



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

PUBLIC PETITIONS COMMITTEE

Tuesday 14 May 2013

Session 4

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PUBLIC PETITIONS COMMITTEE
10th Meeting 2013, Session 4

CONVENER

David Stewart (Highlands and Islands) (Lab)

DEPUTY CONVENER

*Chic Brodie (South Scotland) (SNP)

COMMITTEE MEMBERS

*Jackson Carlaw (West Scotland) (Con)
Adam Ingram (Carrick, Cumnock and Doon Valley) (SNP)
*Angus MacDonald (Falkirk East) (SNP)
*Anne McTaggart (Glasgow) (Lab)
*John Wilson (Central Scotland) (SNP)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab) (Committee Substitute)
Councillor Paul Johnston (Aberdeenshire Council)
Michael Matheson (Minister for Public Health)
David Milne
Tom Pilcher (Scottish Government)
Maureen Watt (Aberdeen South and North Kincardine) (SNP) (Committee Substitute)

CLERK TO THE COMMITTEE

Anne Peat

LOCATION

Committee Room 2

Scottish Parliament

Public Petitions Committee

Tuesday 14 May 2013

[The Deputy Convener *opened the meeting at 10:03*]

Interests

The Deputy Convener (Chic Brodie): Good morning and welcome to the 10th meeting in 2013 of the Public Petitions Committee. We have received apologies from David Stewart and Adam Ingram. Malcolm Chisholm is attending his first meeting of the committee as David Stewart's substitute; Maureen Watt is attending as Adam Ingram's substitute.

Before we begin our consideration of petitions, I ask Malcolm Chisholm to declare any interests that he may have that could affect the decisions that are taken today.

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): As is recorded in the register of members' interests, I am a member of the Educational Institute of Scotland and of Unison.

Current Petition

Access to Insulin Pump Therapy (PE1404)

10:03

The Deputy Convener: Our next item is consideration of a petition from Stephen Fyfe, on behalf of Diabetes UK, on access to insulin pump therapy. I am delighted to welcome the Minister for Public Health, Michael Matheson; Mark O'Donnell, head of the Government's quality and planning division; and Tom Pilcher. I invite the minister to make some opening remarks, if he wishes to do so.

The Minister for Public Health (Michael Matheson): I thank the committee for inviting me along this morning. Our diabetes action plan, which was published in 2010, set out our vision for a world-class diabetes service. Our commitment to ensuring equitable access to potentially life-changing insulin pump therapy for people with type 1 diabetes reflects that ambition.

Scotland is already a world leader in diabetes foot care and diabetic retinopathy screening, and it is also known for its national diabetes data. However, we want to be front runners in all aspects of diabetes care, which includes ensuring that those people who need insulin pump therapy get it.

Last Friday, we published the latest figures for pump provision and reaffirmed our commitment to ensuring that 25 per cent of under-18s with type 1 diabetes have access to insulin pump therapy. It is encouraging that three boards have already met our target. Since 2009, we have more than doubled the total number of people on insulin pumps and the number of people starting insulin pump therapy each year. Importantly, all boards now have pump services in place.

Although I welcome the progress that has been made, I am disappointed that not all boards have yet met the commitment. However, I remain determined that boards should continue to move towards that ambitious goal. In order to support boards further in achieving that goal, we are providing an additional £3 million-worth of pumps and consumables to boards, on top of the £2.5 million that was provided last year.

Furthermore, we are establishing a new support team of diabetes experts and Scottish Government representatives. The team will provide specialist advice and training for local staff within tailored improvement packages. That will help to address local needs by helping people safely to increase the capacity, quality and expertise that are available in their diabetes service.

I hope that those measures provide the committee with some assurance of our determination that our insulin pump commitment will be achieved as quickly and as safely as possible.

The Deputy Convener: I welcome the announcement that the Government made on Friday about the investment of a further £3 million to purchase a further 660 insulin pumps. However, I find it regrettable that the committee, which has been working on the petition, was not made aware of that. I am sure that that will be corrected in future.

As you have indicated, some boards did not meet their targets. What are the particular challenges being faced by boards, in particular those that did not meet the targets? How do you plan to change things with regard to managing their performance?

I refer to some of the evidence. In September 2011, the then Cabinet Secretary for Health, Wellbeing and Cities Strategy wrote to the boards that had shown less progress, asking what further action they would take. That was in 2011—it is now 2013. What problems are boards having in managing their performance?

Michael Matheson: On the announcement that was made on Friday, first, I apologise if that information was not provided to the committee. I was not aware of that, but it should have happened. I will ensure that that type of thing does not happen again in the future on my part.

There are a variety of reasons as far as the boards are concerned. Different boards have been operating from different baselines on insulin pump provision. Some boards had an established service in place in helping to support their paediatric service and in providing insulin pumps. Other boards did not have a paediatric insulin pump service in place, and they had to establish such a service. Boards have started from different positions, and that has been part of the challenge for them.

We have learned from the evidence that we have received from various boards that some boards have encountered issues such as patients not wishing to make use of insulin pumps, for a variety of reasons. There are some issues among boards around their level of clinical confidence with regard to the use of insulin pumps. Some boards, such as NHS Highland, have found it difficult to recruit the necessary staff to take forward improvements in the service. There is a variety of reasons why some boards have found it more of a challenge to meet the target.

I understand that one of the petition's main concerns is the potential almost for a postcode lottery to develop with regard to the provision of

services. I am not prepared to allow that to happen and, to that end, we have established the improvement team, which will focus on boards that have found it a challenge to achieve the target, look at the support, advice and information they require to make further progress and give them the necessary support to make that progress and achieve the target as quickly and as safely as possible.

In short, there is no single reason why some boards have not performed as well and the new improvement team will identify the barriers and ensure that they are effectively addressed at a local level.

The Deputy Convener: Although that is encouraging, I return to the point that in August 2010 the diabetes action plan was published; it is now 2013. In 2011, the Government wrote to the boards that had not shown as much progress and we are only now talking about the establishment of an improvement team. Can you, Mr Pilcher or Mr O'Donnell explain why improvements were not made after the letter that the Government sent to the boards? Why has no action been taken since then?

Michael Matheson: It would be wrong to say that no action has been taken since then. In the diabetes action plan, which was published in 2010, we set out a clear sense of direction with regard to increasing insulin pump provision; in October 2011, the cabinet secretary announced the target of providing 25 per cent of under-18s with an insulin pump and a tripling of the insulin pumps available to the over-18s; and in February 2012, we issued the chief executive's letter to all boards directing them to take forward this particular commitment.

In that time, we have been working with individual boards that have found this to be a challenge and providing through our clinical lead in this area and through Scottish Government officials support and information to address some of the challenges that the boards have been facing. For example, it was identified early on that two boards—NHS Lanarkshire and NHS Highland—were finding this to be a challenge; after visiting them and examining what was necessary to address some of the issues, our clinical lead completed the reports for both board areas and the intention was that the boards should take things forward. NHS Lanarkshire started to make progress, but the progress that was made by NHS Highland was not as quick as I had expected. That is why I made it clear that the chairs and chief executives must recognise their role in showing leadership to take this commitment forward locally. On top of that, we have instructed all boards to include insulin pump provision in their local development plans to ensure that it is seen

as a clear part of their on-going work to improve health service delivery in their localities.

A range of things has happened. Some boards have had particular issues and there are others that I do not believe have shown the necessary ambition to achieve the target. In the work that we have done with them, we have tried to address some of those barriers and the work that the improvement team will now take forward will ensure that those who find it a challenge can move forward as quickly and as safely as possible.

The Deputy Convener: In that case, does the welcome investment that was announced last week mean that new targets will be set for the boards that have been meeting their targets?

Michael Matheson: No, we have not set a new target. We still have a commitment to increasing insulin pump provision for those who are over 18, so some of the pumps that will be bought can be used for that purpose. The investment is also to help to support the boards that are still moving towards the 25 per cent target for under-18s.

10:15

The Deputy Convener: Are you confident that Scotland is on track to triple the availability of insulin pumps by 2015, notwithstanding the targets that have been missed in the past?

Michael Matheson: Based on the information that boards are providing us with, the trajectory indicates that we are on target to achieve that. We have also asked boards to report to us each month data on insulin pump provision so that we can identify any areas in which difficulties arise and address them as quickly as possible. In addition, we have increased the scope of the monitoring that we are undertaking so that we can address issues as quickly as possible, should they arise.

Malcolm Chisholm: In a submission, Diabetes UK expressed concern that some boards—it was thinking particularly of NHS Highland and NHS Lanarkshire—had programmed a delay for meeting the target for under-18s. Diabetes UK was curious to know, as are we, whether the Government had approved that planned delay and accepted the revised target.

