have been furloughed, four per cent of Scotland's pubs have closed for good and many more are teetering on the edge.

Even closed, pubs have played a vital role supporting communities during the pandemic, donating food to those in need, being a friendly neighbour to the lonely, volunteering and rallying morale, albeit digitally or from a distance. The pub sector, which is ordinarily a thriving part of the fabric of society,isfacing a threat to its very existence and will need support from parliamentarians and policy makers to recover.

Despite the challenges of the pandemic pub companies have steppedupto support their tenants. They have provided financial support ranging from complete cancellations of rent to substantial discounts, guidance on the myriad of rules, and supported tenants with managing stock levels, maintaining closed premises, and mental health wellbeing. Pubs were also at the forefront of creating safe spaces for the public to meet, with pub companies investing almost £7 million installing Covid-friendly measures such as Perspex screens, sanitisation equipment, signage and staff training.

We've welcomed the support the Scottish Government has provided to our sector, and the success of the vaccination roll-out gives us cause for hope that we can turn our attention to the safe reopening of society and of pubs that are fundamental to our communities and economy. To achieve this, we need politi-

ly reopen and institute policies to help it recover; and just as importantly, not hinder this vital recovery. The Tied Pubs (Scotland) Bill

currently going through the Scottish Parliament is a significant and unwelcome intervention into the market which will damage industry confidence, halt investment, add to taxpayer burden, close off a route to market for budding entrepreneurs, and create an expensive levy on pubs. The Bill passed Stage lagainst the

recommendation of the Economy, Energy and Fair Work Committee which said there was no evidence the legislation was required. And yet, the Bill continues to progress against the will of both tenants and pub companies. Parliamentarians need to wake up to the ruinous impact this legislation will have on the sector and ensure they take

steps before it's too late. Firstly, MSPs should remove the arbitrary deadline the Bill imposes on the Scottish Government to implementits most complex clauses. This will give the Government the time to focus on ensuring the recovery of the Scottish economy.

Secondly, MSPs should remove the market-rent only clause and give pub companies confidence that Scotland is a place where industryinvestmentisencouraged.

Finally, MSPs should create a cross-party 'Scottish Pubs and BrewersSectorStrategyandRecoveryPlan'outliningaroadmapback to success for the sector.

As an industry we have shown ourselves to be adaptable throughout the pandemic, and our pub companies have demonstrated their commitment to sustaining the industry. Scotland's economy benefits when there is a thriving beer and pubs sector. So, let us work together to foster our vibrant Scottish pub sector back to health. The pubasweknowitcouldbechanged forever by these last 12 months. We need to focus on rebuilding the beer and pub sector, not adding further risk and harm.

Emma McClarkin, CEO, Scottish Beer & Pub Association



Our end of life care must be improved



Scotland needs new palliative care national strategy to address the challenges ahead, writes Ellie Wagstaff

s the UK recently surpassed 100,000 deaths from Covid-19, the distressing impact dying, death and bereavement can have on anyone and at any time has been clear to see. Scotland has recorded more than 8.000 deaths related to Covid-19, and the pandemic has intensified many complexities associated with terminal illness, patients, their families and carers which will affect people for years to come.

We have seen a substantial shift in people dying at home instead of hospital over the last year; over 4,000 more deaths at home in Scotland in 2020 than in previous years, which has largely been driven by the need to free up hospital beds for Covid patients.

We know that many people would prefer to die at home if possible, but it's unknown whether these terminally ill people, their families and carers were able to access and receive the care and support they needed during this time, as community services have been so

Marie Curie and University of Edinburgh research recently projected that by 2040, two thirds of Scots could die at home, in a care home or a hospice. This is similar to what we have seen in 2020, thus we know what increased demand for support in the community and in care homes could look like in lat-

Our most recent study has proiected that by 2040, 95 per cent of all people in Scotland who die may need a palliative care support, and over 40 per cent will die from at least two conditions. This could

mean an additional 10,000 people dying with palliative care needs.

Long-standing issues with sustained investment in community-based palliative care (as well as social care) which have been exacerbated by the pandemic means that without further resource and reform, thousands of Scots could die without the support they need. This also has implications for the wider health and social care system through increased pressure on other services, because needs for dying people are not being met. Further Marie Curie-funded

research found that people in their last year of life frequently need, and use, out of hours support; this includes telephone advice, primary care, ambulances, emergency departments and hospital admissions. Almost 95 per cent of people in Scotland in their last year of life had at least one contact with unscheduled care service(s), and five per cent had 20 or more contacts. The total cost of this unscheduled care to the NHS is £190m per year.

Making care of terminally ill people and those at the end of life must be a much higher priority and must include family and informal carers.

Three in five of us will become carers at some point in our lives (Carers Scotland), and this role in a person's end of life care is crucial in helping terminally ill people get the day-to-day support they need. This includes being cared for at home

and dying there, if that is their wish. But Marie Curie research has found that many people caring for someone with a terminal illness often don't get identified as carers, thus don't get the support that they

Ellie Wagstaff is Policy and Public

We believe the next Scottish Government must work towards a people in Scotland who die may need a palliative care support Scotland where dying, death and bereavement is talked about openly, where people can plan and discuss their care and preferences, and everyone affected has the best possible end of life experience which reflects what is most impor-

Affairs Manager at Marie Curie

on oxygen for seven days. He described concentrators.

