

MEETING OF THE PARLIAMENT

Wednesday 1 September 1999
(*Afternoon*)

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Scottish Parliament

Wednesday 1 September 1999

(Afternoon)

[THE PRESIDING OFFICER *opened the meeting at 14:30*]

Michael Russell (South of Scotland) (SNP):

On a point of order, Presiding Officer. Like other members, I am somewhat embarrassed at having been awarded a medal. I was unaware that I was worthy of a medal, but I think that this is a serious issue. The medals, according to the business bulletin, are a presentation from the Parliament. I am unaware of the Parliament, or any of its committees, ever having discussed the matter. I think that it is somewhat premature to award medals; the people of Scotland may want to award medals after we have done our job of work. Will you inquire into how this has happened?

The Presiding Officer (Sir David Steel): I am happy to inquire into the matter. The medals were apparently ordered before the Parliament came into being and they commemorate the opening ceremony. The Scottish Parliamentary Corporate Body is not answerable for them.

Michael Russell: Will the corporate body let the members know how this happened? I think that most members are concerned about it—*[Interruption.]* Well, they should be concerned about it.

The Presiding Officer: We shall take that on board.

Alex Neil (Central Scotland) (SNP): On a point of order, Presiding Officer. I would like some guidance on the Scotland Act 1998. I think that I am right in saying that, under the Scotland Act 1998, the Scottish Executive has no power to surrender its authority to the UK Government departments in London to draft concordats between the Government at Westminster and the Scottish Parliament covering such critical issues as inward investment.

As no such legislative authority exists, is it the case that the Scottish Executive cannot agree to such concordats without the explicit approval of this Parliament? Will you confirm that this Parliament has the legal right to reject or amend any such concordats?

The Presiding Officer: I do not think that that is correct, Mr Neil. However, I shall take further advice on the matter. The concordats are informal documents; they do not have a status requiring parliamentary approval.

Richard Lochhead (North-East Scotland)

(SNP): Further to Mr Neil's question, I ask for guidance as to whether you have authority to refer individual concordats to the relevant parliamentary committee for investigation.

The Presiding Officer: I do not think that I have any such authority.

Business Motion

The Presiding Officer (Sir David Steel): We come now to the first item of business, the business motion. I call Tom McCabe.

14:33

The Minister for Parliament (Mr Tom McCabe) rose—

[Laughter.]

Mr McCabe: A modern Scotland for a new age. [Laughter.]

Thank you, Sir David. This motion sets out the business for this week and for the period up to Thursday 9 September. Before moving the motion, it might be helpful if I explain some of its detail. Subject to the Parliament agreeing the terms of this motion, the business for today will be as follows.

First, there will be a statement from the Minister for Enterprise and Lifelong Learning on the proposed closing of the Continental Tyres factory at Newbridge. After that, there will be a debate on an Executive motion on the promotion of public health in Scotland. That will be followed by a formal motion to designate lead committees for Scottish statutory instruments. Decision time will be at 5 o'clock and, after that, there will be a members' business debate on motion S1M-90, in the name of Mr Duncan Hamilton, on the regeneration of Cowal.

Tomorrow, 2 September, we will begin proceedings on the Parliament's first bill. The Mental Health (Public Safety and Appeals) (Scotland) Bill aims to close the loophole in the law that was identified in a decision issued by the sheriff at Lanark sheriff court on 2 August. The bill is the result of intensive discussion and preparation and reflects the urgency given by the Executive to blocking that legislative gap.

The first item of business will be a debate for up to an hour and a half on a motion to treat the mental health bill as an emergency bill. That debate will be followed by an immediate decision. Providing that that decision is in the affirmative, it will be followed by a Parliamentary Bureau motion on the timetabling of the mental health bill. Stage 1 consideration of the bill will take place immediately after the timetabling motion. The debate will last for an hour and a half and will, again, be followed immediately by a decision. On conclusion of stage 1 there will be a motion on procedures for stages 2 and 3 of the Mental Health (Public Safety and Appeals) (Scotland) Bill.

The afternoon session will begin at 2.30 with question time lasting 30 minutes, as normal. That

will be followed by open question time, which will last for 15 minutes. At 3.15 there will be a debate on an Executive motion on a national cultural strategy for Scotland. Decision time will take place at 5 pm. That will be followed by a members' business debate on motion SM1-94, in the name of Maureen Macmillan, on the subject of domestic violence.

Turning to next week, on Wednesday 8 September, business begins at 2.30. The first item of business will be a motion on a financial resolution required in relation to the provisions of the emergency mental health bill. Following on from that there will be a further motion on the timetabling of the debates in stages 2 and 3 of that bill. The remainder of the afternoon's business will be allocated to stages 2 and 3 consideration of the Mental Health (Public Safety and Appeals) (Scotland) Bill. On this occasion, due to the nature of the emergency legislation, decision time will take place at 6 pm. Due to the fact that decision time has been moved to a slightly later time, no members' business is planned on Wednesday 8 September.

On Thursday 9 September, the morning sitting will begin with a debate on an Executive motion on the programme for government. The debate will be concluded after question time in the afternoon. Immediately before lunch, I will move the business motion in respect of future business.

Question time will begin at 2.30, lasting for 30 minutes, and open question time will follow on for a further 15 minutes. Thereafter, we will conclude the debate on the Executive motion on the programme for government. At 4.30 on Thursday 9 September, there will be a debate on a Parliamentary Bureau motion on time for reflection. That debate will be followed by a motion on membership of the Commonwealth Parliamentary Association. Following that there will be motions to approve the Scottish statutory instruments. Decision time will take place at 5 pm, followed by a members' business debate, which, subject to a revision of the text in a motion from Mr Nick Johnston, will be on the subject of employment in Clackmannanshire and West Fife.

The final part of the motion sets out the dates by which committees, other than the lead committee, with an interest in subordinate legislation currently before the parliament, should make any recommendations on instruments or draft instruments to the lead committee.

I move,

That the Parliament agrees—

(a) the following programme of business—

Wednesday 1 September 1999

2.30 pm

Business Motion

followed by Ministerial Statement and Questions on Continental Tyres

followed by Debate on an Executive motion on Public Health

followed by Motion to Designate Lead Committees for Scottish Statutory Instruments (to be taken without debate)

5.00 pm Decision Time

followed by Members' Business – Debate on the subject of S1M-90 Mr Duncan Hamilton: The Regeneration of Cowal

Thursday 2 September 1999

9.30 am Debate on a motion to treat the Mental Health (Public Safety and Appeals) (Scotland) Bill as an Emergency Bill, followed by a decision

followed by, no later than 11.00 am Parliamentary Bureau motion on timetabling of the Mental Health (Public Safety and Appeals) (Scotland) Bill (to be taken without debate), followed by a decision

followed by Stage 1 debate on the Mental Health (Public Safety and Appeals) (Scotland) Bill, followed by a decision no later than 1½ hours after the start of the debate

followed by Motion on Procedures for Stages 2 and 3 of the Mental Health (Public Safety and Appeals) (Scotland) Bill (to be taken without debate), followed by a decision

2.30 pm Question Time

3.00 pm Open Question Time

followed by, no later than 3.15 pm Debate on Executive motion on National Cultural Strategy

5.00 pm Decision Time

followed by Members' Business – debate on the subject of SM1-94 Maureen Macmillan: Domestic Violence

Wednesday 8 September 1999

2.30 pm Motion on a Financial Resolution required in relation to the provisions of the Mental Health (Public Safety and Appeals) (Scotland) Bill (to be taken without debate), followed by a decision

followed by Motion on the timetabling of debates in Stages 2 and 3 of the Mental Health (Public Safety and Appeals) (Scotland) Bill (to be taken without debate) followed by a decision

followed by Debates on Stages 2 and 3 of the Mental Health (Public Safety and Appeals) (Scotland) Bill (including decisions)

6.00 pm Decision Time

[followed by Members' Business]

Thursday 9 September 1999

9.30 am Debate on an Executive motion on Programme for Government

12.20 pm Business Motion

2.30 pm Question Time

3.00 pm Open Question Time

followed by, no later than 3.15 pm Conclusion of Debate on an Executive motion on Programme for Government

4.30 pm Debate on a motion on Time for Reflection

followed by Motion on Membership of the Commonwealth Parliamentary Association (to be taken without debate)

followed by Motions to Approve SSIs (to be taken without debate)

5.00 pm Decision Time

followed by Members' Business

and (b), the following dates by which other committees should make any recommendations on instruments or draft instruments to the lead committee—

"Other" Committee		Lead Committee	Subject	By
European	reports to	Transport & Environment	The Environmental Impact Assessment (Scotland) Regulations 1999 (SSI 1999/1)	1 October 1999
European	reports to	Rural Affairs	The Plant Health (Amendment) (Scotland) Order 1999 (SSI 1999/22)	1 October 1999

The Presiding Officer: Thank you, Mr McCabe. Mr Neil, are you requesting the floor in order to speak against the motion?

Alex Neil (Central Scotland) (SNP): No, but I would like to ask a point of clarification.

The Presiding Officer: You may do so, provided that it is in the guise of speaking against the motion.

Alex Neil: There are two points that need clarification. First, the failure to publish the draft concordats received from the UK Government would be a breach of the Executive's own code of practice on access to information. Will the minister therefore confirm that those drafts will be published?

Secondly, as the Minister for Parliament, will he confirm that the Scottish Parliament will have the opportunity either to amend or reject any such concordats?

The Presiding Officer: Those questions do not really arise out of the minister's statement. Mr McCabe, do you want to respond to that?

Mr McCabe: No, Sir David, I do not think that it is in any way connected to the business motion that I have just moved. I would appreciate it if you would rule on that matter.

The Presiding Officer: I have ruled.

In that case we put the motion as moved by Mr McCabe.

Alex Neil: In light of what has just happened, perhaps you can advise me, Sir David, on how to elicit a response to my question.

The Presiding Officer: I suggest that you lodge a question, Mr Neil.

The question is, that motion S1M-113, in the name of Tom McCabe, be agreed to.

Motion agreed to.

Continental Tyres

The Presiding Officer (Sir David Steel): The next item of business is the ministerial statement from Mr Henry McLeish on the proposed closure of the Continental Tyres factory at Newbridge. There will be questions at the end of the statement, so there should be no interventions during it. Members should note that we will move on to the next item of business at 3:10, so we have about 25 minutes for this particular item, should we need it.

14:40

The Minister for Enterprise and Lifelong Learning (Henry McLeish): I am glad that I was spared the technological exercise that Tom had. I was a bit apprehensive about touching the movable podium that has now arrived in front of me.

With your permission, Sir David, I would like to make a statement on Continental Tyres. On 18 August, Continental Tyres announced the closure of its Newbridge plant with the loss of 774 jobs. I do not have to tell anyone in the chamber of the devastating impact that that news had on the individual workers involved, especially after their efforts over the past couple of years to ensure the viability of the plant. Local managers and the work force had implemented a new shift pattern, and had also increased their working week from 39 hours to 42 hours without any financial recompense.

Despite all that, the company decided to announce the closure—a commercial decision that was based on a number of factors. The Newbridge plant had been losing money over a number of years. Continental's share of the market for the tyres that are produced at Newbridge has fallen significantly and shows no signs of recovery. The company's restructuring strategy includes large, low-cost, high-value production facilities in eastern Europe, Mexico and other locations worldwide. None of those reasons, of course, brings any comfort to the people that are affected by them.

The Government and its officials have been in close touch with the company—here and in Germany—for a number of years, offering advice and assistance. The Newbridge plant is not in an assisted area; nevertheless, when the plant brought in a new shift to improve production levels, and therefore viability, Lothian and Edinburgh Enterprise Ltd was able to offer assistance with the training of new workers who were recruited to meet the demands of the new shift patterns.

Officials from the Scottish Office, Locate in Scotland and LEEL were able to offer advice

about how the company could maximise the amount of training assistance that could be offered. The company was also aware of the support that the Government could make available for restructuring or relocation. However, it is not the job of Government to tell companies how to run their business. If, like Continental, they feel that they do not want to invest further, unfortunately we cannot force them to.

As members will be aware, I was in touch with the company before and after the announcement of the decision to close the plant. As soon as I knew of the company's intention, I immediately set in motion the actions that were needed to ensure that the Continental work force would have the advice and assistance that they would need to ensure that they would find suitable alternative employment. We set up an action team, including representatives from the Continental work force, local and regional trade unions, LEEL officials and local MSP Margaret Smith. I am pleased to say that that team—chaired by my colleague Nicol Stephen, who is the Deputy Minister for Enterprise and Lifelong Learning—had its first meeting at the company premises within two days of the closure announcement.

The action team has since met again and has put in place a number of initiatives to assist the work force. Those initiatives include providing a work force profile and skills analysis, and providing an on-site opportunities shop offering help and advice on, for example, training, Jobsearch, welfare and benefits, business start-ups, information technology training, finance and investment, debt counselling and interview skills.

It is our hope that this team will be as effective as the team that supported Mitsubishi employees in the wake of the closure of the Haddington plant. To date, only 18 of the 505 people who were made redundant are still seeking employment.

My colleague Nicol Stephen has been in close contact with Continental's management here in Scotland, and he travelled to Hanover on Monday for an early-morning meeting with senior Continental representatives to clarify the company's future intentions. He also emphasised the importance that we place both on the settlement package for the work force and on full co-operation with the action team in terms of retraining for new employment.

At the meeting, we urged the company to provide the employees with the most generous redundancy package possible. In addition, senior management at the company responded very positively to Nicol Stephen's suggestion that they visit Scotland, in person, to meet the action team. They are currently discussing how and when to do that.