Michael Matheson: At no point was NHS Highland advised that a delay was acceptable to me. Throughout the process, we have encouraged NHS Highland to take as much action as necessary locally because the pumps that were provided in that area have been provided largely through services that NHS Greater Glasgow and Clyde provides at, I think, Yorkhill hospital.

In the past couple of weeks, NHS Highland has initiated some under-18s into the use of insulin

pumps, so it is starting to make progress. When we recognised that it would not achieve the target, our focus became what was necessary to get it to move towards the target as quickly and as safely as possible. The dialogue and discussions that we have had with the board have been concerned with ensuring that that happens. The progress that it has shown in the past couple of weeks indicates that it is starting to move in that direction, and our focus now will be on ensuring that it maintains that progress.

Malcolm Chisholm: You used the word “encouraged” and you have already indicated several ways in which the Government is supporting health boards to head towards achieving the target. People might wonder how you will monitor progress and some might ask how you will ensure that it happens. That leads to a far more general question about the relationship between the Government and health boards. Are you able to say with some confidence that you will ensure that the targets are achieved and will you monitor progress closely?

Michael Matheson: We are doing several things. As I mentioned, we now have boards reporting each month on the issue so that we can monitor the progress that they are making. If their progress does not fit with the trajectory that they have already given us for when they intend to achieve the target, we will be able to pursue that.

The improvement team will have a particular focus on the boards that have found the targets challenging. That team has representatives from the Scottish Government performance side, who can address issues with those specific boards. We have also requested that insulin pump therapy be built into boards’ local development plans, which are submitted to the Government for consideration. Last year, we included insulin pump therapy in the annual review programme. We intend to do that again this year so that boards respond to the issues directly through that process.

We are taking a number of measures that allow us to monitor where boards are against the trajectory that they have given us for when they expect to achieve the target. We have measures in place to identify the challenges and a team in place that will be able to support boards in addressing any challenges as effectively as possible.

I am confident that we have the mechanisms in place to support boards in achieving the target. As I mentioned in my opening remarks, it is important to recognise that all boards now have a paediatric insulin pump service in place. We need to move that forward to be able to achieve the overall target.

Angus MacDonald (Falkirk East) (SNP): Good morning, minister. I for one welcome the formation of the improvement team, which is certainly progress on the matter.

Diabetes UK Scotland has made the point that some national health service boards claim that there is not the demand for insulin pumps from patients, but it is estimated in the diabetes action plan that 4,000 people in Scotland could benefit from them. That number is twice the 2015 target. Has the Government made any estimate of the actual demand for insulin pumps? If so, how far does the March 2015 target of 2,000 go towards fulfilling that demand?

Michael Matheson: It goes a significant way to fulfilling the demand. It is interesting that some of our boards have exceeded the target, as you will be aware. Unfortunately, one of our boards achieved the target, but a person became over 18 and moved into the adult service, which brought the figure back down again to under 25 per cent. There will be slight variations between boards.

A couple of boards have indicated that there has been a patient choice issue. Patients have chosen not to use insulin pumps for various reasons, such as body image, their being happy with their current control, and the time not being right for them. They may have had other commitments at the time. Obviously, a period is needed to get used to insulin pumps, and there is the training that goes with them. Those are some of the issues, and they are among the things that we will ask the improvement team to focus on, because some boards are recording significantly higher levels of refusals than others. The question is: why is that happening? Is there an issue with clinical confidence in encouraging patients to use insulin pumps, or are there other specific issues that are acting as barriers or are preventing the barriers from being addressed as effectively as possible?

Some boards would say that demand is not as high as we would have expected, but we have to identify why that might be the case. I do not think that folk in Tayside, for example, where the target has been achieved and exceeded, are significantly different from individuals in other areas where there have been higher levels of refusals. We have to identify the real reason behind that and find out what can be done to overcome it. Doing that will help us to ensure that we move towards the overall target.

Angus MacDonald: We look forward to seeing the results of the improvement team's investigation. Do you put the main differences in demand in NHS board areas down to refusals, for example?

Michael Matheson: It is not purely down to refusals, but they are one of the reasons that

some boards have put forward for not yet achieving the targets. I am keen to explore what the barriers are—whether the issue is refusals or clinical confidence in the paediatric diabetes service—that need to be addressed and to see how we can address them. Refusals are among several barriers that boards have highlighted. The focus now is to address the barriers to try to get them removed. That will ensure that those who would benefit from an insulin pump in an area are given the right support and information to make an informed choice.

Part of the issue might be to do with information—with people being aware that insulin pumps might be an option—and whether enough is being done in individual board areas to make both carers and those with diabetes aware that an insulin pump might be an option for them. Ultimately, it is a clinical decision, but there could be a lack of awareness and understanding of what is available. Part of the improvement team's work will be to consider whether we need specific targeted action to increase awareness in areas.

Anne McTaggart (Glasgow) (Lab): Good morning, minister, and welcome, panel. I will follow on from what my colleague Angus MacDonald asked. You said, minister, that the new team may well address the issue of lack of awareness. What work has been done to encourage patients to use, or to see the benefits of using, the pumps?

Michael Matheson: A patient information leaflet about insulin pumps has been provided—I think that 4,000-plus copies were produced. I understand that the leaflet was targeted largely at diabetes services, so patients who use the services may be able to get that information.

Anne McTaggart: In recognising that perhaps not enough has been done, what do you foresee as being the new team's role?

Michael Matheson: That there is not enough being done might be the case in some areas, but it is only one factor. If the target has not been achieved in a board area, it will not be because of only one factor; a combination of factors such as lack of public awareness, patients refusing the pumps because of body-image issues or clinical confidence about using them could be involved. That is why each board has been asked to review its local action plan for insulin pump provision and to identify barriers to use.

The improvement team can work with the boards in helping to overcome the barriers. If there is an issue in a board area around improving, among people with diabetes and their carers, awareness of provision of insulin pumps, the improvement team can work with the board on that. I expect the team also to work with organisations such as Diabetes UK to promote

greater awareness and understanding of insulin pumps.

Anne McTaggart: Are you aware of any NHS boards that have waiting lists of people who wish to use insulin pumps?

Michael Matheson: I am not sure whether there are waiting lists, although I know that NHS Greater Glasgow and Clyde, for example, has a limit of four under-18s a week going on to insulin pumps in order to ensure that it can clinically manage the process. I can check: if there are waiting lists, we can come back to you with details.

Anne McTaggart: I want to ask a question about the role of schools. Will I continue, deputy convener?

The Deputy Convener: You can come back to that.

Jackson Carlaw (West Scotland) (Con): I have no criticism of you at all on this issue, minister—save that I think that you have been mighty understanding of all the health boards. From our discussion of the matter, it seems to me that the position can be characterised as the Government's having had to return to the issue repeatedly to intervene in health boards that have not been making the sustained progress that the Government, Parliament and everybody has required of them. The health board management teams and the chief executive officers are paid relative fortunes. They are not underpaid and are supposed to be top-class management who are capable of executing a brief and implementing a policy.

You have now asked them to report back, like primary school children, to confirm that they are capable of implementing what seems to me, in health board policy terms, to be the relatively straightforward and simple introduction of a policy. It is not about discovering a cure for a new disease; it is about implementing roll-out of insulin pumps in a consistent fashion across all the health boards in Scotland. Primary school children who did not get their homework in on time would probably have to go to detention or something.

I just wonder whether the Government ever wields a big stick in this regard. I think that you have been very polite this morning about the chief executives and hospital management teams. Should there be some sort of competence issue with regard to them? They seem to have been singularly unable to implement the policy on schedule or consistently, for the benefit of sufferers who require the service.

Michael Matheson: I suppose that there is the option of issuing punishment exercises to some of our chief executives and chairs. I recognise that some boards have been very ambitious and have

taken up a challenge that was set to stretch them in order to move the target forward sufficiently.

It would be fair to say that the few boards that have made very limited progress have—on several occasions—been left in no doubt about our dissatisfaction with their lack of progress. As I have said today and in the chamber, I am especially disappointed by the lack of leadership that has been shown by chairs and chief executives of the health boards concerned. The health board that caused me greatest concern was NHS Highland. Despite being repeatedly offered advice and information on what was necessary to develop the service, it did not show the level of ambition that I would have expected at an early stage. We have addressed that with NHS Highland on several occasions, and we are now starting to see progress.

I am not prepared to sit back and allow boards to think that it is adequate that they have done just something; I want them to achieve the target. We have got to the point at which they are reporting monthly. Some people may think that that should not be necessary, but I hope that it demonstrates our determination to ensure that the target is delivered consistently across the country. The boards that have not performed so well have been left in no doubt about my dissatisfaction with their lack of progress.

10:30

The Deputy Convener: What penalties apply to chairs and chief executives when outcomes are not met?