identified so far and the group thinks it The numbers are compelling. One being fixed. Purchasing 30 new con-

over the last year, it's the need to work together, think laterally and be led by the data. Scotland and Malawi are doing just this, and we encourage all who can to support this inspiring appeal. To donate, visit: www.tinyurl.com/ MalawiO2. The appeal closes on

David Hope-Jones OBE, Chief

If there is one thing we've learnt



↑ Marie Curie most recent study projected that by 2040, 95 per cent of all

It's time to think about what 'rewilding' means to you

A clear and proper definition of the term is required before we can have a meaningful debate on the potential benefits and pitfalls, says **Dr Dave Parish**



ewilding is a familiar term to many and as a concept is often proffered as the only long-term solution to many of the world's environmental ills. The general argument suggests that the human race has messed up the natural world to such a degree that only by stepping back and letting nature take its course can ecosystems recover and thus man's future be assured. But what exactly is meant by 'rewil-

ding'and what does it mean to you? Many in rural and urban communities in Scotland are confused as to what exactly rewilding would mean for them, their local environment or the landscape further afield. This isn't surprising as those in the media and across social media drop the phrase into diverse conversations about climate change, biodiversity loss, health and wellbeing and land ownership – and more. It's liberally scattered like confetti without a great deal of detail.

It also means different things to different people. Sometimes the focus is on 'simply' removing man from the environment: sometimes it's about reintroducing certain species back into the environment (which is pretty heavily reliant on man's involvement); some times it may even mean trying to during the Pleistocene. Often it

seems to involve planting trees. A Google search of 'rewilding' will return over three million responses. The major organisations aligned with this vision defined the term with phrases like "restoring lost habitats and habitat connectivity", "restoring trophic cascades" and "letting nature heal itself". There is

also a significant human element aiming to "reconnect people to the natural world" and "ensuring wellbeing". Clearly the term covers a huge topic with lots of nuances - and not easily summarised in a short article for the busy newspaper reader. So, it's no wonder there is some confusion.

Google also threw up a degree of scepticism in some quarters. Many point out that changing large areas of the environment to accommodate rewilding presumably means removing or greatly altering current activities, like farming, forestry or fishing, raising questions about how we produce food and fibre and increasingly energy for our expanding population. The food supply/ security questions are even more pertinent in what looks to be a future festooned with tariffs. And let's not forget, the "trusting the forces of nature to restore land and sea" approach means that not all wildlife will benefit-there will always be predators and prey, winners and losers, and all this set against a backdrop of climate

So why not ask yourself "what do I think of rewilding?" and "what does rewilding mean to me?" The concept in certain forms may be eminently laudable but a lot of people will be significantly impacted, not least those who live and work in the countryside. It needs healthy debate but, like so many issues - and environmental ones in particular-it's important for clear and proper definition so that when we do discuss rewilding we can see the wood for the

Dr Dave Parish, GWCT Head of Scottish Lowland Research



HOW TO BECOME A FRIEND

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'Open O2' volunteers offer a cost-effective way to provide necessary care, says David Hope-Jones OBE

appeal which is supporting the supply of oxygen to hospitals in Malawi, Generally, Malawi seemed to fare

comparably well through 2020 with regardstoCovid-19. New infections and mortality declined from late July with less than 200 Covid-attributed deaths by the end of the year. This all changed at the start of 2021, with more deaths in January than all of 2020. Malawi hit the global headlines when two Cabinet Ministers died of Covid within 24 hours, with the President declaring a

national emergency on 12 January. New cases increased exponentially in January, doubling every four to five days, with reports of healthcare systems being potentially overwhelmed

n the last week Scots have been giving generously to a collaborative emergency acrossthecountry and a serious shortage of oxygen.

In the spirit of collaboration and In the spirit of collaboration and

need, including respite care, to live

well and carry out their caring role.

Without support, carers are at risk

of falling into crisis which can lead

We recently launched our Mani-

festo ahead of the 2021 Scottish Par-

liament Elections, which calls for a

new palliative care national strat-

egy and dedicated national lead-

ership to enable Scotland to start

addressing these challenges.

to a breakdown of care.

coordination, the Scottish Parliament's Malawi Cross Party Group joined forces with Westminster's Malawi All-Party Parliamentary Group for a joint meeting on 25 January to discuss the worsening crisis in Malawi. Amazing ly, more than 250 organisations and individuals joined this digital meeting, to listen to the Malawian Minister of Health update both Parliaments and stakeholders.

Tragically, every Malawian speaker on the agenda in this meeting had lost close colleagues, friends or family in the last week due to Covid. Dr Matthews Mtumbuka, CEO of UbuntuNet Allianceand former Chair of the Malawi Scotland Partnership, was just out of hospital with Covid, where he was

how he only survived because familv members drove around Lilongwe sourcing oxygen cylinders when the hospital ran out. Moved by this account, Scottish groups came together, under the Scotland Malawi Partnership national network, to form an Oxygen Coordination Group: connecting organisations together and exploring what more could be done urgently. The Coordination Group includes each of

Malawi and Scotland.

One of the challenges the Group has identified is how best to support Malawi now, when it takes four-six weeks for new oxygen equipment to arrive in Malawi. Their appeal is supporting a group of Malawian engineers called 'Open O2.' This volunteer group of engineers has repurposed minibuses

as mobile workshops, and are driving around Malawi fixing broken oxygen 350 broken concentrators have been

could easily rehabilitate half of these. trip by this group of volunteers to a district hospital costs around £600 and can result in 30 oxygen concentrators centrators would cost over £30,000. the major institutions and NGOs in and take four-six weeks to arrive.

Partnership

Executive. Scotland Malawi