The future use of the Newbridge site was also discussed at the meeting, and Locate in Scotland will continue to pursue that with Continental. In the meantime, the company agreed to my suggestion that an economic and financial appraisal should be carried out to help establish future options for the site. This will be done as soon as possible.

All members will acknowledge the impact of Continental's decision to close its plant at Newbridge. This is a hard time for those involved and for their families, and the Scottish Executive will continue to do everything it can to help them now and in the future.

Mr John Swinney (North Tayside) (SNP): I would like to begin by associating the SNP with the minister's comments that expressed regret at the closure announcement by Continental. I extend the sympathies of the SNP to the families that are affected by the decisions that have been taken. I also give all support to the action team in their work of guaranteeing that we can assist in delivering new and alternative employment to those who have been affected by the closure announcement.

I would like to put three specific points to the minister. First, I was very surprised that he made absolutely no reference to the strength of sterling in his opening remarks about the factors that had led Continental to this decision. The survival package at Continental was based on valuation of the pound at DM2.80. The pound is now valued at more than DM3.00. What significance does the Minister for Enterprise and Lifelong Learning attach to currency, and to the damage that sterling's strength is doing to a number of key manufacturing sectors in the Scottish economy?

Secondly, was the minister aware, before the closure announcement was made, of the existence of a company minute that suggested that there had been zero response to initiatives from the company for support from the Government over a period of five years? If he was aware of that minute, does he believe that it is a fair and accurate reflection of what the Government was doing? If it is not, why did the company feel it necessary to record that?

Finally, in this statement the Government has presented a case for acting in a reactive rather than a proactive fashion, but the Government has not delivered the active company development support that could have been expected by a company that was facing challenges in the manufacturing sector. The Government has a great deal to learn about how to support the Scottish economy in the critical and difficult times that many of our companies face.

Henry McLeish: First, I am grateful for the association of the SNP with concerns about the

work force and I want to express our appreciation for the work of Harry Donaldson of the General, Municipal and Boilermakers Union in particular. They have been intimately involved in this at every step of the way.

Mr Swinney raised three specific points. I will put the reference to sterling's importance into context. In the first quarter of 1999 it was clear that manufacturing exports from Scotland were up by 8.3 per cent over the previous four quarters. The volume of exports was up in a very difficult trading situation. How much that weighed on Continental is a matter for that company.

I want to respond robustly to Mr Swinney's second point. I must say—although it is not my natural style to talk about the injection of party politics into a serious issue—there was much made of the lack of activity of the Executive and the previous ministers. If the SNP had followed up on my telephone call to Fiona Hyslop, it would have found that on 30 occasions between 1993 and 1999 officials of the Scottish Office and this Executive or ministers had been in touch with the company. We were there at every conceivable point, not only in terms of training packages, which are crucial in restructuring work forces and shift patterns, but in terms of offering a different future that the company might want to examine.

At the end of the day the company must make its own decisions, but I refute utterly the criticisms—particularly those that were made by certain members of the SNP—regarding a zero response. That simply did not happen. We wish that the outcome could have been different but it was for no lack of trying that it was not. If people want to make cheap political points out of that, they can; but we have been sincerely involved with the work force and, for six years, we have tried to do what was best by the company and by Scotland.

The company minute about the Government's zero response to the situation was prepared after a video-conference between people at Newbridge and in Germany. I do not know why the note was written in that way. When I spoke to Dr Holzbach, he did not want to be associated with that interpretation of the minute and has, on numerous occasions, said that the Government has always been there to respond if required. As I said in my statement, the Government was there to help, but at times there was no response. That was the company's wish.

Miss Annabel Goldie (West of Scotland) (Con): On behalf of the Conservative group within the Parliament, I want to express our deep sorrow to the work force and to share the sentiments that have been articulated. We hope that the workers will find a secure future through the assistance of the action team and that they know that the

Parliament supports them by trying to secure some way forward for them.

I would be grateful for the minister's comments on two areas that are a cause of concern. We, and the work force, will want to be reassured that the action team is not a seven-day wonder. Can the minister confirm that he intends to report to the chamber on the action team's progress? We all have a profound interest in what is happening at Newbridge and would like to be kept informed of what progress has been made.

Secondly, I accept in good faith what the minister has said in his statement about the company and other interested parties having a collective will to introduce counselling and retraining programmes. However, it is vital that such a help package is conducted on a one-to-one basis with the employees. I would welcome the minister's clarification of those aspects.

Henry McLeish: I thank Annabel Goldie for her comments on behalf of the Conservative party. The House should be united in helping the work force to move on.

I can reassure Miss Goldie that the action team is not a seven-day wonder. We are embarking upon a serious programme that involves many agencies and it is important for that to succeed. I also repeat the reassurance that I gave to Mr John Swinney's Enterprise and Lifelong Learning Committee this morning that we will work closely with the committee and with every MSP and that we are happy to put on record what the action team is doing. It is important for MSPs to have confidence in what is happening and for the work force to know that this chamber respects and appreciates them.

Annabel Goldie is right to stress that we should not approach counselling and retraining programmes in a mass or volume way, but on the basis that every individual in the plant has skills to offer and a future to be secured. I can also reassure her that everything will be done on a one-to-one basis. I have no doubt that, with the expertise and skills of the work force, such an approach will be a significant help during what will be a difficult time for the work force and their families.

Mrs Margaret Smith (Edinburgh West) (LD): As a local MSP, I want to record my sincere disappointment at Continental's announcement of these job losses. As well as the 774 jobs to be lost at the plant, the loss of other associated jobs will take the total to more than 1,000, which is obviously catastrophic not only for my constituency, but for neighbouring MSPs' constituencies and for the areas represented by list MSPs.

I am involved on the action team and have

listened to Annabel Goldie's comments. The Enterprise and Lifelong Learning Committee and the Parliament must be kept in touch with what the action team is doing. I expect to have a mid- to long-term active involvement in the action team to secure a better future for the people at Continental. We share the concerns that have been raised about the work force, who have worked incredibly hard to keep their jobs. We owe it to those workers to do everything that we can to secure new jobs for them through retraining and access to education. I certainly intend to do that.

The minister outlined some of the action team's positive work, but one of the things casting a cloud over that is that the company appears to be offering the work force worse redundancy terms than it has in the past. For example, when the company pulled out of Ireland in 1996, it offered the work force five weeks for every year of service. At the moment, my understanding is that Scottish workers are being offered three weeks for every year. What is the Executive doing to make the point that we believe that the work force at Newbridge should be given the best possible package? What powers do the Executive have to bring pressure to bear on Continental to make that a reality?

Henry McLeish: I thank Mrs Margaret Smith, the local MSP, for her involvement and assistance. We have spoken a number of times and I know that Nicol Stephen has also been in touch. I think that the work force is grateful for her extensive interest in this major issue, which arose just after she was elected on May 6.

It was no coincidence that when Nicol Stephen went to Germany the first and most important item was the redundancy package. It is not within the power of the Executive or this Parliament to deliver on redundancy packages. Different countries, for example, Germany and Ireland, have different labour laws. We are keen to reinforce the confidence of the work force and that is why Nicol Stephen and I met Harry Donaldson about an hour ago. We would not have put redundancy payments high on our agenda and we would not have mentioned them today if we did not sincerely believe that the work force at Newbridge deserve the very best. Many people there have given a great deal of their life to production at Newbridge and we still stand four-square behind the objective highlighted by Mrs Margaret Smith.

Reinforcing the point made by Annabel Goldie, I will also say that this action team must work. We must be optimistic and confident. If Margaret, or anyone on the action team, feels that there is something else that we can do I would like to hear about it because, certainly, we will want to respond.

Bristow Muldoon (Livingston) (Lab): Speaking as the member for one of the constituencies that neighbours Margaret Smith's constituency, I thank her for keeping me and other colleagues fully informed. The way that Margaret has operated is an example to other members, and I hope that others will adopt that practice in future. I want to record my concern for the staff and families, many of whom live in my constituency.

What discussions has the minister or the Scottish Executive had with the unions that are representing the staff at Continental? What requests have the trade unions made of the Scottish Executive and how has it responded to those requests?

Henry McLeish: We have tried to keep our discussions as tidy as we can and that is why we have been concentrating on discussions with Harry Donaldson. I think that between us, on a dozen occasions, we met and discussed the situation in the plant and discussed what was happening in relation to the whole work force, both staff and employees.

Briefly, in response, I will make two points. The redundancy package is crucial to the short-term well-being of many of the workers and families. There are also important skills in the plant which cover all elements of the work force and which I hope can be used to secure employment. We are working with everyone concerned. I am grateful for the contributions that have been made because it is a partnership approach now. That is one of the benefits of this exercise, and I hope that it can win success.

Tommy Sheridan (Glasgow) (SSP): The minister ended his comments by saying that it is a partnership approach now. I will give a different perspective of this closure. The chamber should be united in grief at not only the loss of this manufacturing concern and the tragedy that it represents for the workers and their families—

The Presiding Officer: You must ask a question, Mr Sheridan.

Tommy Sheridan: Will the minister consider the point that this is not a natural disaster, but a man-made disaster or, more appropriately, a multinational-made disaster? Does the minister agree that there is clear evidence that Continental ran down the Newbridge operation over the past three years and that members of the work force—despite their being prepared to jump through hoops in terms of partnership and flexibility—have been severely let down by Continental? This is not about loss of market; it is about cheap labour being available in other parts of Europe. Obviously, the Continental plan is to close down in Newbridge and open up in Romania in order to exploit cheap labour.

Does the minister also agree that it is essential that the fullest provisions of the Scotland Act 1998 are brought to bear in terms of the redundancy question? Margaret Smith made the point about the offer that was made to the Irish workers in 1997. I remind the minister that that offer—

The Presiding Officer: Mr Sheridan, you must ask a question.

Tommy Sheridan: The offer that was made to the Irish workers in 1997 was for four—not five—weeks' redundancy pay for every year of employment. Only after the Irish Government intervened by going to the employment tribunal did Continental increase its offer. Will the minister assure me that the fullest provisions of the Scotland Act 1998, up to and including the removal of assets and machinery from Continental, will be enforced by the Parliament if the company is not prepared to offer a reasonable deal to the Scottish workers? Given the workers' performance and loyalty over a great number of years, that is what they deserve.

Henry McLeish: What is important is the working relationship that exists between the various members of the action team, the Executive, local MSPs and the trade unions. I take it that the Parliament respects the views of the trade unions and of the full-time trade union officials on what we need to do to progress the matter. It will not be helpful if the chamber decides to raise expectations on any particular front; that is not the way in which we should approach a very serious situation.

We have already given an assurance that we want the best package to evolve from the current discussions. We are committed to that, the Parliament is committed to that and we will see what can be achieved. We also want to progress the constructive developments within the plant so that people who have the skills can move on to work. That is the best strategy and the one that we should support.

Fiona Hyslop (Lothians) (SNP): I appreciate the recognition that the chamber gives to the work force. As a Lothians list MSP, I know many members of the work force and they will appreciate that support. I also appreciated the briefing that Henry McLeish gave me before the closure announcement and, at that point, I warned him in a private phone call about the zero response minute.

I do not know about the 30 communications that he mentioned. I asked a number of questions to elicit exactly what communications had taken place and what support had been offered by the Executive and by the previous Government. In the answers that will be published in the next few days, there is no mention of 30 communications.

Why has the minister not given me information about those communications?

Secondly, let us look to the future. I acknowledge that there is a limit to what the Executive can do, that the plant does not have assisted area status, that the bulk of the work force live in West Lothian and that most of the rest of West Lothian is being stripped of assisted area status—

The Presiding Officer: Ms Hyslop, you must ask a question.

Fiona Hyslop: What actions has the minister taken, or will he take, to ensure that the Kirkliston area achieves assisted area status in the new proposals?

Henry McLeish: On the first question, we talked about the issue prior to the closure. I have a serious message for every member, including myself, who might be involved in redundancies: we have an open-door policy; we can be telephoned and we can meet and discuss. When that video-conference was mentioned in the minute, it was of no significance because it was totally without foundation. I say to Fiona, in the most constructive way possible, that that is the way in which we should conduct our business. If people want to speak to me, I will speak to them, and I will tell them as much as possible, subject to the confidentiality often involved in inward investment issues.

My wider point is that there is good news on jobs in Scotland at present. While that does not necessarily mean that people will move from Newbridge into those jobs, I want to make the point that, apart from the action team, we are working on a bewildering number of activities in Scotland, from lifelong learning to enterprise. John Swinney will testify to that from this morning's committee meeting. We have a tourism strategy, a manufacturing strategy and a science strategy, and I can reassure Fiona Hyslop that those strategies are about economic development in the wider sense. However, the key for the Executive is to focus on Newbridge and on tradeable skills, and to ensure that every person in the plant has a future—one where their families can continue with the life that they had prior to the closure announcement. Those are noble objectives to which, surely, we can all sign up.

Mr Nick Johnston (Mid Scotland and Fife) (Con): I endorse the comments of my colleagues on the dreadful job losses at Newbridge. In my previous life, I was a major employer in the Newbridge area, employing 70 people there. I know the area and the people well. In a spirit of co-operation with Mr McLeish—

The Presiding Officer: I am sorry, Mr Johnston—

Mr Johnston: Thank you, Sir David. I wish to make one or two points that could help Mr McLeish if he were to ask questions of his fellow ministers.

Will Mr McLeish ask whether the planning process could be speeded up and streamlined to make the planners less obstructive to development in the area? Will he speak to the Civil Aviation Authority, which also has a great impact on employment in the area, as there is a tendency to limit the number of people who can be employed in the corridor leading west from Edinburgh airport? Is he aware that a planning application for leisure use of the 20-acre site opposite has been submitted? How does he envisage Continental's 60-acre site fitting into the plan for the area?