Michael Matheson: As far as governance is concerned, we set the national policy, with which we expect the boards to proceed. We hold them to account through our annual reviews, which allow us to pursue with them particular issues on which we feel that their performance has not been adequate. The Scottish Government also has a performance management team that can pursue specific issues on which there has been lack of progress, so there is a variety of ways in which we can involve ourselves with boards that we feel are not performing adequately.

Alongside that, ministers can, at our monthly meetings, pursue issues on which we wish the chairs of our boards to show more leadership. This month's meeting took place yesterday.

Maureen Watt (Aberdeen South and North Kincardine) (SNP): Have you identified among the boards differences in the time that is taken to train young people to use insulin pumps? I have heard that there may be some risk aversion when it comes to training children to use the pumps. I know of someone who obtained a pump privately

somewhere down south, and the child was trained how to use it in a matter of hours.

In addition, I understand that most of the pumps come from one company, which might be willing to help with training in use of the pumps, and perhaps even with the training of the nurses who are involved. Has that been explored?

Michael Matheson: I recognise that there are slight variations in clinical attitudes to use of insulin pumps; some clinicians are more enthusiastic than others. Our clinical lead in the area—Professor John McKnight—highlighted that apprehensiveness can often be overcome once a clinician has gone through the process of using an insulin pump with someone and explained the benefits. There will be differences in the time that is taken to train patients, and the time that it takes patients to become comfortable using a pump may vary. My view is that the time that is taken should be what is suitable for the patient.

Safety must be the primary focus. I understand that we did some work with the suppliers of the insulin pumps on training nurses and clinicians in use of the pumps. I am not entirely sure whether all the pumps are provided by one company; Tom Pilcher may be able to give more information.

Tom Pilcher (Scottish Government): There are three suppliers. As part of the national procurement framework, which dictates the supplier base for pumps to NHS Scotland, there are arrangements for those companies to provide support to the boards in the form of training and additional support to patients.

Maureen Watt: Are there differences among boards in taking up that offer?

Tom Pilcher: It is up to boards to determine how they take up that support from the companies, and whether to take up more or less support, depending on what they see as being fit for their local level.

Michael Matheson: It depends whether the boards are using insulin pumps that they have previous experience of and whether they require that type of support.

Part of the job of the improvement team will be to look at whether there is an issue about how boards approach patients about possible use of insulin pumps. If the matter is approached positively, the patient may be more engaged in considering the pump as an option. However, if staff are apprehensive, that apprehension may transfer to the patient and may be reflected in their choice. That is why part of the improvement team's work will also be to look at whether there are ways of helping to support training of staff.

Throughout the period of this commitment, the Scottish Government has made training available

to boards where it has been necessary and where that has been identified as an issue. The task of the improvement team is to look at whether further work needs to be done with the boards that are not achieving the target.

John Wilson (Central Scotland) (SNP): I want to ask about the boards that are not achieving the target—in particular, NHS Highland and NHS Lanarkshire. The letter dated 9 May that the committee received from Mr Pilcher indicates that after the lead clinician on diabetes and the diabetes adviser visited the boards, the Government had a better understanding of

“the local challenges that these services face”.

It is fine to say that there were challenges, but the real challenge here is that patients are not getting the service that they deserve and need. What are the challenges and how can we resolve them?

Michael Matheson: As I said, different boards have had different challenges. In some boards, there has been a combination of challenges. Neither NHS Highland nor NHS Lanarkshire had a paediatric diabetes service; they now have that service in place, which has resulted in improvement. NHS Lanarkshire was, largely, using NHS Greater Glasgow and Clyde's paediatric diabetes services and a high level of the population in Lanarkshire has type 1 diabetes. It is already starting to make progress on improving the service. The work that we did with health boards to identify problems allowed them to make progress in how they provide and design services.

My frustration with NHS Highland was that, there was a delay in the board's taking action to get a service in place, having identified the issues in the report that was given to it. I accept that there were recruitment issues, but notwithstanding that, it took too long for the board to start moving forward. Those are two examples of boards that started from a low base but now have services in place that will allow them to move forward.

John Wilson: Some boards have attained and exceeded the 25 per cent target that the Government has set, but how quickly will all boards, particularly NHS Highland and NHS Lanarkshire, get up to that target, given the low starting point for use of insulin pumps?

Michael Matheson: We asked each board to give us a trajectory for when they now expect to achieve the target, and the vast majority of them anticipate achieving it by March next year. NHS Highland, for example, is projecting that it should meet the under-18 target by March next year. NHS Lanarkshire has indicated that that could take it longer, and that it might reach the target in March 2015. We are working with that board to review its local action plan to see whether further measures could be taken to draw in that timeframe further. I

would not like to say whether such measures will draw it in to any particular date; that work will need to be undertaken by the improvement team. Overall, all boards except NHS Lanarkshire are saying that they should attain the under-18 target by March next year.

By tripling the number of insulin pumps that are available for people who are over 18, we expect our boards to achieve the target for them by March 2015, which is the timeframe that was set for that.

John Wilson: I am surprised that NHS Highland has indicated that it can achieve the under-18 target by March 2014, from starting at a lower base rate, whereas NHS Lanarkshire, which started slightly higher—not much higher—is saying that it cannot do so until March 2015. Have you identified, or would you identify, additional resources to go to NHS Lanarkshire to assist it to reach that target more quickly?

Michael Matheson: That is the point of the improvement team. It will work with boards to review their local action plans to see what further measures might be necessary to bring forward timeframes. The type of resource that will be necessary will depend on what is required to achieve that. Throughout the process, we have repeatedly told boards that we will, as part of our commitment, work with them to establish what additional resource might be necessary to assist them to achieve the target. We will have that dialogue with the boards and we will identify whether measures can be pursued to help them achieve the target earlier.

John Wilson: You have referred to local decisions being made by clinicians, who have said that they are apprehensive about using insulin pumps—although those are not quite your words. Have there been discussions within the health boards or NHS Scotland regarding the clinical standards that are being introduced, so that insulin pumps would be the first choice, rather than having local clinicians deciding on whether insulin pumps are the best way forward?

Michael Matheson: The issue around clinical confidence about insulin pumps is that they will still be seen by some people as being relatively new technology. One way of overcoming the barriers is for people to gain experience in use of the pumps.

Some of the cultural shift will occur as a result of the target, which is why the target is ambitious. It was designed to stretch things to the point at which the necessary cultural shift would be created around provision of insulin pumps. That will help us to establish insulin pumps as part of the norm for patients if their use is clinically appropriate, rather than the exception, which has been the case in the past, to some degree. That

will assist us in ensuring that insulin pumps become part of the day-to-day business of providing a world-class diabetes service, which is what the action plan intends to achieve.

10:45

John Wilson: In 2012, the Government announced an extra £2.5 million to purchase additional insulin pumps. It lately announced an additional £3 million to buy another 660 insulin pumps. Diabetes UK Scotland has indicated that there are about 356 pumps available for distribution. Are those pumps additional to the 1,218 that have been identified through Government funding allocations?

Michael Matheson: We still hold the insulin pumps that were previously ordered. The most recent 660 pumps figure is based on the boards' feedback on what they require, and we are providing the funding to allow that to happen. Our total spend on them is £5.5 million.

We have pumps that, although they have not been used, have been distributed to the boards based on their requirements. They are holding those pumps. The additional pumps follow the indications from boards on how many more pumps they will require in the forthcoming year.

John Wilson: I assume from that that Highland NHS Board and Lanarkshire NHS Board have been allocated more pumps so that they can achieve their targets.

Michael Matheson: Let me put it this way: provision of pumps is not a barrier to getting on to pumps patients for whom that is clinically appropriate. We have provided significant resource for purchase of pumps. No health board has said that it is unable to get a patient on to a pump because it does not have the money to provide one. There are more than enough pumps available to achieve the target, but we need to ensure that they are being provided by boards.

The Deputy Convener: Anne McTaggart has a final question.

Anne McTaggart: Is that “question” or “questions”? I have a few quick ones.

The Deputy Convener: Yours is the last question.

Anne McTaggart: When does the improvement team aim to hit the ground running?

Michael Matheson: This month.

Anne McTaggart: What is the national position on how families of patients who have managed to get pumps can access pump consumables? We have taken evidence that parents are being told that they can have only one month's supply or

three months' supply, and that they will need to fund the batteries. In addition, although the devices are owned by the health board, families must incur the cost of insuring the pumps.

Michael Matheson: Part of our funding arrangement for purchase of pumps is that we also provide a year's supply of consumables to the board. Tom Pilcher may be able to give more information on what happens in different boards after that period to address consumables.

Tom Pilcher: As the minister said, we have bought the consumables for the pumps, so that is not a barrier. As far as I am aware, a pump has something like a five-year warranty from the supplier, which goes along with the purchase.

The Deputy Convener: This will be the very last question.

Anne McTaggart: Diabetes UK Scotland points to problems that have been experienced by NHS Lanarkshire in respect of schools not being insured to help pupils to manage their insulin pumps. It cites a number of statutory duties on education authorities that would oblige them to be involved in care of the pupils while they are at school. What is your position on that?

Michael Matheson: As I have said, boards have cited various barriers to provision of pumps. That is why, for example, the school issue that has been highlighted by NHS Lanarkshire is one that we must bottom out so that we can establish the full extent of the matter. I am not aware that that is a problem in other areas, so the question must be asked why it appears to be a problem there.

Some of the work that the improvement team will be taking forward with the boards will target such specific issues to find out whether they can be resolved. If there is an issue that needs to be addressed, we will look at the best way of doing so and provide support and assistance to overcome it. If it turns out to be a problem in NHS Lanarkshire and with the local authorities—I do not know whether both North Lanarkshire Council and South Lanarkshire Council are affected—we will see what we can do to overcome it and ensure that children in Lanarkshire can benefit from insulin pumps as much as children in other parts of the country.

The Deputy Convener: Members have finished their questioning, so now the committee must decide what action it wishes to take on the petition. I am minded to keep it open.

Jackson Carlaw: I understand why you would want to keep it open, convener, but looking at the original petition I am not sure that we have not actually fulfilled its terms. If we are to keep it open, I would be interested in finding out what milestone we would seek to monitor progress against.

The Deputy Convener: On that basis, I suggest that we keep the petition open and come back to it in six months.

John Wilson: I am minded to support such a move if the minister will provide us with up-to-date monitoring information on the introduction of insulin pumps to give us an indication of how health boards are achieving the targets—and whether NHS Highland and NHS Lanarkshire, in particular, are meeting the Government's monthly targets.

Michael Matheson: It might be helpful to the committee to point out that a report that is provided every four months to the Scottish diabetes group, which is implementing the action plan, contains information on insulin pumps. I am more than happy to provide some of that information to the committee.

The Deputy Convener: When is the next four-monthly report due?

Michael Matheson: It is due in August, but if it would be useful I am more than happy to send the committee information on progress.

Anne McTaggart: I would be wholly concerned if we did not keep the petition open because I am not sure whether we have addressed the point about

"low and inequitable access across the country".

I think that there is still loads to be done in that respect.

The Deputy Convener: Given that the four-monthly report to the Scottish diabetes group will be made available in August, I suggest that we keep the petition open and come back to it in September. Are we agreed?

Members indicated agreement.

The Deputy Convener: I thank Mr Pilcher, Mr O'Donnell and, of course, the minister for their courtesy in attending this morning, and for the information that they have provided. However, I apply the stricture that the committee should be advised of any information that is supplied to the press on this issue, instead of our being left in the dark, as happened last week.

10:54

Meeting suspended.

10:55

On resuming—

New Petitions

Menie Development (Governance and Propriety) (PE1474)

The Deputy Convener: Agenda item 3 is consideration of new petitions, the first of which is PE1474, from David Milne, on governance and propriety during the Menie development. I remind members that we should stick to the conditions that are outlined in the petition without straying into any tangential discussion.

I welcome Mr Milne and Councillor Paul Johnston of Aberdeenshire Council. I invite Mr Milne to make a short presentation to set the context for the petition and explain what you are looking for in your petition. After that, we will ask questions.

David Milne: Good morning, convener, members of the committee, ladies and gentlemen. I thank the committee for inviting me here today to give evidence on my petition, which I believe covers issues of great importance around the planning process. I also thank everyone who signed the petition. It had received around 11,000 signatures when it was submitted, but this morning the figure stands at just over 19,000 signatures—that is 19,000 people who recognise the international disgrace that the events at Menie have become.

I make clear from the beginning what the petition is not. It is not an attempt to set up an inquiry that might overturn the planning decisions that have already been made. We are not trying to right the wrongs that we believe have been done to our community and our environment. The construction work that was approved and has been carried out cannot be undone, although the Aberdeenshire coastal weather has had a good go at it. The merits of Mr Trump's application were considered by the Local Government and Communities Committee in 2008. There are some overlaps between that committee's work and the comprehensive inquiry that we are seeking, but new information has come forward—including footage from the film "You've Been Trumped"—and my hope is that a public inquiry would draw on that committee's report and the evidence that MSPs heard then to support its work.

It would also be useful to look at the process and outcome of the initial public inquiry, which found that the application was approved on economic grounds even though the only figures that were available were submitted by the applicant and were never independently reviewed.

I quote Professor Cheshire, of the London School of Economics, who says that those economic claims have been shown to be "wildly optimistic".

This is not a party-political petition, although we are asking for a public inquiry into the actions of politicians and officials. First, the politicians in question were often acting in a quasi-judicial role. Secondly, we are asking for an inquiry that considers the actions of both Aberdeenshire Council and Scottish ministers, and the elected representatives in question are members of all the political parties that are represented on this committee. It is not a partisan request, and I am not a member of any political party. It is a request about good governance; about the way in which planning rules are set and managed; and about the relationships between officials and developers being kept within appropriate bounds. For example, in the future, I would like councillors to think twice before accepting hospitality at an opening event and failing to record that in the appropriate registers but posting photographs and opinions on their own websites.

Above all, the petition is about the protections that the planning system is meant to provide to communities such as ours and to environments such as the now-destroyed site of special scientific interest at Menie. The behaviour of the police in relation to bias and inappropriate activity also requires review and investigation.

11:00

We have been through a lot over the past eight years and I am determined to see something good come out of it. In particular, therefore, I want the committee's help to ensure that, in future, no other communities and no other protected parts of Scotland's environment are dealt with in the way that our area was dealt with in this case. Despite the Local Government and Communities Committee's recommendations, I have yet to see any evidence of substantial lessons being learnt either nationally or locally and as the old saying goes, "Those who do not remember their history are condemned to repeat it."

We may have moved away from regional to national policing, but on the ground we still see no evidence of balance and no answers to questions that have been previously posed about bias in how cases are handled or even just in how queries and complaints are dealt with.

The petition is also a means of attempting to protect Scotland's long-term reputation as a shining example of environmental best practice. With the destruction of a unique site of special scientific interest on our scoresheet, any guidance or opinion that we might give to others begins to

sound like a good example of, "Do as I say, not as I do."

The committee has a good opportunity to significantly enhance Scotland's reputation not only as a beacon of environmental best practice but as a place where people truly want to live in peace and harmony with their neighbours in a cohesive community. It is important that the population believes that it can trust those in charge of planning decisions and that it can trust the police to treat everyone fairly and even-handedly. At Menie, the evidence to date shows that we cannot do that at this time.

My colleague Councillor Paul Johnston is an independent councillor on Aberdeenshire Council. He is much more familiar than I am with the specifics of what went on behind the scenes at the local authority. He and I will be happy to answer any questions that committee members have and to provide any further information that members may require. Thank you.

The Deputy Convener: Thank you. You are aware, Mr Milne, that the issue of the planning process was investigated by the Local Government and Communities Committee, which produced a report on 14 March 2008?

David Milne: Yes.

The Deputy Convener: The committee report noted that

"the Chief Planner and the Planning Minister"

who was responsible at that time, John Swinney,

"acted in accordance with planning laws when issuing the decision to call in the application."

David Milne: I am aware of that. I am also aware that there are significant questions. It is also the first time that an application has been called in after being refused. There are issues around that and there are questions that should be dealt with. That same committee, if I am talking about the right one, gave a fairly damning verdict about the reasons that were given by ministers for calling in the application. The committee considered events only up to December 2007. We are now several years hence and a number of interesting situations have happened. We are primarily looking at those issues.

The call-in, although we were not comfortable with it, was an accepted political practice and is part of planning legislation. We are not trying specifically to change planning law as such; we are just trying to ensure that it is used correctly.

The Deputy Convener: There is, of course, a planning consultation going on now because it is always incumbent on all Governments to look at major features of our daily lives such as planning. Have you had a look at that consultation yet?

David Milne: I have had a look at it. I have not studied it in great depth yet. I have been a little bit preoccupied.

The Deputy Convener: Will you submit recommendations to that consultation?

David Milne: There is a good chance that I will—yes.

John Wilson: Good morning. The issue for me is that the petition is clearly fairly open ended, if I can put it that way. For one thing, Mr Milne, you have said that you would like a public inquiry to be held into the planning process leading up to the period in which the Menie estate decisions were made. However, you also made a comment about the conduct of the police and you referred specifically to other public bodies in the petition. Can you expand on that? Are you talking about a wide-ranging inquiry into the planning process, or are you asking for an inquiry—as alluded to by the documentary "You've Been Trumped"—into the other public bodies and their conduct, including the police?