Henry McLeish: I am grateful for Mr Johnston's constructive comments. I have no jurisdiction over planners anywhere, although I have to confess that, with a degree in urban planning, I am one of the people whom he may be criticising. However, suffice it to say that planning is a matter for the Minister for Communities.

On a serious point, we have asked for an economic, technical and financial appraisal of the area. It is crucial that we reach the point where we can look at a future for this strategic site. We will want to discuss that future with everyone in the area, including the CAA and the complexes that have been developed by the City of Edinburgh Council, West Lothian Council and others. This is a genuine team effort and the spirit of Mr Johnston's question suggests that we can make progress if we all work together.

Mrs Mary Mulligan (Linlithgow) (Lab): I agree with other speakers that this has been a devastating blow to the work force, even if the threat has been hanging over them for some time. One of the effects of such a blow is that the morale of the work force becomes very low and people's confidence is shattered. I have seen the task force's work plan and I know that it will set about reinstalling confidence, showing people that they can go on to find alternative employment.

Does the minister agree that the work force were in no way and under no circumstances responsible for this situation? As has been said, the work force have jumped through hoops, changing shift patterns and taking wage freezes. They have been responsive to changing patterns in the marketplace; the work force have been good.

Will the minister agree that, should any employers in the local area be looking to take on these people, they will find a co-operative and skilled work force who will be a boon to their business? If the work force were taken on, that would bring back life into the area.

Henry McLeish: I am happy to endorse what Mary Mulligan says. The Executive has made the point that, over the past few years, the work force have attempted to work with senior management to restructure and to become involved in shift patterns—at a financial cost.

Confidence is crucial, and that is why a positive message today from the Parliament to the work force will ensure that we can work together to achieve the desired outcome. The work force have real skills, determination and enthusiasm, which are very marketable. We will do everything possible to ensure that employers throughout the area know the work force are dependable and skilled people who deserve a new opportunity. That is what we will work towards.

The Presiding Officer: We must move on to the main item of business, but first I remind all members that ministerial statements are followed by questions, not by alternative statements. We were slipping a bit this afternoon.

Public Health

The Presiding Officer (Sir David Steel): The next item of business is the debate on motion S1M-105 in the name of Susan Deacon, on the promotion of public health, and an amendment to that motion in the name of Mary Scanlon. Members who wish to speak in this debate might care to press their buttons now.

15:11

The Minister for Health and Community Care (Susan Deacon): Thank you, Presiding Officer. Just under two years ago, the Scottish people voted overwhelmingly for this, their first ever democratically elected Scottish Parliament, a Parliament that they wanted to deliver a better quality of life and better opportunities for the people of Scotland—in short, a Parliament that would make a difference.

The 129 members of this Parliament now have a historic opportunity and, I would argue, a responsibility to realise these aspirations and to use the powers vested in us to make a real improvement to the lives of those we represent. Nowhere can we better demonstrate our willingness and our capacity to do that than in the fight to improve the health of the Scottish people. That is why today, on this the first day of our first full parliamentary session, I ask members to avoid the distractions and to unite with me to signal our determination to tackle the root causes of ill health in our country and to work together to build a healthier Scotland.

Good health is not just about having a good health service. Of course we must constantly work to improve the NHS—we are doing that—but a healthy Scotland does not just cure ill health, it prevents it from happening in the first place. For too long, Scotland has been branded the sick man of Europe. We now have a chance to change that.

In February, Donald Dewar, in his previous incarnation as Secretary of State for Scotland, joined other Scottish Office ministers in setting out the white paper, "Towards a Healthier Scotland". It was the product of widespread consultation. It built a consensus around a comprehensive strategy for improving the health of the Scottish people. The task now falls to us to translate the ideas of that white paper into action. Today I ask members of the Scottish Parliament, wherever they sit in this chamber, to endorse the principles set out in the white paper and to give their backing to me and to the Scottish Executive to take forward its implementation.

This is not a single issue with a single policy solution or one quick-fix remedy. No one piece of legislation or one investment will make a

difference. We need a comprehensive, cross-cutting approach that reaches deep into our policies and practices and into our culture and attitudes. The white paper sets out a shared vision of a healthier Scotland. It recognises that good health is about more than not being ill. It recognises that we can tackle ill health only through a sustained attack on inequality, social exclusion and poverty, and that we need to address questions of lifestyle and of life circumstances.

Let me remind members that for 18 long years in this country we had a Government that refused to recognise that ill health was linked to poverty. We recognise that connection and we are prepared to act on it.

Phil Gallie (South of Scotland) (Con): Will the minister give way?

Susan Deacon: Gladly.

Phil Gallie: Does the minister agree that, in the period that she refers to, the previous Government increased expenditure on health year on year to an extent that Labour has not yet equalled?

Susan Deacon: I refuse to take lectures from Mr Gallie or from any other members of his party on what is best for the health of the people of Scotland.

Phil Gallie: Answer the question.

Susan Deacon: For 18 years we saw the Government point the finger at the Scottish people.

Phil Gallie: Answer the question. The minister does not know the answer.

Susan Deacon: The Government told the Scottish people that ill health was their fault.

Phil Gallie: Answer the question.

Susan Deacon: We say that ill health is a responsibility for Government to address. Unlike the Conservatives, this Government is addressing it, and I challenge Conservative members to join us in doing that.

Phil Gallie: She has failed to answer the question.

Susan Deacon: We will give the Conservatives a second chance. They did not do it in government; they can do it now.

Across the Scottish Executive, we are taking action to make real improvements to people's lives through better job prospects, better housing and better education. We will work towards a sustainable environment and economic improvement. We will work in all those areas to achieve sustainable improvement in health.

The white paper sets out the strategy for this approach: first, a concerted attack on health inequalities; secondly, focused measures to improve the health of children and young people; and thirdly, a series of major initiatives to prevent Scotland's big three killers—cancer, strokes and coronary heart disease, which together account for a quarter of all deaths.

Within that framework, the white paper sets out detailed, practical proposals for action on seven priority areas: child health, coronary heart disease, cancer, dental and oral health, sexual health—in particular teenage pregnancies—mental health and accidents and safety. I ask for members' backing and involvement to prioritise these measures, based on the principles in the white paper and on the commitments that the Executive set out in the partnership agreement.

The issue of public health cuts across party divides and geographical boundaries, but let us make no mistake: it is by no means a terrain devoid of controversy. If new politics means anything, it must be about our capacity to come together, address these difficult questions and come up with the brave, imaginative solutions that are needed to make a real impact.

I wish to illustrate a few of the challenges that we face. Scotland has one of the highest rates of teenage pregnancy in western Europe. Last year, more than 9,000 girls in Scotland under the age of 20 became pregnant. More than 4,000 faced the trauma of termination. More than 2,000 cases of sexually transmitted infection were reported in young women aged between 15 and 19. We owe it to our young people to tackle this issue with determination and innovation and to match that with feeling, understanding and care.

Fiona McLeod (West of Scotland) (SNP): Can Ms Deacon explain how we will educate our young people about sexually transmitted diseases and teenage pregnancies when, in the next three years, the Health Education Board for Scotland budget will be frozen in real terms?

Susan Deacon: The emphasis that has been put on sex education shows its importance. I will say more about that in a minute.

We are investing additional money in health promotion activities across the board. As I will mention in a moment, that is building on the work that HEBS is doing and also—crucially—on the work that local health promotion units are doing in health boards. I remind members that the health service and local health boards are experiencing record levels of growth. That is an important backdrop to our policies.

If I may return to the general point—

Fiona McLeod rose—

Susan Deacon: I would like to cover some other points and will not take another intervention at this stage.

I know that contraception and sex education are sensitive issues, and that people have deeply held opinions on such questions, but if we are to make a difference we have to be mature enough, as politicians and as a country, to discuss them openly and honestly.

Despite many attempts to improve oral hygiene, our children still have an appalling record of tooth decay. The pain, distress and disfigurement are real. In Glasgow, for example, the most common reason for children under 10 being given a general anaesthetic is tooth extraction. The poorest 10 per cent of children in Scotland suffer 50 per cent of the dental decay. That is unacceptable. A generation has passed by since Scotland last addressed the question of the fluoridation of public water supplies. We owe it to the Scottish people and to our children to reopen that debate in a spirit of open consultation that is based on the facts.

Smoking is a similar issue. We all agree that a reduction in smoking and passive smoking will reduce the incidence of coronary heart disease, lung cancer and strokes. Let us be straight: no other single lifestyle change could do more to improve our health as a nation, but how far do we want to go? How do we best reduce the risk and provide support both for smokers and non-smokers? I may not agree with everything that Mr Henry, the member for Paisley South, has had to say about smoking but I applaud him for having brought the debate into the public domain.

If we are going to make a real impact on the health of the people of Scotland, that must start right at the beginning: not at birth, but before it. How should we support pregnant women—particularly those in our most deprived communities—and help them to eat better, drink less and stop smoking? All those factors have a direct impact on the health of a baby, continuing into childhood and adulthood.

What else can we do to improve the nourishment of our children and babies? We know that breast-feeding is best for the health of babies and mothers, but the incidence of breast-feeding in Scotland is still among the lowest in Europe. How can we change the culture of our society? How can we help mothers to take up and to continue breast-feeding, should they choose to do so, during those early months? One thing is certain: no one Government diktat or pronouncement will make a difference. We must work together to raise awareness and to foster a change in cultures and attitudes.

Dennis Canavan (Falkirk West): Will the minister give way?

Susan Deacon: I would like to finish my speech. However, I shall accept a very brief intervention.

Dennis Canavan: A few weeks ago, the minister visited Falkirk royal infirmary. I am grateful for the fact that she notified me so that I could accompany her on her visit—a courtesy that the First Minister and some of his ministerial colleagues unfortunately do not follow.

The minister may be aware that, since her visit, there has been concern in the Falkirk area about suggestions—and I put it no stronger than that—that maternity services may be removed from Falkirk royal infirmary. There is a broader concern, throughout Scotland, about a trend that began under the previous Government towards the centralisation of many services, including maternity services. Will the minister take it from me that it would be completely unacceptable to deprive mothers of the right to have their children in Falkirk royal infirmary if that is their wish?

Susan Deacon: That was not quite such a brief intervention as I had hoped for. However, I was happy to join Dennis at Falkirk royal infirmary and was pleased that he was there to help me to pull the curtains off the wall while I was unveiling a plaque.

It is for health boards to consider how best to deliver maternity services in their areas. However, I give Dennis Canavan an assurance—with a great deal of conviction and as the mother of a young child—that I want to ensure that throughout Scotland the best possible provision is made for maternity services in every health board area. I want local health boards to make that provision in a process of consultation with the local communities, so that they can come up with the solutions that are right for them.

I shall say more about how we plan to implement our agenda, although I know that I have time today only to touch on a few strands of our plans. First, we must work across traditional boundaries, be they political, sectoral or departmental. I want to remove the bureaucratic barriers to action. I have asked officials in the health department to put our health priorities on a fast track, not just within that department but across a range of policies within the Scottish Executive. That will bring together those at the sharp end to ensure that the drive is in one direction for the benefit of the nation's health.

We must also support those who are working together locally to improve health. The link between health boards and local authorities is central to this programme, and other organisations and agencies in the public, private, voluntary and community sectors will all have a role to play.

I look forward to the Health and Community Care Committee's contribution to grasping the

opportunities ahead. The committee has a key role to play in generating innovative and creative solutions and in engaging with a wide range of organisations in the development of ideas and proposals.

A key element of how we get to work on delivering improvements will be our programme of health demonstration projects, which focuses on the health and well-being of children, the sexual health of young people, coronary heart disease and cancer. Some £15 million will be invested to put in place innovative solutions at a local level to provide test beds for action on which we can then build across Scotland.

Another major element of our prevention measures is childhood immunisation. I am particularly pleased to confirm that I will shortly announce details of our new immunisation programme to tackle meningitis C for the benefit of children across Scotland.

We will also shortly be making a series of new appointments, including national co-ordinators for diet and for health demonstration projects, and public health and health promotion professionals to the Convention of Scottish Local Authorities.

As I said, we will work with the Health Education Board for Scotland and with local health board promotion units not only to build on their successes but to examine how we can maximise the impact of our health promotion activities and messages. We are also moving forward in our programme for the development of healthy living centres, aided by lottery funding. The centres will improve health and well-being, focusing in particular on those with the poorest health who are living in our most deprived communities.

The list is by no means exhaustive, but I hope that it serves to demonstrate the commitment and sheer determination with which I, my deputy Iain Gray and the Scottish Executive intend to tackle public health and to improve the health of the people of Scotland.

No one individual, organisation or political party has a monopoly of good ideas—the way in which this Parliament has been designed to operate is a recognition of that fact. I give members an assurance that the Executive will provide the vision, the values and the sheer determination to tackle the root causes of ill health and to lead the drive to improve the health of the Scottish people. I also ask each and every member in this, our new Scottish Parliament, to join us in that task. Together we can build a healthy Scotland.

I move,

That the Parliament agrees the key priority of promoting better health as outlined in the Partnership Agreement; endorses the principles of the White Paper 'Towards a Healthier Scotland' as the foundation for action to improve

the health of the people of Scotland, and calls upon the Scottish Executive to work in partnership with relevant organisations to implement measures to achieve this aim.

The Presiding Officer: Before I call the Conservative and SNP spokespersons, who will have eight minutes each, I should say that the debate open to the floor will be time-limited to four minutes per speaker. I call Mary Scanlon to move amendment S1M-105.1.