David Milne: To be honest, the inquiry has to be all those things. The planning process is community wide—or rather, that is its end result—and so it has to be wide-ranging in its entire approach. The police have been integral to what has happened and, in some cases, to what has not happened, at many inquiries. The other official bodies are also integral to that process. Bodies such as Marine Scotland, Scottish Natural Heritage and so on were all involved in the planning process and, in fact, present at the primary public inquiry back in 2008.

The planning process is probably the primary issue, because it is the driver for what happened elsewhere and for the other bodies' involvement. If the planning process had not allowed the Menie development to happen or if the process had been followed accurately—or in a way that I would consider to be accurate—the issues would not have arisen. The police situation is a slightly different matter, but it is serious enough to be considered.

John Wilson: Considered in what way, Mr Milne? I am trying to clarify exactly what your public inquiry would entail. Is it a public inquiry into the planning process—the decisions that were made and their aftermath? Or is it a much wider inquiry in terms of the conduct of other public bodies, including the police? If it is a much wider inquiry, it is not just about the planning process. The conduct that is being alleged with regard to other public bodies and the police is not something that I would consider to be relevant to a public inquiry into the planning process.

David Milne: I take your point. The inquiry would have to be a wider one. Although the

planning issues are an integral part of it, the behaviour of other public bodies, in particular the police—or sometimes just an individual within those bodies; we cannot tell at this point—are a concern to everyone in this country.

The Deputy Convener: Just for clarity, is it the case that you are not just talking about the planning process?

David Milne: No, we are not.

Councillor Paul Johnston (Aberdeenshire Council): We are not just talking about the planning process, but about what influences it. There was a considerable amount of debate and lobbying around the application by other public bodies that were trying to influence the outcome. It would be a dereliction of duty if the inquiry were not to look at how that affected the governance of the whole process, up to and following the decision, right up to the concerns that we still have today. That is not as narrow as just looking at the planning part. Although the issue was supposedly settled at a public inquiry, the committee should ask whether it really was settled then.

John Wilson: Not everybody will be happy with the outcomes of public inquiries. We heard that 19,000 signatures were attached to the petition. Can Councillor Johnston clarify whether those belong to just a few disgruntled individuals who want to pursue an inquiry, in whatever way they can, because they are unhappy about the outcome of the decisions?

Councillor Johnston: Clearly, we are not talking about a few disgruntled individuals. The matter has been a divisive one in the local community for a number of years and has raised considerable questions. We do not get a 19,000-signature petition on the basis of a few disgruntled individuals. I have been expelled from my political party because of my particular views and am now a member of no political party. I was re-elected with a comfortable majority, when people knew what my position was. The issue has created big divisions and will continue to do so.

To take that one step further, this is not a case of something that was the outcome of the public inquiry. All the planning matters, bar one part of the development, that have arisen since have been new applications, not covered by the public inquiry. The system allows every new thing to be considered anew, as all the applications are new. Therefore, everything that was in the public inquiry is almost irrelevant to what is going on now, and all of that is, of course, subject to the wider influence that exists. There are governance issues around that.

The Deputy Convener: The 19,000 signatories to the petition were mentioned. How many of them

were from Scotland and how many were from the north-east?

David Milne: To be honest, I have no idea. The petition was hosted for us by 38 Degrees, which is, as members are aware, a United Kingdom-based organisation. A proportion of the signatures will be from outwith Scotland—I will give you that—but I do not know the exact number.

The Deputy Convener: Why would that be?

David Milne: Because the “You’ve Been Trumped” film is the biggest single piece of publicity that we have had. The film is internationally recognised, and it has now won 10 international documentary awards, I think. It exposed what went on at Menie in a wide-ranging way and identified what happened there as an international disgrace.

The SSSI was unique in Scotland and the front, leading edge of the entire site is now gone—it is under a golf course. Some people will say, “So what?”, but the point is that it was a geomorphological SSSI. There are two forms of SSSI: a flora and fauna SSSI and a geomorphological SSSI. The first, which deals with plants, biodiversity and surface growth, is the normal one; the second is due to the land form—the way in which the land is formed, shaped and moved. The SSSI in question was unique because of the movement of the structure, and it has now gone. It was heavily used by scientists in the UK to predict, design and follow climate change, but that resource no longer exists because the leading edge, where all the weather and movement started, is gone; it is covered.

The problem is that we do not know what will happen further north, as the edge has changed. That may or may not affect the rest of the estate and the rest of the SSSI; we have no way of knowing. The problem with that is that we have always—or, at least, in the past few years under the current Administration—pushed ourselves forward as an environmentally proud, conscious and aware nation. If we are prepared to destroy in a process something that is unique and highly valuable to the science that we are trying to work on, can we really promote that position and that opinion of our country? That is why we have an international interest in the project.

The Deputy Convener: That is a very interesting point, but I have a question for Councillor Johnston. Given your experience in local government and the fact that we are talking about the planning process and things related to it, why have you not raised concerns about any other planning application that might fall into the category to which Mr Milne has referred?

Councillor Johnston: What do you mean by “any other planning application”?

The Deputy Convener: Let me put it in an easier way. Have you had any situation in the past in which you have felt that the planning process was being subverted or not followed, and have you raised that as a concern?

Councillor Johnston: I think that I have been pretty consistent in the council since what has happened and over this time in asking for reforms and changes in the way that our council committees operate. Basically, a person cannot get heard in the council unless they have a seconder on every individual committee. I am not in a group, and the groups are not interested in doing that, so it would be difficult to make my voice heard. I have been consistent in raising concerns at every opportunity, but one knows that one can do that only so many times before people stop listening. I think that I have been consistent in raising these points.

Maureen Watt: Good morning. I was going to ask how many of the 19,000 petitioners are from Aberdeenshire, but the convener asked that question. I would wager that very few of them are from Aberdeenshire. As a previous MSP for North East Scotland and a current MSP for one of the constituencies in the north-east, I certainly have not had any complaints about the Menie development in recent times.

Like you, convener, I am struggling to find out exactly what the petition wants to do. It seems to be all over the place. The document mentioned the wind farm, and the petitioner brought up the police. Surely complaints about the police should go to the Police Investigations and Review Commissioner.

I am struggling to understand exactly what you want the committee to do. You said that the application is the only one that has been called in after being refused; I am not absolutely certain, but I would question whether that is the case. Perhaps you could say more about the issues that you said have happened since. Can you be a bit more specific?

11:15

David Milne: Recently we have had information from council officials who have stated quite clearly that they have had officials and inspectors on site every week and that everything is going 100 per cent according to plan. If that is the case, why has there been a number of retrospective applications since then? Those applications have been made because of changes to the original plan. If there are changes to the plan and buildings have been built prior to permission being received, which is what has happened, why have there been no enforcement notices? A lot of that goes on.

Maureen Watt: Be specific.

Councillor Johnston: I can be specific. Every one of the applications, bar the original application for the layout of the golf course, has been retrospective. Every one of them has had changes made to the original.

Maureen Watt: What are we talking about? Are we talking about dunes being in a different place? The only one that I know about is for the clock that has been erected at the entrance that does not have planning permission. What are we talking about?

Councillor Johnston: I have to be careful in answering that, because it is yet to be fully determined by the council. Examples are the construction of large bunds around some neighbouring properties. Accusations have been made that they are not in accordance with the plans and they do not appear to be in accordance with the plans; officials have already confirmed that. Car parks have been constructed and lighting has been erected that are not in accordance with the plans. A large marquee and the temporary clubhouse do not accord with what is on the plans; they are in a different location. We are not just talking about the clock; it is virtually everything.

Also, after the entire period of trying to get access agreements, I can say that just about every gate in the estate remains locked, which is in breach of the access code. Despite all efforts with enforcement over all this time, there has been no agreement with the estate to get access.

I am being specific. Those are specific instances of things that have been done since the original application and they have yet to be resolved.

Maureen Watt: Those are matters for Aberdeenshire Council to resolve.

Councillor Johnston: Of course they are matters for Aberdeenshire Council to resolve, and the reputation of that council is at stake. Everything that surrounds the application should be part of an inquiry to make sure that, as we go forward, there will not be this constant need to fight to get at some of the minor transgressions on top of more transgressions. It just saps the reputation of the place.

We end up with barristers and Queen's counsel attending minor public hearings on planning applications over wind turbines, all because they might affect the Trump development. I am not saying that they should not have the right to do that, but everything to do with the project raises questions over the way in which we are handling it as a local authority, and as a country, because the way in which we conduct our business is gaining some international attention.

The Deputy Convener: I echo Maureen Watt's point: those are issues for the council. If people

are not happy, they have the means to vote out the council, so I am not sure where we are going with this.

Jackson Carlaw: I represent the west of Scotland and have never been to Menie, so I do not know about the flora and fauna and I am completely unfamiliar with the development. I imagine, as a layman, that there is international interest because Mr Trump is involved.

The situation that the petitioners have outlined sounds eerily familiar to me, where a planning application has gone against the wishes of those who were against it. Pretty much everything that they have said seems to be redolent of that.

From looking at the paperwork, it seems that there has been huge public support for the development.

David Milne: I would disagree with that. There are—

Jackson Carlaw: The first vote was 7:7. Is that right?

David Milne: The infrastructure services committee vote was 7:7.

Jackson Carlaw: So it was evenly divided.

David Milne: Yes.

Jackson Carlaw: So there must have been considerable public support for the proposition; otherwise, half of those people would not have voted for it.

David Milne: That is true, but I point out that I am not against the concept of a golf course or a development—that has been my position from day 1. My problems concern the specific location of the development on top of a SSSI and the way that the process has been handled. The primary issue is the fact that the process seems to have been manipulated at every step by a number of different operations and organisations.

Jackson Carlaw: Are you saying that the seven committee members who voted against the plans at the original planning committee meeting had been manipulated by those people who were opposed to the development?

David Milne: No, that is not what I am saying at all. As a matter of fact—

Jackson Carlaw: So it was just the people who voted for it who were manipulated.

David Milne: No. I am not saying that anybody specifically—

Jackson Carlaw: So anybody who voted for the development at any stage throughout the whole process was manipulated.

David Milne: No. There is on-going manipulation from the local media, which have stated that they will print nothing from the opposition to the development. They said that in print, in one of their own papers, so there is manipulation.

However, that is not the reason why the vote was 7:7. As is normal with such processes, a reapplication was expected. At that time, Mr Trump stated that he would not reapply and the application was called in.

Jackson Carlaw: Like other members, I am slightly perplexed about what an inquiry would actually do.

David Milne: As I have said, the main element of the inquiry would involve looking into the governance and propriety of the handling of the final planning applications to date, along with the behaviour—or non-action—of a number of other governmental bodies.

The police's bias is blatant and visible. As Maureen Watt said, the matter can go to the Police Investigations and Review Commissioner, and some other parties are going down that route at present. However, the problem with the overall situation is that we are getting—

Jackson Carlaw: Sorry—what are the police biased about?

David Milne: There are a number of situations in which we, as residents, call the police, and they turn up two days later, and six weeks later we get a notification saying that there is no evidence and they are not going to follow the case through. When the Trump Organization phones over a very similar event, the police are on site three hours later and an arrest may take place. That is the bias that we are talking about.

Our petition for an inquiry is to do with the control and honesty of the process. As Councillor Johnston said, an outline planning application was submitted for the development, and everything else has come in as an independent application. That means that the guidance, control and conditions on that outline planning application, which the Government so carefully put together following the public inquiry, are effectively worthless: they have been bypassed.

The most common example at the site—and the one that we all talk about—is the use of the Leyton farm buildings as maintenance structures for the golf course. There is no planning permission for those buildings to be used as anything at all. They have been converted from agricultural to industrial use with no planning permission. We queried that with the planning department, and we were told that it is covered under the outline application. That is an outline, and there is no detail attached

to it, so there can be no follow-through on the process.

Councillor Johnston: Mr Carlaw, have you seen the film?

Jackson Carlaw: No.

Councillor Johnston: I recommend that the committee see it, because you will see on—

Jackson Carlaw: Yes, but I cannot conduct a public inquiry into those who made the film, can I?

Councillor Johnston: No, but you would get the piece of evidence that would answer your question.

Jackson Carlaw: What you get is somebody's view. A film is not a legal document; a film is a film.

Councillor Johnston: No, but you would see something that would answer the question for you.

In addition, I can help with regard to your understanding of the process of how the council took the decision. The 7:7 vote was not on a decision for or against the application; the 7:7 vote was on a decision whether to defer the application because it was not suitable and to have negotiations, or to reject the application and request that the applicant resubmit because the changes required would be too large. If you need to know the detail of that, the *Journal of Irish and Scottish Studies* published a peer-reviewed article that gives a blow-by-blow account that would absolutely answer your question.

Angus MacDonald: Good morning. I thought that the local authority that covers my constituency was the only planning authority that had a plethora of retrospective planning applications, but it seems that that is not the case. Clearly, Aberdeenshire Council has them too.

Councillor Johnston, have you served on a planning committee before?

Councillor Johnston: I have done so, on and off, since 1982. Aberdeenshire Council was constructed from 1995 as a council with every member sitting on planning committees.

Angus MacDonald: Okay. You referred earlier to accusations of lobbying on a planning matter. Having served on a planning committee before coming into Parliament, I know that that is clearly a very serious accusation. Can you expand, while obviously being careful, on your earlier statement?

Councillor Johnston: I can expand on it to a point. There is not overt lobbying; there is not lobbying of council members by other members for a particular planning application. That has been my experience—but, then, someone would get pretty short shrift if they tried it on me. However, in

this particular instance, I can attest that an attempted lobby was done on me, and I think that the only way of getting to the bottom of the issue is to have an inquiry.

The Deputy Convener: We have to be careful about what we say.

Councillor Johnston: Yes, I know.

The Deputy Convener: Why did you not take action when it happened, instead of supporting this petition seven years later?

Councillor Johnston: Because it is not evidentially a criminal offence or a legal problem to have a conversation with an individual who clearly wanted to influence the outcome of a planning application. The idea that somebody should not have a say on a planning application is not correct, but there was a general pressure to try to influence the outcome of the application. For example, we were instructed not to go to various events because they could be seen as overt lobbying—the applicant certainly tried that one—in the run-up to the main application. There have certainly been a number of events and things since.

I sat on Scottish Enterprise Grampian at the time and, following the decision, a good number of questions were asked of me in a way that suggested that the individuals concerned had been trying to influence the outcome of the decision long before that because it was all part of their idea of what was good for the area. We all know that it happens and—

The Deputy Convener: Well, we do not. I hesitate to ask this question, but I will ask it: where is your evidence for all this?

Councillor Johnston: I would like to be able to provide you with the evidence here today, but I think that it would be better to bring it out in the course of an inquiry.

The Deputy Convener: Why have you not done so before?

11:30

Councillor Johnston: I brought out some important evidence at the public inquiry about the way in which the council operated. That was a salutary lesson for me, and probably for other councillors, because an attempt was then made to remove me as a councillor and I was referred by the local authority to the Standards Commission for Scotland. It was proved that I had no problems and that in fact the council had erred, but the Standards Commission's recommendations to the council have never been implemented.

I hope that you can see why an inquiry needs to deal with the issue. When, as an individual, I made

a very serious point to the public inquiry about the way in which the council conducted its business in negotiating with the applicant, that led to my not being in any political party and to two separate attempts to have me removed as a councillor. That is nothing to do with the outcome of the application, but it is all to do with the governance of what has gone on with this applicant and this site.

The Deputy Convener: I apologise to Angus MacDonald for interrupting.

Angus MacDonald: Let me turn to Mr Milne. You mentioned that the application was the first to have been called in after a refusal. I struggle with that statement, because I do not think that that is the case—unless you can prove otherwise.

David Milne: I believe that that is the case. I am trying to remember the exact reference, but I do not seem to have it to hand. However, it is my understanding that the application was the first to be called in by the Scottish Government after a refusal. I can supply the reference after the meeting, if you wish. I will need to dig out the relevant information and pass it back to you.

Angus MacDonald: That would be helpful. Thank you.

The Deputy Convener: If there are no other questions, I will now ask the committee what it wishes to do with the petition.

In my view, we should close the petition, with the caveat that Mr Milne be asked to submit his requested changes to the on-going planning consultation, so that his recommendations—which I am sure are well thought through—at least feature in the discussions that the Government will have after the consultation is closed.

Are there any other views?

John Wilson: Convener, I am sorry about this, but I am minded to keep the petition open.

A number of what might best be described as inferences have been made about public bodies in the evidence this morning, and I think that it is only right that those public bodies should be able to respond. Aberdeenshire Council, Scottish Natural Heritage, Marine Scotland and Grampian Police, which is now part of Police Scotland, have all been named as organisations that either overstepped the bounds or acted with impropriety in their conduct with the residents in the Menie estate. I am minded to ask that we write to those organisations, as well as the Scottish Government, to ask them their views on the petition.

The petitioners have cited the “You’ve Been Trumped” documentary. I am aware that a number of comments have been made about that, and a number of organisations have refuted some of the

allegations that are contained within the documentary. My view, for what it is worth, is that we should at least give those public bodies the opportunity to respond to the petition before we close it.

Angus MacDonald: To be fair to the petitioners, I think that the petition should be kept open. I agree that, in addition to requesting the Scottish Government’s view on the petition, we should write to Aberdeenshire Council to see what its take is on the matter. Therefore, the fairest thing would be to keep the petition open at this stage.

The Deputy Convener: Do other members agree?