15:28

Mary Scanlon (Highlands and Islands) (Con): We all agree in this chamber that promoting better health, improving the people of Scotland's health and working in partnership are key priorities for the Parliament. I was delighted to hear Susan Deacon say that no government diktat will make a difference in that, as that is the background to my amendment. Although the

"challenge for individuals . . . who can do so much to improve and safeguard their own health"

is briefly mentioned on page 62 of "Towards a Healthier Scotland", I ask her to support my amendment to ensure that we give greater emphasis to individuals taking responsibility for their own health.

The issue was before the public eye last week regarding cervical cancer screening—we discovered that many individuals had been called for a smear test as many as eight times. I would like Susan to use this opportunity not just to set out a framework for public health but to encourage individuals, within this chamber and throughout Scotland, to take greater ownership of their own health. I hope that she will support me in raising the profile of individual responsibility, as is endorsed in the white paper.

A successful project in Finland was based on major lifestyle changes through concerted individual, community and Government action. I ask the minister again to bring the individual into this partnership.

There are many wide-ranging aspects to this debate on public health, and I hope that my colleagues Ben Wallace, Alex Fergusson, David Mundell and David Davidson will have the opportunity to contribute to it.

The white paper on health addresses major areas. It also includes nine specific funding pledges. This comes in a week when an additional £80 million is being given to education from other budgets. I ask the minister to honour those nine funding pledges and to state that there will be no reduction in the health budget to fund additional promises in other areas just to keep the Lib-Lab pact on line. I would also like a breakdown of the funding; I will be lodging a written question to that effect.

Apart from the nine specific funding pledges, the action plan also includes the creation of two new national posts, at least one task force, six new strategies, one more advisory panel, another new expert group and various other new groups to co-ordinate activities. At least seven commitments in this white paper are to include the councils. However, I bring to the minister's attention the fact that neither the paper nor her speech mentioned including general practitioners. Social inclusion would seem to include councils, but the Scottish Conservative party would like assurances that GPs will remain at the forefront of health delivery in Scotland and be fully included in the new plans. The record of Scottish council social work departments in delivering care in the community and blocking beds in our hospitals is nothing short of a national scandal, and yet councils are given a priority and recognition beyond that of the tried and tested backbone of the health service—the GPs.

On the smoking ban in public places proposed by Hugh Henry, as a new Parliament we must ask why, in December 1988, Donald Dewar, as Secretary of State for Scotland in Westminster, signed up to a voluntary agreement with the industry in response to the white paper "Smoking Kills", yet now finds it necessary to support and legislate for a ban on smoking in public places.

Hugh Henry (Paisley South) (Lab): Will Mary Scanlon give way?

Mary Scanlon: I would rather continue. I have only eight minutes. Hugh Henry will have his chance.

Hugh Henry: I would like to correct some of the inaccuracies in Mary Scanlon's statement.

Mary Scanlon: If Hugh Henry can speak for Donald Dewar, I am happy to give way.

Hugh Henry: I would like to see the evidence for Mary Scanlon's statement that I am calling for a ban on public smoking. I have made no such call, and I am unaware that there has been one. The proposals that I will introduce will not be on that basis. Can Mary Scanlon provide clarification?

Mary Scanlon: I think that Hugh Henry needs a better spin doctor. Having spent the summer in the Highlands, I read the newspapers like everyone else, which assumed that he was calling for a ban. He needs to employ another spin doctor.

We must consult and work together but, having consulted, we should implement practical measures to address the health of the people of Scotland and not continue building on ever-increasing and expensive bureaucracy and focus groups, only to leave the patients' most-used link with the health service out in the cold.

The health promotion arm of public health has

huge status and a huge cost, but it is not generally recognised as cost-effective. For as long as I can remember, we have identified the problems in Scotland's health. For as long as I can remember, we have ploughed more money into health—even more than our English neighbours—yet we are not making significant inroads into the problems.

I will give the minister three examples of where we could move from bureaucracy and administration to front-line delivery, which I acknowledge that the minister mentioned. I will give three simple examples of what can be done. Part of the health promotion budget should be given to GPs to help them engage more fully in health promotion. Cardiovascular health could be monitored by GPs, as they know all their patients and could take blood pressure and work to treat this chronic disease early. GPs could also assist in a campaign to reduce smoking—that could be tackled along with hypertension.

As I visited various GPs and hospitals during the summer, the most serious concern that people raised with me was chlamydia. Chlamydia is given a passing mention in the document, yet 10 per cent of young, sexually active people are affected by it. It is a symptomless problem that causes infertility. It affects both males and females, yet there is no pilot project in Scotland to address the problem and most health boards have not budgeted for the machine that is used for early detection.

By strengthening the relationship with GPs, we could also address the problem of young men not attending doctors' surgeries. The suicide rate among young men is alarming and I have no doubt that we are all concerned about it. Only 10 per cent of screening for chlamydia is done on males. That could easily be addressed by bringing the GPs to the front line of health delivery. The treatment is a simple course of antibiotics, which can prevent infertility.

I use those three practical examples of how we could improve health care as a distinct option to the grand, centralised, bureaucratic and expensive approach outlined in the document. Where does the document focus on applying direct, immediate help for young single mothers who are smoking? Cigarettes are a cause of deprivation, as they affect the household budget, and smoking-related illnesses cost the NHS £1.8 billion a year. Where is the direct help to bring young males into GP surgeries and tackle the alarming suicide rate? I ask Susan Deacon not to get buried in paperwork and focus groups, but to work with the Health and Community Care Committee and health providers to promote good public health in Scotland.

I move, as an amendment to motion S1M-105, in the name of Susan Deacon, to leave out from "the key" to end and insert

"that a partnership between individuals and health providers based on shared responsibilities is a better route to improving health in Scotland than the Executive's plans, based on 'improved life circumstances' and action in relation to 'health topics', which are failing the people of Scotland."

15:38

Kay Ullrich (West of Scotland) (SNP): I plan to spend my time addressing the issues raised by the minister, but I must express my utter dismay at the tone of the amendment offered by the Tories. I was particularly dismayed by Mary Scanlon's slur on Scottish social work departments and social workers who continue to do a splendid job in community care, despite years of funding cuts. I want that put on the record.

What can we expect from a party that decimated the health service during its 18 years of misrule; a party that gave us the internal market and GP fundholding?

Mary Scanlon: Will the member give way?

Kay Ullrich: No. What can we expect from a party that fought the Scottish election campaign on yet another major structural change in the health service in Scotland, which it was proposing to put into place a mere two months after the changes implemented on 1 April this year? The SNP—we have stated it—has reservations about the new structure, but we feel that it is more important for the morale of the workers in the health service, and especially for patients, to allow the new structure time to settle in. We will monitor it to ensure that it delivers a first-rate health service in Scotland.

We have just heard from a party that, had it won the Scottish election—I know that pigs might fly but, for the sake of argument, members should bear with me—would have scrapped primary care trusts and local health care co-operatives. Astonishingly, in the context of this debate, it would have abolished the health boards, which play a key role in public health service delivery. In spite of the Black report in 1980, throughout the long, long years of Tory rule, poverty was the condition that dared not speak its name.

David McLetchie (Lothians) (Con): May I remind the member, in case she is suffering from forgetfulness, that she is part of the Opposition and that we are meant to be debating the Government's proposals on public health? We have no objection to defending our record in government, as Mr Gallie did robustly in his comments to the minister, and if Mrs Ullrich wants to rerun the election campaign we will happily do so privately.

Kay Ullrich: Does Mr McLetchie want to cancel all his party's policies now?

David McLetchie: Will Mrs Ullrich get on with the job of being part of an effective Opposition in this Parliament?

Kay Ullrich: By the tone of the previous speech, it is clear that the Conservatives are still giving out the same old, tired Tory line—"Don't worry, baby. Keep the faith." I will deal with the Government later.

Poverty was the condition that dared not speak its name and the white paper is to be commended for at last recognising the undoubted link between poverty and ill health. As Susan said, this nation of ours has the worst health record in Europe. It is no coincidence that one in three of Scotland's children lives below the poverty line, that more than 20,000 Scottish children are homeless in any given year, and that every year fuel poverty contributes to the deaths of 2,500 of our elderly people.

Those are cold figures when read on the printed page, but they represent real people suffering real hardship in Scotland today. I do not know about everybody in this Parliament, but I find it an absolute obscenity that Scotland, the most fuel-rich nation in Europe, should have the worst winter deaths record in Europe. Fuel poverty amid plenty must not be tolerated by this Parliament.

The exciting thing is that this Parliament has a unique opportunity to tackle the scandal of poverty and ill health in Scotland. There can be no one in this chamber today who does not want to improve the health and quality of life of our fellow citizens. I, for one, believe that improving Scotland's health and eradicating poverty are the number one challenge that faces this Parliament. If we are to achieve that goal, we must take an integrated and—I hope—consensual approach to the issue.

The key is to recognise—as, I believe, the white paper goes some way towards doing—that poor public health cannot be tackled in isolation. There is hardly a legislative area that does not have an impact on poverty and ill health. That is why the SNP argues for a minister with responsibility for public health, so that we can truly raise public health to the top of the agenda. After all, community care has—rightly—been recognised by the appointment of a responsible minister.

The appointment of a minister for public health would underline our commitment to improving our nation's health. The minister would play a pivotal role in an anti-poverty strategy. He or she would be responsible for auditing—or, as I prefer to say, poverty-proofing—each piece of legislation at a pre-legislative stage, and for analysing the potential impact on poverty and public health of proposed legislation. It is essential that we, as a Parliament, develop an anti-poverty strategy for Scotland, with a dedicated key minister

responsible for implementing it.

It is also imperative that the number of public health consultants in Scotland be returned to at least its previous level. In the past 10 years, we have lost almost 50 per cent of our public health consultants. The reason for that is quite simple—the continued inclusion of public health doctors in health board management costs. The truth is that those specialists have been lost not by design, but by cuts by stealth. It is easy for cash-strapped health boards to make cuts in an area that is not as visible as others.

If we are to restore the morale and the effectiveness of the public health profession, it is essential that the minister reassert the right of freedom of speech for public health consultants. They must be allowed to speak out in the public interest without fear of professional repercussions.

I commend the target setting in the white paper. Nobody can disagree with the sentiments that the minister expressed—at least, that is what I thought until Mary Scanlon made her speech. If we are to achieve those targets, new money will require to be invested in key target areas—of which I can suggest a few. We need to start public health training in the community and increase the number of skilled nurses who are available to work with people to improve public health at local level. Money must be invested to allow community nurses to gain further public health qualifications. New resources should be focused on public health initiatives in GP practices and in outreach work. I ask the minister to set a target to provide every GP practice with access to a named learning disability nurse by the end of this session.

Another example of the Government putting its money where its mouth is would be the target for dental health in children under the age of five. The best way to encourage families to ensure dental care for their children is for the parents to visit their dentist regularly. That could be achieved with an investment of only £4.5 million a year to reintroduce a free annual dental check-up for everybody in Scotland. That would help to make a visit to the dentist a family norm and encourage good dental health from an early age.

Phil Gallie: The minister mentioned fluoridation of the water supply in her speech. The British Dental Association, which recognises the problem of dental health in the under-fives, suggests that the best way forward would be fluoridation. Does Kay Ullrich accept that the British Dental Association might be right?

Kay Ullrich: Yes; that is why I am sure fluoridation of water will be a high priority for the Health and Community Care Committee. The issue must be debated and we would be happy to do so.

The biggest barrier to good health is low income. With more than £380 million of benefit lying unclaimed every year, it is essential that we invest in a nationwide benefit take-up initiative. Members should think of the difference that would make to the 40 per cent of Scottish pensioners who are not claiming the benefits to which they are entitled.

I welcome the measures that the minister announced today—as far as they go. I am sure that everyone in this chamber wants to reverse Scotland's abysmal health record and the appalling obscenity of poverty. In spite of the Tory amendment, I urge everyone to put behind us the yah-boo politics so beloved of Westminster. The health of the people of Scotland demands that we work together to examine the legislation in terms of public health and poverty and set ourselves the task—before this session ends—of removing from Scotland the title of the sickest nation in Europe.

A nation is judged by how it cares for its most vulnerable citizens. Let the members of this Parliament be determined that we will not be found wanting when that judgment is made.

The Deputy Presiding Officer (Ms Patricia Ferguson): I remind members that the time allocated for speeches in this part of the debate is four minutes. Members should try to adhere to that as far as possible.

15:50

Mrs Margaret Smith (Edinburgh West) (LD): I am glad that we have come to the issue of public health so soon after our long holidays. I am sure that we have all come back more stressed out than we were when the recess began.

Public health is the No 1 issue that the Health and Community Care Committee must address and the Parliament must tackle. It is the major issue facing Scotland and we should have it at the top of our political agenda, no matter which party we represent. From time to time, as the Convener of the Health and Community Care Committee, I have in a way to try to be representative of no political party. By so doing, I hope that I can pull together the talents of the exceptional people on that committee to take forward the public health agenda as a matter of urgency.

All of us should be able to wheel in behind the broad themes of the white paper and embrace the three-pronged approach to addressing inequalities in health against the background of the inequalities of life. We must improve the life circumstances of all our fellow citizens. It is obvious that that will have a spin-off impact on public health and individual health.

Mr Kenneth Gibson (Glasgow) (SNP): Although the white paper is a first-rate document,

does the member agree that the fact that there appears to be no mention of the Executive's plans to reduce the incidence of suicide, which is at a record level in Scotland, is a serious omission?

Mrs Smith: I agree. We have all received representations about the level of suicide, particularly among young men. It is an issue of some concern that has already been raised by Mrs Scanlon. I hope that whoever is sweeping up for the Executive will address that point. We will listen with keen interest.

We can all agree on the broad themes of the white paper and the three-pronged approach to address health inequalities and life circumstances. There is an obvious need to tackle lifestyles; that is where I agree wholeheartedly with Mary Scanlon. In all of this, there is a role for government, health professionals, general practitioners, nurses, community nurses, pharmacists and a range of other people. Indeed, as we will see in the debate, there is a role for other professionals, in social work and in education.

At the heart of this, however, there is a role for the individual. Nobody makes people do the things that cause them ill health. Sometimes they have no way out of it, but sometimes they do. The cancer screening issue that Mary brought up highlighted that fact. Every one of us has to take responsibility—as women or as individuals—for our own health and that of our children.

The prevention of heart disease, cancer and accidents is an agenda that we should all be able to take forward from this point and claim ownership of as the agenda for the Parliament. Everyone agrees that unemployment and poverty have a devastating impact on health. Everyone knows that to change lifestyles, we must target our children and young people in relation to diet, smoking, alcohol, exercise and sexual activity.

Everyone knows that as well as warm words from our politicians, the health professionals, people and patients of Scotland need resources and a co-ordinated approach based on solid evidence and practical experience through demonstration projects. That is why the demonstration projects are one of the key elements of the white paper. They are the kind of thing that health boards and others across Scotland will take forward in partnership time and time again. That is why I welcome the motion, the contents of the partnership agreement and the broad principles—if not every dot and comma—of the white paper.

Despite the amendment, there remains a high level of consensus on the actions needed on public health. We should make no mistake—this is a crucial issue. As Mrs Ullrich said, it is not just

one issue; there are many issues on which we will have to take hard decisions and on which there will be tough, opinionated debating.

Before the election, I asked my dentist what measures he would bring in if he were elected to the Scottish Parliament. He replied that there were two. The first was water fluoridation. I think we were right to say that the Health and Community Care Committee ought to consider that as a matter of urgency. His second measure was a ban on chocolate. As I was trying to be elected and to get some of the female vote in Edinburgh West, I declined to take that on as a campaigning issue, but he is right: sugar in sweets and sugary drinks are rotting our children's teeth. That is why we must consider fluoridation of water in the Parliament and in the committee.

The Deputy Presiding Officer: Please come to a close, Mrs Smith.

Mrs Smith: There are a number of other issues, such as smoking, which kills 13,000 Scots every year. They are not statistics; they are mums and dads, sons and daughters. We must examine those issues. Addiction, dental health, smoking, food safety and fluoridation will be filling our agenda in the coming months. I look forward to working with people of all parties, with the minister and with people in health and community care throughout Scotland to ensure that we deliver a healthier Scotland and a sustainable and excellent public health care agenda.

15:56

Malcolm Chisholm (Edinburgh North and Leith) (Lab): If anybody outside—or indeed inside—the Parliament does not have time to read “Towards a Healthier Scotland”, I suggest they look at the jigsaw on the front. That symbol embodies the new holistic approach to health, which sees that life circumstances issues such as housing, income, employment and the environment are just as relevant to health as traditional lifestyle issues such as diet and smoking, which are, of course, often related to the life circumstances issues.

If people have time to read only one word of the document, I suggest that they highlight the word inequalities, because that is the main theme of the document and it must be our main objective in health policy; we must address the scandalous inequalities of health in Scottish society, which are related to income.

I hope that when we do health impact assessments on all policy we will address in particular the effects of all policies on health inequalities. I also hope that, as this Parliament goes on, we will work out targets for reducing health inequalities, because there could be no

more fitting monument to the first session of this Parliament than the achievement of a significant reduction in health inequalities in Scotland.

I welcome Kay Ullrich's speech and the consensual approach that she adopted, but I very much disagree with Phil Gallie and Mary Scanlon. Health inequalities widened considerably under the previous Government; we can have debates—as Phil Gallie wanted—about the level of health expenditure, but that widening is the simple reality. The standard mortality ratio for someone in the poorest community in 1981 was 120 per cent of that of someone in the most affluent communities; by 1991 that had grown to 162 per cent.

Mortality is not the only indicator. Only last week, I read a report about mental health in Glasgow that showed clearly that there were far more mental health issues in deprived areas, showing that mental health, too, is related to poverty and life circumstances.

Mary Scanlon: Will Malcolm Chisholm give way?

Malcolm Chisholm: I have only two minutes left. I am sorry I cannot give way, but I look forward to discussing the issue in the Health and Community Care Committee and elsewhere.

I welcome the minister's emphasis on minus one to five—the years of life, including the period in the womb, when all the evidence shows that issues such as birth weight are so significant. It is really good that the Executive is emphasising that. That too is related, as the Acheson report in England reminded us, to levels of income. In terms of welfare reform, we have to consider the income of pregnant women as well as women in the early years of their children's lives.

Food is a good example of how income issues relate to the lifestyle issue of diet. I would like to expand on that, but time does not allow me to do so. I will just say that in my constituency there is an excellent food project called Barry Grub, which tries to provide healthy food at wholesale rates in the Pilton area. We should consider food co-operatives and initiatives so that the problems poor families have buying healthy food are addressed.

The emphasis on mental health in the white paper is also very important. If I may advertise my constituency again, I will mention that there is an excellent community mental health project in my constituency, called The Stress Centre. The Executive should support initiatives such as that, which address the higher levels of mental health problems in certain areas.

There are many initiatives on mental health. I was glad to see circulars from the Executive on post-natal depression and on domestic violence,

as both are closely related to mental health. I hope that the Healthy Respect project on teenage pregnancy will also consider how men and women relate to each other—they should certainly not do so with violence and inequality.

Time is almost up, but I have one final important point about the white paper. The issue is not just about addressing life circumstances and lifestyle; it is also about involving people at the grass roots in decisions about their health care. I am pleased that the proposals for the task force make that point. The task force will involve people from local communities, and that bottom-up approach is fundamental. It is practised in many community health projects, such as the one in my constituency.

I hope that, if there is any money floating around after the review, some small sums could be targeted towards community health projects as part of the social inclusion partnerships. Those projects involve local people in addressing those issues, which are a challenge to us all.

16:01

Tricia Marwick (Mid Scotland and Fife) (SNP):

I associate myself with the comments made by my colleague, Kay Ullrich. There is much in the white paper that commends itself to all members. I want to address a number of issues.

For some of us, the lifestyle that we choose has a bearing on the life that we eventually have. I want to concentrate on those who have no lifestyle choices and no choice about the life that they live.

"Action on life circumstances is the rock on which work to improve lifestyles and tackle disease will stand or fall."

Those are fine words from "Towards a Healthier Scotland"—and the minister talked about tackling the root causes of ill health—but there is one startling omission from the action points in that document. Its authors have not said how they intend to tackle damp housing in Scotland.

Thirty per cent of children in Scotland live in damp houses. More than half a million children and pensioners have no choice about the circumstances in which they live. The link between damp housing and health is well established. Asthma, bronchitis and other respiratory diseases are prevalent among people who live in houses that are riddled with damp.

A study of damp housing and asthma in Glasgow, published in 1996, states:

"The greater the severity of dampness or mould in the home the more likely the patient was to have severe asthma."

More children suffer from asthma in Scotland than anywhere else in Europe.

All of us come into this chamber with experience from previous jobs and from events in our lives. I am no exception. While I worked for Shelter, I came into contact with people in the most appalling housing conditions. I met mothers who were in despair because their babies were constantly being admitted to hospital with respiratory diseases, and children who could not go to school because their clothes stank of dampness.

One such mother was Michelle from Glasgow, whose young son had been constantly in hospital; he screamed non-stop and he failed to thrive. Consultants finally discovered that he was suffering from Weil's disease, a rare illness caused by being exposed to rat urine. The rats were living under the floorboards in a Glasgow City Council house, scraping and scratching all night and terrifying the family. The disease has left that child with no lining in his nasal passages and his health will be affected for the rest of his life.

What choice did that baby have in the lifestyle or life circumstances in which he was being brought up? I warn members that I shall return again and again to the issue of dampness and health. I ask the minister why, having mentioned damp housing in the document, she is not setting targets for tackling dampness in Scottish homes. Why have no targets been set for reducing respiratory diseases?

In the earlier part of this century, the massive investment in public housing came as a drive to improve public health. The departments have forgotten the lesson of the joined-up thinking of 60 years ago. We must re-establish the link between housing and public health.

It does not have to be like this. We need to invest money to tackle dampness. A recent project in Cornwall invested £300,000 in housing to improve the homes of children with asthma. Central heating was installed, dampness was eliminated, the children's health and school attendance improved and their life chances improved as a result.

I welcome the white paper, but it does not go far enough. We will never improve the health of our nation until we improve the state of the homes in which people live.

16:05

Ben Wallace (North-East Scotland) (Con): I would like to make it clear from the outset that I am in favour of public health. [Laughter.] As Margaret Smith will testify, I am always on at her to get sport and prevention into committee work, so that we can introduce measures which we hope will pay off in the future by alleviating the demands on the health service.

I reiterate the point made by my colleague Mary Scanlon: individual responsibility is something that we must develop. If we do not, we will have to produce another white paper on public health in five, 10 or 20 years' time.

I visited Tayside Health Board to get a briefing on the cervical smear tragedy, when 19,000 women fell through the screening net. There are many problems that the board will investigate and on which it will report. However, as Mary mentioned, a number of the women were sent repeated reminders and requests.

In Braemar, where I lived last year, every weekend, brave men and women of the mountain rescue service would rescue injured people off the mountain and send them to hospital by helicopter. Many of the people they rescue go climbing unprepared and ignore advice.

In all those cases, the NHS has to foot the bill. It worries me that a public health culture is emerging that expects the state to follow people around, tidying up after them. People who make such errors rob the health service of much needed funds—funds that could be better used to care for leukaemia sufferers or the elderly.

My difficulty with "Towards a Healthier Scotland" is not its aims, but the way in which they will be implemented. Public health should be a contract between the health service and society—it must work both ways. The white paper sets out three processes for achieving better public health. It blames much on life circumstances. I agree with the observation that crime, low pay and conditions and poor education contribute to ill health. I also support the housing measures and the fact that the white paper recognises that poor housing contributes to poor health. However, it also relies on the fact that the new deal is working, that new Labour is improving education, and that jobs and prosperity are increasing.

Nevertheless, in the past two and a half years we have seen an increase in violent and drug-based crime. This year, we have seen the pupil-teacher ratio rise. We have seen rural economies in the Borders and in the Highlands in recession. The Executive's measures are not helping the farmer and the manufacturer to feel better about their circumstances.

What sort of message is the Executive sending about public health to the people of Scotland when the young doctors at the very heart of the NHS are exempted from the pay and conditions that they deserve?

One of the best ways to create better life circumstances is to create better jobs. However, there are more and more regulations on small businesses, which need to be encouraged in the deprived parts of Scotland. Nearly 2,000 extra

regulations have been imposed on business since Labour came to power. I would like to deregulate to allow communities to thrive again.

Susan Deacon said that she would take no lectures from us after our 18 years of government. However, I will not take lectures from a party that put Bernie Ecclestone's £1 million bung before the interests of public health. Labour cannot wriggle out of that, because its proposals for tobacco advertising bans for everyone except Bernie Ecclestone are there for all to see.

I was disappointed that the minister never once mentioned drugs. I understand that there will be separate proposals, but drugs are such a part of society now that drugs policy must be intertwined with the public health strategy from the very bottom. No doubt the thousands of people who are alleged to take ecstasy illegally every weekend will be the first to expect the national health service to treat them for their problems in 20 years' time.

The final jigsaw piece for a healthier Scotland is action on health topics. I welcome the cautious moves towards fluoridation and the stepping up of the initiatives of the Health Education Board for Scotland to educate people about the dangers of heart disease. However, statistics that came out a few weeks ago show that cases of cancer, cases of sexually transmitted diseases, waiting lists and teenage pregnancies have all risen, this year and last year. Some of the statistics have bucked the trend from the time when we were in government. It is hard to see how getting a healthier Scotland can be achieved under Labour without developing more measures to take people's individual responsibility into account. I urge the Parliament to back our amendment.

16:11

Des McNulty (Clydebank and Milngavie) (Lab): Some sad and misguided people apart, there is, I believe, a widespread consensus in the health service and among the people of Scotland in support of the objectives set out in the public health white paper—especially in the action points in the white paper's summary. I was a member of the working group set up by Sam Galbraith while he was the Scottish health minister, which decided the health targets for incorporation in the white paper. I can testify to the rigour with which those targets were set. It was intended that they should pose a challenge—not just for the health service, but for other public agencies. Local authorities will have a vital part to play, as will the voluntary sector and the Scottish Parliament.

The fact that the Government now firmly recognises that poor health has its roots in poverty, inadequate housing and joblessness—as well as in associated lifestyle factors such as poor

diet and lack of exercise—represents a tremendous break with the past. The previous Conservative Government's denial of those causal connections—in the face of overwhelming expert advice—undoubtedly held back progress between 1979 and 1997. We have already heard from Mary Scanlon, whose advice was essentially to do nothing. She criticised a series of actions to be taken, but she had nothing to put in their place—apart from muttered comments about individual responsibility. Yes, individual responsibility exists, but so does society's responsibility. If we are to tackle Scotland's health problems, society has to take responsibility. The prime place for that responsibility to be exercised is in this Parliament.

Mr Brian Monteith (Mid Scotland and Fife) (Con): Will the member give way?

Des McNulty: No, I will not. I believe that we have strong—overwhelming—scientific evidence of the causes of ill health and of the steps that we need to take to improve the situation. What is required from the health minister—and equally from those of her ministerial colleagues whose responsibilities bear on health, which is virtually all of them—is a consistency and firmness of purpose in making the improvement of Scotland's health a key priority. All too often in the past, public health and health promotion departments have been a cinderella within the health service, knocked aside or downgraded when the pressures on acute hospital services accumulated. What is needed is a continuing commitment—through local government, housing and employment policies, as well as through the health budget and the health service—to make tackling health inequalities one of the Government's key objectives. The message that I am getting from the minister is that that appeal has been heard.