Anne McTaggart: I certainly agree. Given some of the evidence that has been brought to our attention today, I think that we should ask the Scottish Government and the public authorities that my colleague John Wilson mentioned for their views on the petition.

The Deputy Convener: On that basis, we will keep the petition open, with the immediate intent of writing to the bodies that have been mentioned, which include SNH, Marine Scotland, Aberdeenshire Council, Police Scotland and Scottish Enterprise Grampian.

I thank the witnesses for attending; I will suspend the meeting for a few minutes to allow them to leave.

11:35

Meeting suspended.

11:37

On resuming—

Bus Services (Re-regulation) (PE1475)

The Deputy Convener: The second new petition, PE1475, was submitted by John Nelson, on behalf of Hamilton Labour party. The petition calls on the Scottish Parliament to urge the Scottish Government to review its policies on the funding of the bus service operators grant and concessionary bus travel, and to consider the re-regulation of the bus industry to ensure that people across Scotland are provided with affordable and reliable local bus services.

Malcolm Chisholm: I am new to the Public Petitions Committee, and I am not really sure what the correct procedures are, but I think that the petitioner raises some important issues that ought to be considered.

There are three different elements to the petition: the bus service operators grant,

concessionary bus travel and re-regulation. I certainly hope that we can progress the petition, keep it open and ask the Scottish Government for its views.

Maureen Watt: Speaking with my Infrastructure and Capital Investment Committee hat on, I think that Malcolm Chisholm should know that the BSOG is considered every year in relation to the budget, and that concessionary travel is currently a small part of the consideration that the committee is giving to community transport. Also, Iain Gray has a member's bill on re-regulation of the bus industry, so all aspects of the petition are being covered by the Parliament in some form or another.

Jackson Carlaw: I expressed some astonishment when we received the petition. I read that the petitioner believes that Siobhan McMahon and Michael McMahon

"advised that a public petition was the most promising route for us to raise the issues and influence policy".

I was somewhat aghast that the petitioner had so little confidence in the parliamentary process or the Labour Party in the Scottish Parliament in progressing issues of material concern.

I recall Charlie Gordon raising the issues in the previous session. I am aware that Iain Gray is proposing a member's bill. We had a debate on bus services fairly recently—actually, it was a year ago, so it is longer ago than I thought.

Given Maureen Watt's remarks about the Infrastructure and Capital Investment Committee's scrutiny of some of the issues, I am not quite sure why the Public Petitions Committee should progress the petition further.

The Scottish Government's views on the issues that the petition raises have been made fairly clear each time parliamentary opportunities have been made available to those who wish to promote the concepts underpinning the petition. I am not quite sure what writing to the Scottish Government would add to the sum of our knowledge. I would have thought that, given Iain Gray's member's bill, it is for members of Hamilton Labour party to seek to influence in the normal way their colleagues on the Labour benches in the Parliament to progress what is, after all, their party's policy.

John Wilson: I agree with Jackson Carlaw that the petitioner could have used a number of methods to get the issues on the agenda. The annual review that the Infrastructure and Capital Investment Committee undertakes has been mentioned. I am tempted by the idea of referring the petition to that committee—I am looking at Maureen Watt. That might be appropriate given that it deals annually with two issues raised by the

petition. We could ask that committee to consider the petition and respond accordingly.

Anne McTaggart: I welcome the petition. I would encourage any MSP to encourage their constituents to utilise the services of the Public Petitions Committee. Maureen Watt has indicated that all the points that have been raised in the petition are being covered elsewhere. Can she clarify that point?

Maureen Watt: We consider the BSOG every time we examine the budget. The grant used to be based on fuel consumption, but the approach has changed in recent years because we want to reduce fuel consumption.

The Infrastructure and Capital Investment Committee could indeed have an inquiry into concessionary travel, although nobody has specifically asked for that. However, the issue comes into the committee's inquiry into community transport. Members might be aware of Age Concern's current campaign about the use of concessionary travel, which is being considered in the context of our inquiry into community transport.

Iain Gray's member's bill will address the point about re-regulation. All the points raised in the petition are being covered elsewhere.

The Deputy Convener: I suggest that we write to the Infrastructure and Capital Investment Committee, drawing the petition to its attention, and leave it at that. To be clear, we will refer it formally, not informally.

Malcolm Chisholm: It seems that members have come to an agreement, although I was going to suggest that we hear from the petitioner first.

The Deputy Convener: The petitioner has not indicated that he wishes to attend the committee. Given the connections that I assume he has and all the circumstances that members have referred to, I am sure that he will be able to talk to the appropriate people.

Do members agree to write formally to the Infrastructure and Capital Investment Committee to draw the petition to that committee's attention?

Members indicated agreement.

Current Petitions

A83 (Improvements) (PE1428)

11:45

The Deputy Convener: The first current petition is PE1428, by Councillor Douglas Philand, on behalf of Argyll First, on improvements to the A83. Members have the papers relating to the petition, a letter from Graham Edmond, head of network maintenance at Transport Scotland, and various other attachments relating to the A83 and the implications at the Rest and Be Thankful.

Do members have any comments on the petition?

John Wilson: I suggest that we keep the petition open and write to Argyll and Bute Council to seek an update on the progress made following its decision a year ago to ask the Scottish Government to develop a business case for trunking the A83 between Kennacraig and Campbeltown. We should also write to the Scottish Government seeking clarification on the timetables set out in the paper that we have received. I commend the Scottish Government and Transport Scotland for the work that they have carried out to date in relation to the petition.

The Deputy Convener: Are we agreed?

Members *indicated agreement.*

Mental Health Services (PE1438)

The Deputy Convener: PE1438, by Lynsey Pattie, is on improving services for people with mental illness. The committee considered the petition about two months ago and agreed to write to the Scottish Government to seek information about child and adolescent mental health services; health improvement, efficiency and governance, access and treatment—HEAT—targets; and psychological therapies. A response has been received from the Scottish Government, which is in members' papers. I invite the committee to decide what action we should take.

Angus MacDonald: All the organisations that were contacted agreed with the petitioner, and the Scottish Government advises that NHS boards are now working towards the reduced 18-week CAMH target. Therefore, there is a strong argument to close the petition.

Jackson Carlaw: At the very least, I am minded to draw the petition and the minister's response to the attention of the Health and Sport Committee.

The Deputy Convener: Okay.

Jackson Carlaw: I am happy to close the petition on that basis. However, there was strong

support for the petition across the board. Given the minister's response, I asked before the meeting whether we could ask him any questions on the subject this morning, but of course we were not allowed to do that. The petition is sufficiently contained and interesting that if I were a member of the Health and Sport Committee I might quite like to see it.

The Deputy Convener: Informally?

Jackson Carlaw: Yes.

Anne McTaggart: For all the reasons that Jackson Carlaw gave, it is important that we refer the petition to the Health and Sport Committee. The petition contains a great deal of evidence, and it deals with such an important issue that that committee would want to see it, whether that is done informally or formally. I would rather that a formal referral be made.

Malcolm Chisholm: I do not know all the detailed options but I support our referring the petition to the Health and Sport Committee. Perhaps the deputy convener can explain the difference between formal and informal referral.

Maureen Watt: Could I get clarification on what Malcolm Chisholm has just said? Are we referring the evidence that we have taken so far to the Health and Sport Committee, or are we asking that committee to consider the petition further?

The issue is extremely sensitive and difficult. The see me campaign does a fantastic job of trying to end the stigma around mental health issues. Most people are aware of the issue, although people with mental health problems who have had the misfortune of ending up in hospital sometimes find it difficult to get help after they have been discharged. The responses from health boards have been positive in that regard.

I am minded to close the petition but to show the Health and Sport Committee all the evidence that we have taken on it.

The Deputy Convener: The proposal is that we close the petition but send the evidence to that committee. Is that agreed?

Members *indicated agreement.*

Organ Donation (Opt-out System) (PE1453)

The Deputy Convener: PE1453, from Caroline Wilson, on behalf of the *Evening Times* and Kidney Research UK (Scotland), calls on the Scottish Parliament to urge the Scottish Government to introduce an opt-out system of organ donation to help to save more lives. This is one of the most interesting of the many interesting petitions that have come before the committee. Do members have any comments?

John Wilson: I am minded to keep the petition open. We have received many responses on it. The Scottish Government has indicated that it is awaiting the publication of the UK research on the matter and will develop a strategy that, if not along the same lines as the UK strategy, will be appropriate to Scotland. The expectation is that those documents will be available over the summer. Therefore, I recommend that we keep the petition open until after the summer recess. Once we have those documents, we can reconsider the petition.

The Deputy Convener: Is that agreed?

Anne McTaggart: Have the clerks had any indication whether the Health and Sport Committee is also doing some work on the issue?

The Deputy Convener: We do not know, but we can check. Are we agreed to keep the petition open and to revisit it—I hate that word—after the summer?

Members indicated agreement.