The minister's speech, together with the white paper, makes it clear that the campaign against poor health will be closely tied to broader efforts to deal with social exclusion, concentrating people's efforts across the sectors by working to a shared agenda. On the ground, I detect a strong sense of common purpose among all those working in health and in related fields to tackle those inequalities. That is what they want to do, and that is what we in this Parliament have to empower and encourage them to do.

Health has been given a high priority—not only because of its importance in terms of people's social well-being, but because the measurement of progress towards meeting health targets provides us with an objective and robust method of assessing progress towards social inclusion and equality. To meet the targets set out in the white paper, we will need to advance partnership working and the co-ordination of the work of different agencies in a way that builds on existing

good practice but breaks new ground.

Despite the deep-seated health inequalities in Scotland and the unacceptably high rates of coronary heart disease, cancer and strokes in particular, it is my experience that a lot of hard work is already being done to tackle our health problems. As the former chair of the Glasgow Healthy City Partnership, I know that a great deal has already been done on the ground to tap into the creativity of people living in some of the more deprived communities, as well as the expertise of health practitioners. Concrete efforts have been made to build paths away from health disadvantage.

Community health projects and projects that focus on specific needs—and I must say that I could provide an even longer list than Malcolm—have had a major impact. They work in developing greater health awareness and providing much needed support to people for improving their health. The centre for women's health in Glasgow is an example of an internationally recognised centre of excellence. There is a great deal of existing good practice in Scotland—we are not working from the back of the field. People are coming to Scotland from elsewhere in the UK and from Europe to look at what we are doing and to learn lessons that they can apply to their circumstances. There is much that can be put into effect very quickly given the commitment that is now being shown.

The Deputy Presiding Officer (Mr George Reid): Come to a close, please.

Des McNulty: I ask the minister not only to work through official channels—the department that she oversees, health boards and trusts—but to spread the agenda more widely. People must be encouraged to be more directly involved in improving their health. The statement that the minister made today, which mentioned £15 million for demonstration projects, the encouragement that has been given to people through the new opportunities fund and the bringing forward of proposals for healthy living centres are all positive steps. Let us, however, be clear that we are not engaged in a short-term sprint. This is a long haul and what we need is the consistency, firmness and determination to succeed over the next 15 years. I hope that we can go forward together in this Parliament to play our part.

16:16

Shona Robison (North-East Scotland) (SNP): There is nothing in what Susan Deacon said that any reasonable person could disagree with. Everyone wants to improve public health in Scotland. In "Towards a Healthier Scotland" we read about improving life circumstances and

tackling inequalities in health. Stress is laid on working in partnership and the development of plans and projects is a key part of the health strategy.

That is all good stuff, but at that point I begin to have a bit of a problem. Susan Deacon was keen to tell us the good news, but did not mention the other side, which is not such good news. She talked about partnership and about working closely with the Health Education Board for Scotland, but HEBS funding has been cut by £400,000. I fail to see how that would improve partnership working.

In addition, Government support for local council spending is £1.3 billion less in the first three years of the Labour Government than it was in the last three years under the Tories. That has meant a slashing of local authority budgets. It means that many of the socially excluded communities that ministers are so fond of referring to and of visiting have experienced savage cuts in many of the services and projects that are important in tackling public health problems.

Public health problems can be tackled best at community level using the services and projects there, but the cuts have resulted in a loss of services to the neediest people in society. I will give some examples.

The Whitfield Health and Information Project in Dundee closed last year when its funding ended. That project provided advice on sex education, teenage pregnancies and diet and nutrition, among other things—the very areas where we want improvement. The Glasgow North Community Health Project has suffered a cut of £15,000 to its budget. That has reduced its ability to carry out much needed work in one of Scotland's most deprived areas.

It does not stop there. The threat to projects continues to this day. The funding of the Incite drugs project in Aberdeen ended in July. Only through public appeal has that project managed to continue. With only one of the three funding partners having agreed to future funding, the project is under serious threat, yet it is involved in important drug abuse prevention work and peer education with young people. It is the very type of project that we want to tackle public health problems.

This is not intended to be partisan. In a previous life, many members from other parties have been involved in working on such projects in very deprived communities. They know as well as I do that there has been cut after cut to the examples of good practice that Des McNulty mentioned. The minister has to take on board the fact that we must secure those projects.

I want to mention several other points that the

minister might want to pick up on. Will she make a statement about the important issue of the shortage of vaccines, which is a matter of concern for many doctors? I implore her to examine discrimination in health service delivery. Several organisations have raised, through the Equal Opportunities Committee, the issue of the lack of interpreting and translating services. For someone whose first language is not English, it is difficult to communicate important health information that will help towards a diagnosis, or to understand a diagnosis when it is given; and it is stressful for both people and doctors when patients do not fully understand the information that they are given. The problem needs to be addressed and I hope that the minister will investigate the matter.

16:21

Robert Brown (Glasgow) (LD): The two things that we should take away from this excellent debate were encapsulated in Des McNulty's remarks about the need for building on examples of good practice and for thinking long term. This is a subject where it is easy to talk about quick fixes or about what will be necessary for the next 12 months.

The white paper, as refocused by the partnership agreement, concentrates on the underlying causes of ill health and on the importance of health promotion and of locally based health initiatives. I welcome the minister's approach in involving the whole chamber, the whole Parliament and the whole of Scotland in tackling health. That approach has been welcomed by the whole chamber, with the possible exception of the remnants of the ideologically driven Conservative group on our far right.

The Liberal Democrats are keen to pursue the aspects of the partnership programme that link health to housing. If the warm deal and healthy homes initiatives could help to rid Scotland of the scourge of damp, cold houses which some members have mentioned, that would be a major achievement for the Executive and the Parliament and a major contribution to good health. It is entirely uninspiring that, on the eve of the 21st century, far more people in Scotland live in such accommodation with its associated health and morale problems.

Tricia Marwick: Will Mr Brown join me in condemning the Executive for cutting £176 million from Scottish housing? Does he agree that the Executive—or the Labour party—is spending less on Scottish housing in its first three years than the Tory Government spent in its last three years?

Robert Brown: On funding, the initiatives have to be taken as a whole. [*Interruption.*] Seriously—

let us wait and see what the partnership Government has achieved by the end of the period. As the coalition parties have been in power only since 1 July, it is a little premature to talk about investment figures over that three-year period.

Returning to my main point that the emphasis on social factors should not lead us to overlook the need to target specific health promotion issues, I think that it was correct for the partnership agreement to insist on such an approach rather than on the chimera of hospital waiting lists. There will always be political pressures to deal with the high-tech end of hospitals, because that attracts all the publicity, but the priority should be placed on the slow, steady work of the health service.

In connection with that point, I was a little concerned to read in the white paper of difficulties at the edge between local government and health. It might not be that important to have health officials sit on local government committees, but it is vital that the link between the two services be as seamless as possible so that the policy is not hide-bound by such matters as departmental difficulties. We have to give much attention to drawing the strands together in different ways.

My final point relates to cancer. We have failed young women abysmally in the campaign to reduce tobacco usage. Why? It seems slightly perverse because women are far better than men are at going to the doctor. They go to the doctor about childbirth and associated pre and post-natal care and are in contact with community organisations of all sorts such as mother-and-toddler groups, weightwatchers groups and yoga classes. It is possible to target young women more effectively. The link between the health of young women and the unfortunate upward trend in cigarette smoking, and similar links, can hardly be overemphasised.

A while back I was involved in litigation in England—members might have read about it—on coal miners and their associated problems. An extraordinary and significant fact that emerged was that a moderate cigarette smoker suffers more damage to his lungs than he does from 20 years down the mines with their dampness and dust.

The Conservative amendment fails significantly to recognise the role of the Government. The role of the Government in public health is threefold: to resource public health, to co-ordinate policies and to set ambitious but achievable targets to tackle the problems that we have been talking about. The minister's speech and white paper hit the issue on the head. Let us consider the details unitedly and try to deliver those improvements in health.

16:26

Robin Harper (Lothians) (Green): I would like to address the remarks made earlier by Phil Gallie and Tricia Marwick, although I see that she has disappeared.

The Black report, commissioned in 1977 and produced in 1980, was the first significant report to link poverty with ill health. The subsequent Conservative Administration shelved the report and was partly responsible for the increase in the amount that had to be spent on health over that period because the problems created by the link between poor housing and ill health were not being addressed, which were clearly set out in the Black report. I support Tricia Marwick every time she calls for better insulation standards for Scottish homes and for a rolling programme of insulation improvements, particularly to public housing. If we could raise the basic building standards for housing in Scotland, we would go a long way towards solving many of our problems.

Phil Gallie: Will the member give way?

Robin Harper: No—sorry, Phil.

Phil Gallie: I had a helpful comment.

Robin Harper: There are two additional points. First, the UK made commitments at Kyoto to reduce CO₂. If we reduce the amount of fuel that is used in housing, which makes a considerable contribution to CO₂, that will help us to meet our CO₂ commitments made at Kyoto and we will also reduce pollution generally.

Phil Gallie: Will the member give way?

Robin Harper: No, I want to continue.

Secondly, Margaret Smith commented that her dentist had said that two issues were the reduction of the amount of chocolate eaten and the introduction of fluoridation. There is a danger of getting them in the wrong order. Why do we not first address the real causes of dental decay? To address the causes of tooth decay, we need to put in place essential education, changes in culture and in eating habits and anything else that we can think of. In the fluoridation debate, there are plenty of informed and reasonable arguments in favour of introducing fluoridation and equally well-informed and progressive arguments against fluoridation. I will stand against fluoridation and I hope that the argument will be revealing, intense and sensible.

Generally speaking, the white paper is good and I wish the Executive the best of luck with it, but there are aspects that could be improved.

The Deputy Presiding Officer: Mr Alex Fergusson will speak next and I ask him to keep it brief.

16:30

Alex Fergusson (South of Scotland) (Con): It is with a certain amount of trepidation that I enter this debate, because I acknowledge that my subject rolls into the fields of justice, education and social services, as well as taking its primary place within the health service. I strongly believe that my subject is not only one of the greatest dangers to our health, as a nation, but is capable of damaging the social structure of our society. It is a curse that knows no boundaries of class, creed, wealth, colour or political affiliation and that frightens all parents as their children grow up in today's society. It is a curse that has an adverse affect on every community, no matter how large or small, and that we must address, as a Parliament whose aim—indeed whose promise—is to improve the lot of those in our society who can least help themselves. I refer, of course, to drugs and to those who use, misuse and abuse them. Any debate about those who supply them is for another occasion.

As a Parliament, we will be guilty of the utmost neglect if we are not able to concentrate on and prioritise the issue of drugs in our first four-year term of office. The rewards of making progress would be enormous; for example, there would be huge benefits in terms of police resources. Just this week, I had a meeting with the chief constable of Dumfries and Galloway, who informed me that 70 per cent of crime in that region was directly drugs related.

There would be equally enormous benefits to our social services and to our local authority resources, but the greatest benefit would be to our health service and consequently to the health status of our nation and its people. It is surely incumbent on this Parliament to try to achieve those benefits because, as the minister said, we have a magnificent opportunity to take a new initiative on this and other issues.

I have spoken to many people who are involved in drugs rehabilitation and I keep coming up against the view—interesting and unusual these days—that there is plenty of money being thrown at the problem. The Scottish Drugs Forum all-party working group's report states that £50 million annually is the current expenditure on response to drugs use. However, I am constantly told that that £50 million is not being used in the most effective way. We need to find the most effective ways, or best practice as it is better known, and we need to consider prevention through education. There is an overwhelming need for a national strategy rather than the fragmented one that is currently employed. Where we fail to prevent or to educate, we need to listen to those who work in rehabilitation and to listen and learn from those who have first-hand experience of the pain and

peril of drug addiction.

Given the belief that sufficient resources are available, but that they could be better applied, the answer to some of the problems lies in another of the Executive's buzz words, which also appears in Mary Scanlon's amendment: partnership. This issue, above all, is surely the perfect one in which partnerships should be employed—between Government departments, local authority departments, the voluntary sector and individuals. The Government's drugs expert, Professor Howard Parker, predicts that we are on the verge of a new heroin epidemic, as if the present one was not serious enough. The announcement of a new drug enforcement agency, while welcome, brings problems of its own, not least in how that agency will be staffed without diluting the expertise on the ground. The agency will not in itself provide the whole answer.

The credibility of the Executive, indeed of the Parliament, is on trial to an extent, not least in the media. An urgent, innovative and joined-up approach to the drugs menace in our society would give us a golden opportunity for redemption. It will be to our eternal shame if we do not grasp that opportunity. I support the amendment.

16:34

Dr Richard Simpson (Ochil) (Lab): The establishment of a Scottish Parliament with broad and accountable responsibilities for health service provision in Scotland offers us a unique opportunity. The white paper demonstrates that the Government's approach is to consider the multi-factorial nature of Scotland's ill health and the fact that we require multi-agency solutions. Many of us who have practised medicine over the past 20 or 30 years have been engaged in the process of trying to promote health in Scotland, of almost preaching to people about health, and we have not made any substantial changes at all.

The Government has begun to promote health in an effective way by publishing a number of papers. Sir David Carter drew attention to these important initiatives in his report, which was published last month. The white paper, "Tackling Drugs in Scotland: Action in Partnership", to which Alex Fergusson alluded, is very important in terms of what we are going to do in the drugs field. A further initiative is "Smoking Kills", which was published in December 1998.

Sir David repeatedly drew attention to inequalities as the first challenge that has to be faced in every aspect of this area of work. The Government has placed inequality and children at the centre of the renewal strategy. At a national level, the long-term aim of eliminating child poverty has been established as a goal. The increase in

child benefits, the establishment of the working families tax credit, the £100 allowance to the elderly to deal with dreadful death rates in winter and the warm deal initiative are important issues. In my constituency, the care and repair efforts that are being made through voluntary groups in partnership with local authorities will begin to deal with some of the housing problems that we are faced with.

I want to tell members briefly about the initiatives that the Government has taken in the heart of my constituency in Clackmannanshire, which is an area of some deprivation. For example, £2.7 million was made available for a social inclusion partnership and will support some of the efforts in the drugs field to which Mr Fergusson referred. The establishment of community schools, and the widening of that initiative, is very important in terms of health. The promotion of a healthy alliance, and the opportunity to establish a healthy living centre—for which we have submitted a bid—will help as well. Henry McLeish's visit to the constituency yesterday concentrated on the central problem of unemployment. Unless we tackle unemployment, we will not give people the self-esteem that is vital to good health. These initiatives contribute to a comprehensive strategy to renew my constituency and to deal with Scottish health problems.

Phil Gallie seemed to be feeling under some attack when he spoke earlier. I say to him, yes, the Conservatives did spend a lot more money on health, but what was that money spent on? The number of administrators was increased from 1,000 to over 12,000 under the Conservative Government, so the money was spent on administration, not on the appropriate issues that we need to address. We have already tried to start rolling that process back.

Turning to a point made by Robert Brown, there is one area into which I believe that we need to go further than—from what the white paper says—the Executive is prepared to go and on which we must provide clear leadership for the rest of the United Kingdom. The white paper contains a strategy on tobacco, and that strategy is also spelled out in "Smoking Kills". However, I do not believe that that strategy deals adequately with the problem of passive smoking. Sir David Carter's report states that, in North Lanarkshire, 43 per cent of people interviewed within a week of a survey being done mentioned passive smoking. Such figures are unacceptable, and we cannot tolerate passive smoking.

Tricia Marwick referred to asthma, which 5 per cent of adults and 10 per cent, or more, of children suffer from. Those figures are increasing, as has been demonstrated in studies in Grampian. Tobacco smoke is one of the most powerful

triggers for acute asthma. There are 2,000 deaths from asthma annually. The Royal College of Physicians reported that 50 children a day are admitted to hospitals in the United Kingdom because of asthma triggered by cigarette smoke specifically.

Mr Monteith: Is it not the case that, over the years, smoking has generally declined, while the number of cars and motor vehicles has increased? Does Dr Simpson accept that that increase outweighs passive smoking by far as a contributing factor to the growth of asthma?

Dr Simpson: This will be the briefest answer—no.

Smoking is undoubtedly the most proven health problem. If Hugh Henry's private member's bill does not get through, I will propose to the Health and Community Care Committee that it should use its powers to introduce legislation—and the committees in this Parliament have powers to do that, unlike Westminster—to bring about a ban on smoking in public places. That would set the tone for this Parliament, and would show that we are prepared to lead from the front, as well as being supported by the white paper's partnership from below. I recommend that approach to members.

Mr Gibson: On a point of order, Mr Deputy Speaker. Do you agree that, before he pontificates on the issue of tobacco, Mr Monteith should disclose that he is closely associated with the Freedom Organisation for the Right to Enjoy Smoking Tobacco?

The Deputy Presiding Officer: I think that that is a matter for the individual member.

I call Mr David Davidson to wind up for the Scottish Conservatives.

16:40

Mr David Davidson (North-East Scotland) (Con): Despite the comments from other parts of the chamber, we welcome today's debate. Whether we like it or not, health is one of the most important issues in Scotland. It is not one that we can easily deflect, or over which we should try to score brownie points from the past.

The Executive has produced documents for us to address, and the purpose of today is for us to give those documents due scrutiny. Some members have certainly risen to that. It is unfortunate that the minister got a little excited when she responded to Mr Gallie's intervention, but I am assured that if she talks to Mr Chisholm, he may be able to give her the address of the stress clinic in Pilton to which he referred earlier. Possibly we could all have a go at it when the time arises.

I have spent my life in the front line of medicine, in the form of community pharmacy. Most of that has been in areas that would be considered today as socially deprived, with poor housing and, more important, poor health, knowledge and education. When my colleagues and I talk about personal responsibility for our health, that is not an indictment of the individual who perhaps has not got the message. I think that personal responsibility for health can be explained very simply. It is for those of us in this chamber to ensure that every single person in the street understands—in the language that they use every day—exactly what they can do to help themselves and, more important, to help others help themselves.

Richard Simpson, a GP, must be very frustrated by the fact that people have called in to his surgery, have been given information and Health Education Board for Scotland leaflets and have gone off without getting the message. That is the underlying point. No amount of bureaucracy or additional task forces will easily address that question. We have a huge wealth of information on health care and on health issues—they are analysed to death in paper after paper. What we need is a proper campaign from the Executive to get across the message of personal health care to every individual. I agree with those who said earlier that that begins in the ante-natal clinic.

Karen Gillon (Clydesdale) (Lab): Will Mr Davidson give way?

Mr Davidson: Certainly.

Karen Gillon: Does Mr Davidson agree that there are unequivocal links between health, poverty, housing and transport? The issues that he has identified in relation to personal choice are often not ones of choice for individuals. Poverty is often the most important factor affecting a person's health. Does his party acknowledge the link between poverty and ill health?

Mr Davidson: Certainly. I would not deny that in the slightest, but I would make the point that it is only one of the factors. I do not dispute that some people are in poor housing, or that some pensioners suffer because they happen to own their houses, do not qualify for some benefits and therefore cannot afford to heat their houses. We must be a bit more circumspect about cherry-picking health issues.

We are talking about a major opportunity for this Parliament, and I welcome the fact that the minister has come here so early in the parliamentary year. However, there is point enough in looking at today's motion and at the amendment. The minister's proposal was about partnership, but does the man in the street not have the right to assume that it is the

Government's job to act in partnership and to co-ordinate, regardless of the topic, on behalf of the people of Scotland? Mary Scanlon's amendment was about linking in and trying to assist the individual.

Please can we move on. Conservatives care as much as anybody else about the health of the people in Scotland. There are limited resources in the health service and it can no longer afford to pick up the tab for something that should have been cut off earlier on. If the Government is going to invest in early years intervention, we are with them. That will not only release resources for the future, but will reduce personal discomfort and pain in later life. I second Mary Scanlon's amendment.

16:45

Mr Duncan Hamilton (Highlands and Islands) (SNP): We have just heard the speech which described what the Tories wished they had said in their amendment. Mary Scanlon's amendment does not do what Mr Davidson was talking about at all. If we read it properly, it says that the Government's role is so diminished—and of course everyone understands that the individual has a responsibility and that much of the change that will happen will result from individuals changing their attitude and action—and tries to ensure that Government's role in the process is removed. Frankly, that is no good, because the whole point of what we are trying to achieve today is to make a cohesive move forward.

Mr Chisholm said that if we cannot read the white paper, we should just look at the cover, with the picture of a jigsaw. It is more apt than Mr Chisholm thinks: there is one piece missing, which I can only assume represents the Conservative party.

Today's debate has been constructive and the content has been very good. I hope that the ministerial team will take from my comments the broad context that the Scottish National party is onside with many of the objectives and specific measures of the white paper.

We want, however, to see much more done. I want to focus on a couple of key issues. The first is deprivation. We all—even the Conservatives—accept the link between poverty and ill health. We need to examine income distribution much more, and the have-nots in society, not just the overall level of wealth in Scotland. I hope that, in his summing-up speech, Iain Gray will answer the question about the absence of a Government target for dampness in housing, the cuts in the housing budget and the negative impact that that will have. If we want to believe in joined-up Government, it would be interesting to know why

that target is not there and what the Government will do about it.

That brings me to resources. As we all know, the coalition is being kept together on the grounds that we need to find an extra £80 million from a whole series of budgets. I would like to quote not the white paper, but the green paper, "Working Together for a Healthier Scotland". It says:

"The combined problems of low incomes, unemployment, poor housing, a degraded environment, and high levels of crime impose an additional burden of ill-health on many families."

They place

"extreme stress on communities, families and individuals."

I think that everyone would agree with that, but if that is the case, why will the Government be reducing the budgets for many of the areas which will impact public health? I understand that the health budget is to be ring-fenced, but what about the other budgets being cut? That will surely have a negative impact.

The other matter which we want to examine is that of local authorities, because much work is done in partnership. If local authorities' spending is falling, as it most assuredly is, that will also have a negative impact. Let us look at the whole picture in context.

On dental care, the minister correctly identified the position on the problem regarding under-fives. We need urgent action of course, but if we compare the target in the white paper with what went before it in the green paper, we see that the green paper mentions a target set in 1991 to reduce the incidence of dental disease in under-fives by 60 per cent. That target was meant to be reached by 2000. In the white paper, exactly the same target is set to be achieved by 2010. It is hardly ambitious; it is simply a restatement of an earlier target that was not reached. I understand that that is not purely the fault of this Administration, but is something that those in the former Conservative Government should take on board before they get too keen.

Another important aspect of dental care is covered by the SNP's alternative, as is the point about free dental check-ups being used to get the family norm moving by getting people to concentrate on preventive care.

On smoking, Hugh Henry told us that he was misled by the *Daily Record*. Perhaps he was not well represented—I dare say he will get a few allies on this side of the chamber. It is important to know where the Executive stands on this matter.

I associate myself with the remarks made by Dr Simpson. We need to examine seriously what he said on the need for urgent action and for taking more action than what the white paper proposes.

We also need to consider tobacco advertising.

I see that the white paper attempts to reduce passive smoking in the workplace, but gives no detail of what will happen. I look forward to the Government taking a much tougher line on that.

On the Conservatives'—correct—obsession with the situation surrounding drug abuse and misuse, the white paper calls for a concerted national strategy. That is what I thought Scotland Against Drugs was all about. It is a pity for us in the SNP that we are returning to a situation where the funding for tackling drug misuse is not ring-fenced as it has been before.

The Scottish National party welcomes what is in this document, but we want more focused resources and better targeting. We also want the appointment of a public health minister to ensure that public health is not allowed to slide down the agenda, as happened before.

16:50

Iain Gray (Edinburgh Pentlands) (Lab): If we are to show how serious we are about dealing with the big issues in Scotland, we could not have begun today with a better subject. We have shown, during the debate, that we are serious about Scotland's health. After all, what could be more important than the health of our nation, especially when we have so far to go? We know that from one city or town to another—even from one street to another in those cities and towns—life expectancy differs significantly. For a newborn child that one statistic can mean as much as twice the chance of surviving to the age of 15. Such inequality cannot continue. When we talk of deprivation, what is it that our fellow Scots are deprived of? They are deprived of their health and ultimately of life itself. Of course, we must tackle the poverty and inequality that are at the root of those statistics.

Sadly, there is no of course about it. I am pleased that our debate has shown so much consensus. For almost 20 years the link between ill health and poverty and inequality was denied, in the face of all the statistics and facts. However, I am saddened that some of the speakers in the debate continue to try to deny that link or to say that addressing individual responsibility is somehow mutually exclusive with recognising that link. Those approaches are not mutually exclusive. I refer Mrs Scanlon to paragraph 129 in the conclusion to the white paper, in which individual responsibility is clearly flagged up. Saddest of all, though, was the fact that David McLetchie was not only unable to engage in consensus politics on such an issue but unable even to bear to watch someone else engaged in consensus politics. David, those are the old ways and everyone else

has left them behind. I think that the Scottish people will leave you behind, as they have done already.

I cite one example of how ways of thinking must change. Several Conservative members, including Mrs Scanlon, have made efforts to move in the direction of consensus. Mary said that health spending is one third of our budget. This is the key to understanding the new approach: the health department budget is one third of this Executive's budget, but every budget is a health budget. I advise Tricia Marwick that that is why our budgets include measures such as the warm deal and other measures to improve Scotland's housing. That is part of our approach to the issue of health.

Tricia Marwick: Will Iain Gray confirm that during its first three years this Labour Government will spend £176 million less on housing in Scotland than the Tories did in their last three years?

Iain Gray: I confirm that by the end of our period in office we will have spent—if I remember the figure—£600 million more than the budgets that we inherited. We are investing hundreds of millions of pounds in order to build new houses and to improve our housing stock.

Phil Gallie: Will Iain Gray give way?

Iain Gray: I should not take interventions in a summing-up, and I have already taken one.

To make the real difference we must pursue and develop effective partnerships. That is important. Those partnerships will include general practitioners. In the course of my duties as Deputy Minister for Community Care I have yet to find a focus group, but I have spoken to many GPs and I have visited their practices. They are at the centre of health promotion for us.

I refer to page 38 of the white paper where the role of primary care trusts and local health care is referred to specifically. The Executive is at the moment co-funding a study to provide guidance to improve early recognition by GPs of signs that might lead to suicide, which is a problem that we take very seriously. Access to learning disability nurses for each practice is a suggestion that I find attractive, but as you will know, there is a learning disability review under way and I expect that they will have a view on that, and we will take it forward. When it comes to general practice, what we are about is breaking down barriers between professions; we are not about promoting turf wars between different parts of our health service, as it seemed Mary Scanlon was doing at one stage.