The Deputy Convener: At some stage, it might be worth having a chamber debate on the subject. However, we can leave a decision on that until after the summer.

Scotland's National Tree (PE1457)

The Deputy Convener: The next current petition is PE1457, which members may have heard about on the radio this morning. It is from Alex Hamilton and calls on the Scottish Parliament to urge the Scottish Government, as a symbolic commitment to our woodlands and natural heritage, to proclaim the Scots pine as the national tree of Scotland. Do members have any comments?

Jackson Carlaw: As you know, convener, I have been somewhat lukewarm about the proposal that we adopt a national tree. However, I take exception to the letter that we received from the Scottish Government, which said that we are not allowed to have the discussion until we have voted “yes” in a referendum on Scottish independence. That is a grossly impertinent suggestion. I would have thought that the Parliament could agree to a motion on such a matter at any time if it wanted to do so.

For me, the issue is whether there is a national appetite for the adoption of a national tree. If so, is there a clear public view as to which tree should be adopted? In that context, 630 responses after 2.5 million “Opportunities To See” does not particularly lead me to suppose that there is a clear public view. In Mr Hamilton’s latest letter, he says that “interest has continued”. However, no constituent has written to me on the matter, and as I have wandered around the pubs and restaurants

of the west of Scotland, I have not been accosted by members of the public who feel that the issue is of burning concern.

The Deputy Convener: They are all hiding behind a tree.

Jackson Carlaw: I continue to be neither for the idea nor against it, but I am unclear as to the Government’s role in determining whether Scotland should have a national tree and, if it should, what that tree should be. I am not, as yet, persuaded that I could come to a recommendation on the basis of what I have heard today.

The Deputy Convener: In recess, occasionally I go round conservation areas and talk to landscape gardeners and what have you. When I floated the idea of whether we should have a national tree, the view was that we should, and that it should be the Scots pine. It was a huge sample of about 12 people.

Anne McTaggart: I am still hugely in favour of continuing the petition. I would like to seek some more information from the Minister for Environment and Climate Change about the designation of a national tree of Scotland. We need more information. Like Jackson Carlaw, I was not best pleased with the Scottish Government’s letter. It is important that we look into the matter further. It is a good idea, but we have to clarify our position.

The Deputy Convener: So you are in favour of option 1 in the clerk’s paper.

Anne McTaggart: Yes.

Angus MacDonald: Clearly there are differing views on which tree should be the national tree. I am partial to the rowan tree myself. I do not think that the committee should recommend the Scots pine as a national tree, so I suggest that we recommend that the Scottish Government undertake its own consultation. The online polls were perhaps not as scientific as we would have liked, and the Scottish Government might make a more professional effort.

The Deputy Convener: So we will not ask the Government to prepare a bill; we will simply ask it to investigate further. Are we agreed?

Members indicated agreement.

The Deputy Convener: I will not say, “All those in favour of the Scots pine.”

Scottish Living Wage (Recognition Scheme) (PE1467)

The Deputy Convener: PE1467 is by Andrew McGowan, on behalf of the Scottish Youth Parliament, on a Scottish living wage recognition scheme. I welcome members’ contributions.

Malcolm Chisholm: I support the petition. Option 1 in the clerk's paper is to write again to the Convention of Scottish Local Authorities and the Scottish Trades Union Congress to seek a response, and to write to the Scottish Chambers of Commerce and the Confederation of British Industry Scotland for business views. If we choose option 1, we would keep the petition open and get further views on it. Those are four important bodies. I do not know whether we have sought their views and they have not replied, or whether the suggestion is that we ask for their views.

The Deputy Convener: We have written to them and they have not responded. Shall I write to them again and remind them that they should at least give us the courtesy of a reply, whether meaningful or otherwise?

Jackson Carlaw: I noted in Nicola Sturgeon's response to the committee that she was keen to know from the petitioners how such a scheme would operate and what its associated costs would be.

I read Andrew McGowan's letter. I say in passing that we are considering various petitions with detailed and lengthy responses from the Scottish Youth Parliament and the petitioners concerned, and all of them read as if they have been written by the same hand. I would be interested to know whether the response that we have received in Andrew McGowan's name was written by him. We could write to the Scottish Youth Parliament generally to ask who drafts the replies to the committee on its behalf: the petitioners themselves or somebody else? Their style is remarkably consistent.

I spent some time reading the submission and, beyond the fact that it says that the taxpayer should pay the costs, I still was not clear that it had identified what the costs would be. The Deputy First Minister believed that that would be a material consideration. As I said when we took evidence on the petition, I have no objections to the aims that underpin it, but the petitioner must be clear how the scheme would be financed, who would bear those costs and, once such a scheme was put in place, how it would be followed up and who would bear the costs of doing so. In its response, the Federation of Small Businesses asks a number of legitimate questions about the scope of the scheme.

We need to know all that information before we make any recommendation. As I have said, I am not against the principle behind the petition but I think that very clear terms of reference need to be set and it seems to me that Nicola Sturgeon, too, is looking for that guidance.

12:00

The Deputy Convener: On your point about the similarity between the letters, I do not know but I suspect that the Scottish Youth Parliament agrees the principle and gets someone to draft the proposal. I have to say that I am not surprised by any similarity in that respect.

Anne McTaggart: I am hugely in favour of continuing the petition but we need to get the views that we have sought from COSLA and the STUC. Indeed, a few people have been mentioned from whom we still have to receive a response.

The Deputy Convener: So we should go back to those organisations and ask for their views.

Jackson Carlaw: Yes.

The Deputy Convener: Do members agree with that course of action?

Members indicated agreement.

Young Carers Grant (PE1470)

The Deputy Convener: PE1470, by another MSYP, Lauren King, asks the Scottish Parliament to urge the Government to establish a young carers grant for carers in full-time education or under the age of 18. Do members have any comments to make?

Jackson Carlaw: The fact that we have received a number of comprehensive responses from some but not all local authorities brings us back to your earlier point, convener, about our not having received responses from all concerned. I would like to take the petition forward on the basis of a comprehensive response from all local authorities, because the general view seems to be that there is something to the petition and that its authority would be enhanced if we had a comprehensive list of responses.

The Deputy Convener: I was going to make that very point, but you have made it so much better than I could. Are members agreed?

Members indicated agreement.

Young People's Hospital Wards (PE1471)

The Deputy Convener: Our final current petition is PE1471, from Rachael McCully, again on behalf of the Scottish Youth Parliament. The petition calls on the Scottish Parliament to urge the Scottish Government to establish specific young people's wards or rooms in hospitals for adolescents and to ensure that staff are adequately trained to support young people's mental and emotional needs in hospital.

I see that Jackson Carlaw wishes to comment.

Jackson Carlaw: I am sorry, convener—I seem to be on speed this morning.

Meeting closed at 12:06.

The responses that we received slightly surprised me and highlighted something that I had not fully appreciated. When the petitioner made her presentation to us, there was much more of a concentration on the establishment of specific young people's wards; in fact, the majority of the responses relate to the training of staff, and I think that that aspect will be quite interesting as we go forward.

That said, I do not feel that the responses leave us any the wiser with regard to the petitioner's recommendation that there be adolescent wards in each hospital development. I have to say that for practical reasons I was not much attracted to that proposition when we took evidence but I am happy to seek from NHS Education for Scotland the information that has been suggested.

Malcolm Chisholm: I was very impressed with Action for Sick Children Scotland's detailed response, which was very sympathetic to the petition. This is a very complex area, but Action for Sick Children's comments suggest that certain serious issues need to be addressed. I am in favour of following options 1, 2 and 3 in the clerk's paper. We should seek information from all the bodies mentioned, but it would certainly be interesting to hear the views of NHS Education for Scotland and the Royal College of Nursing, and I would be particularly interested in hearing from NHS Lothian whether its planning for the new hospital will take the issue into account. It might not be as simple as either creating a dedicated adolescent ward or doing nothing; there are many different options—there could, for example, be a number of single rooms with a common area—and more work needs to be done on the matter. As I said, I recommend that we follow options 1, 2 and 3.

Anne McTaggart: From my social work experience, I think that we need to continue the petition and seek further information. Given certain discrepancies in hospital wards and the fact that ill young people are being preyed on by others in adult wards, we should ask these questions and continue the petition to pursue what is an important safety issue for young people.

The Deputy Convener: When we previously discussed the petition, I raised a concern about the training of nurses and their handling of patients. I think that the proposed action is eminently sensible.

Before I formally close the meeting, I advise members that the *Official Report* will be available at the beginning of next week and that the next formal meeting is scheduled for 28 May.

Members who would like a printed copy of the *Official Report* to be forwarded to them should give notice to SPICe.

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e-format first available
ISBN 978-1-78351-056-6

Revised e-format available
ISBN 978-1-78351-071-9

Printed in Scotland by APS Group Scotland