We have to seek new and innovative ways of working to our common purpose. One reason for that is to maximise resources. The white paper pledges resources to this strategy, including resources for HEBS—there is no question of cuts

in health promotion budgets. We could argue for a long time about resources, but I want to say two things quite quickly. We are investing £1.8 billion in our health services over the next three years because it is one of our spending priorities, and there must be priorities in spending. But I say to Phil Gallie, whatever the previous Conservative Government invested in the health service is essentially irrelevant because it did not work. The appalling statistics that we are discussing and that are referred to in the white paper are the statistics that we inherited from them. Perhaps—

Phil Gallie: Give way.

Iain Gray: No

The Presiding Officer (Sir David Steel): Not in the last minute.

Iain Gray: Perhaps if they had acknowledged the underlying causes at the time, as both Robin Harper and Des McNulty said, you would have had more impact.

Most crucially, we must engage with the communities where the greatest impact must be made. Des McNulty and Robert Brown made that point. We will lay regulations in this Parliament to ban tobacco advertising. Yesterday I was in Wester Hailes, my own constituency, where over 40 per cent of people smoke. I was launching "Breathe Easy, A Guide to Stopping Smoking". It is a partnership between the Scottish Executive, Lothian Health Board, Edinburgh University and the local community health agency. It was produced by an expert, Irene Keltie, who lived in Wester Hailes, worked in Wester Hailes, smoked in Wester Hailes and gave up in Wester Hailes. It does not lecture but engages with the people it tries to address. That is the kind of innovation and partnership approach that we need to make what we are doing work.

When I left Wester Hailes Irene showed me the pages of names of people that she had signed up to the cessation programme in an hour. She said to me, "This is what it is about". It must be what we are about as well. The Parliament has the power to make the difference. The Executive is determined to pursue the delivery of this strategy across all departmental and other boundaries. We have a real opportunity today in this chamber to cut across our own traditional boundaries and stand four-square for better health, for a better life and more of it for all of Scotland's people. Let us take that chance.

Phil Gallie: On a point of order.

The Presiding Officer: A genuine one?

Phil Gallie: A genuine one. Two and a half minutes ago, before the minister sat down, I was advised that there was only one minute of his speech left.

The Presiding Officer: Correct.

Phil Gallie: I feel slightly aggrieved.

The Presiding Officer: If you had intervened it would have been longer.

Lead Committees

Motion moved,

That the Parliament agrees the following designations of Lead Committees—

The Rural Affairs Committee to consider The Plant Health (Amendment) (Scotland) Order 1999 (SSI 1999/22);

The Transport and Environment Committee to consider The Environmental Impact Assessment (Scotland) Regulations 1999 (SSI 1999/1)—[*Mr McCabe.*]

Decision Time

17:00

The Presiding Officer (Sir David Steel): There are three questions before the chamber. The first is, that amendment S1M-105.1, in the name of Mary Scanlon, be agreed to. Are we all agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Aitken, Bill (Glasgow) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Fergusson, Alex (South of Scotland) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Harding, Mr Keith (Mid Scotland and Fife) (Con)
 Johnston, Mr Nick (Mid Scotland and Fife) (Con)
 Johnstone, Alex (North-East Scotland) (Con)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)
 McLetchie, David (Lothians) (Con)
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)
 Mundell, David (South of Scotland) (Con)
 Munro, Mr John (Ross, Skye and Inverness West) (LD)
 Scanlon, Mary (Highlands and Islands) (Con)
 Tosh, Mr Murray (South of Scotland) (Con)
 Wallace, Ben (North-East Scotland) (Con)
 Young, John (West of Scotland) (Con)

AGAINST

Adam, Brian (North-East Scotland) SNP
 Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brown, Robert (Glasgow) (LD)
 Campbell, Colin (West of Scotland) SNP
 Canavan, Dennis (Falkirk West)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Dewar, Donald (Glasgow Anniesland) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Ewing, Mrs Margaret (Moray) (SNP)
 Ewing, Dr Winnie (Highlands and Islands) (SNP)
 Ferguson, Ms Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Galbraith, Mr Sam (Strathkelvin and Bearsden) (Lab)
 Gibson, Mr Kenneth (Glasgow) (SNP)
 Gillon, Karen (Clydesdale) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Gorrie, Donald (Central Scotland) (LD)
 Grahame, Christine (South of Scotland) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (Edinburgh Pentlands) (Lab)
 Hamilton, Mr Duncan (Highlands and Islands) (SNP)
 Harper, Robin (Lothians) (Green)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)

Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Lochhead, Richard (North-East Scotland) (SNP)
 Lyon, George (Argyll and Bute) (LD)
 MacAskill, Mr Kenny (Lothians) (SNP)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 Mackay, Angus (Edinburgh South) (Lab)
 MacLean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 Marwick, Tricia (Mid Scotland and Fife) (SNP)
 McAllion, Mr John (Dundee East) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McGugan, Irene (North-East Scotland) (SNP)
 McLeod, Fiona (West of Scotland) (SNP)
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Murray, Dr Elaine (Dumfries) (Lab)
 Neil, Alex (Central Scotland) (SNP)
 Oldfather, Ms Irene (Cunninghame South) (Lab)
 Paterson, Mr Gil (Central Scotland) (SNP)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Quinan, Mr Lloyd (West of Scotland) (SNP)
 Radcliffe, Nora (Gordon) (LD)
 Reid, Mr George (Mid Scotland and Fife) (SNP)
 Robison, Shona (North-East Scotland) (SNP)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)
 Russell, Michael (South of Scotland) (SNP)
 Salmond, Mr Alex (Banff and Buchan) (SNP)
 Scott, Tavish (Shetland) (LD)
 Simpson, Dr Richard (Ochil) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Iain (North-East Fife) (LD)
 Smith, Mrs Margaret (Edinburgh West) (LD)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Sturgeon, Nicola (Glasgow) (SNP)
 Thomson, Elaine (Aberdeen North) (Lab)
 Ullrich, Kay (West of Scotland) (SNP)
 Wallace, Mr Jim (Orkney) (LD)
 Watson, Mike (Glasgow Cathcart) (Lab)
 Welsh, Mr Andrew (Angus) (SNP)
 Welsh, Ian (Ayr) (Lab)
 White, Ms Sandra (Glasgow) (SNP)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

The Presiding Officer: The result of the division is as follows: For 18, Against 94, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The second question is, that motion S1M-105, in the name of Susan Deacon, be agreed to.

Motion agreed to.

That the Parliament agrees the key priority of promoting better health as outlined in the Partnership Agreement; endorses the principles of the White Paper 'Towards a Healthier Scotland' as the foundation for action to improve the health of the people of Scotland, and calls upon the Scottish Executive to work in partnership with relevant organisations to implement measures to achieve this aim.

The Presiding Officer: The third question is, that motion S1M-112, in the name of Mr Tom McCabe, be agreed to.

Motion agreed to.

That the Parliament agrees the following designations of Lead Committees—

The Rural Affairs Committee to consider The Plant Health (Amendment) (Scotland) Order 1999 (SSI 1999/22);

The Transport and Environment Committee to consider The Environmental Impact Assessment (Scotland) Regulations 1999 (SSI 1999/1)

Cowal

The Presiding Officer (Sir David Steel): We move to the debate on members' business, on motion S1M-90 in the name of Mr Duncan Hamilton, on the regeneration of Cowal. This debate will be concluded after 30 minutes. Would those members who are not staying for the debate please leave quietly and without conversation? That includes Mr Brown, Mrs Deacon and others.

Motion debated,

That the Parliament notes with concern the economic crisis facing Cowal as a result of the continued decline in jobs and job opportunities, recent local authority cut backs, the perilous state of repair of Dunoon Pier, and the uncertain future of the Caledonian MacBrayne ferry link, and welcomes the call by the Dunoon Observer for an inclusive, all party campaign to seek assistance for the area and to act as a focus for the regeneration of this important part of Argyll.

17:01

Mr Duncan Hamilton (Highlands and Islands) (SNP): For how long may I speak?

The Presiding Officer: You have 10 minutes.

Mr Hamilton: That may be more than I need.

The debate today on the regeneration of the Cowal economy is the culmination of a campaign that was launched locally with the support of most of the local members of the Scottish Parliament and with the local authority, and I thank them all for their contributions. In particular, I thank the *Dunoon Observer and Argyllshire Standard*, which has been an enormously successful campaigning newspaper. I am sure that we will have contributions from members of all parties. My thanks also go to Maureen Macmillan, George Lyon and Michael Russell, who have played an important role in signing this motion and making sure that it got on to the agenda.

It is important to outline simply what the current problem is with the Cowal economy. Of course, the issue is complicated, as Alasdair Morrison will know from his recent visit, but, over the past couple of years, there has undoubtedly been a drop-off in the level of tourist activity on the peninsula, sometimes by 30 or 40 per cent: a cumulative hit that no economy could sustain. The Cowal peninsula and the whole of Argyll rely disproportionately on tourism for their income, especially since the pull-out of the American base.

The area has not been helped by the policy of the strong currency, which seems to have been encouraged by the Government in Westminster. I can inform the minister and the Parliament that the anger at the insensitivity of the policy, which ignores the needs of the local economy, should not be underestimated. I am sure that local

businesses will have taken the opportunity to make clear to the deputy minister their disgust at the level of attention that they have received over the past while.

It is also important to understand that one of the major problems for Dunoon is that, as a regional retail centre, it has taken a damaging hit following what happened across the water in Gourock. We will come back to the link between Dunoon and Gourock later in the debate, because it is pivotal to the plan for regeneration.

The area's decline is mirrored in the population. In the period 1991-97, the population of the area has declined by approximately 7 per cent. The figures from the voluntary census that Argyll and Bute Council took in 1999 show that the population appears to be down to less than 15,000. That gives a sense of a community in decline. The area needs to be built up, but the figures are going in the wrong direction.

Unemployment is central to the motion before Parliament. The unemployment rate on the peninsula—7.2 per cent—is substantially above the average of 5 per cent in the area served by Argyll and the Islands Enterprise, which is part of Highlands and Islands Enterprise.

The momentum is a downward spiral. Local concern has reached this Parliament—there is no chance that that would have happened in Westminster, given the lack of time there. It is important for the prestige of this Parliament—certainly in the part of the world that we are talking about—that we have had the opportunity to have this debate, which I very much welcome. However, people in the area are looking for more than warm words; we want concerted action from the Scottish Executive to ensure that the problems can be alleviated and turned around.

It has been suggested that there has been an overreaction to this problem and that it is not as bad as we think. I have to say that the mood on the ground is that we must be aware of the reality of the problem. That is the mood not just from businesses, which are perhaps the best weather vane of this, and not just from people who see the rundown in the quality of the buildings and the number of people in the town, but from the council, which is talking about setting up a Cowal regeneration task force specifically charged with making sure that we draw together all the interest groups—including politicians, economic groups or whatever—to ensure that we drive things forward and make others aware of the reality of the problem.

What do we do about the problem? That is the basis of this debate.

Phil Gallie (South of Scotland) (Con): Mr Hamilton paints a worrying picture, but I recognise

and identify with it. The SNP's policy is to get rid of nuclear weapons from the Holy loch and the area. If that were to happen, does he agree that the economy of Cowal and the surrounding area would become much worse?

Mr Hamilton: We seem to be suffering from a time warp.

Phil Gallie: I am sorry, I meant Faslane.

Mr Hamilton: The real problem in the Cowal economy is not caused by the leftovers of the removal of the US naval base. It is caused by real, current economic problems. Phil Gallie represents a party—he represented it in the Westminster Parliament, too—that has not served Argyll and Bute well and has not served the Cowal peninsula well. A lot of the problems go back to a lack of investment at a much earlier stage. I look forward to the regeneration of the Tory party in terms of a base of ideas for positive thinking. It is not enough to tell the SNP that, because we took a principled stance against nuclear weapons, we are responsible for the current plight of the Cowal economy. We have to do a bit better than that, Mr Gallie.

The key to the problem is the rebuilding of Dunoon pier, which will be more memorable to many older members in terms of trips down the water than it is to me. That experience is not really open to people of our generation—I say that to the deputy minister. The problem is largely that the pier is falling down. According to the report commissioned by the Argyll and Bute Council transport and property chiefs, it is unsafe: 40-tonne lorries cannot disembark on the pier and, unless there is massive investment—initially about £50,000 to patch it up as an interim measure—17-tonne vehicles will not be able to use it either. That is not good enough for business, given that we are looking at rebuilding the area and providing a quality transport link.

We are in a catch-22 situation because, until we get funding for the pier, which the cash-strapped council is in no position to give, Caledonian MacBrayne cannot guarantee the ferry link. Moreover, until the Deloitte & Touche report into the maintenance of the link between Gourock and Dunoon is published, the council cannot ask for money for the pier. We must have an early resolution of that problem. It is important that we see the matter as an integrated transport problem. This is not just about building the pier because it looks nice; a rebuilt pier will be the driver for growth in the area.

Professor Neil Kay is the foremost expert on the ferry routes in the area and on the need for regeneration and how we achieve it. He wrote in the *Dunoon Observer and Argyllshire Standard*, which I mentioned earlier:

“There are two things to bear in mind as far as Dunoon pier is concerned. It is an integral part of the public transport system—buses and trains—which is now Government policy. That wasn't the case when the Deloitte and Touche report was commissioned. Secondly, the cross-Clyde run is similar to the Forth bridges in terms of being a transport link across a major estuary . . . it is a mistake to say the pier is just for Dunoon. The pier has symbolic importance but it is much more than that—it is actually part of a major transport route.”

I ask members to view the problem in its proper environment.

However, when discussing the ferries, we need to consider the history of the Deloitte & Touche report. We have been waiting for well over a year since the leaked version of the report was published to find out what is going on. The Minister for Transport and the Environment simply refuses to give any indication of when that report will be available, and in the meantime the axe hangs over the CalMac ferry route into Dunoon pier. That is not good enough.

In a written answer last week the minister told me that the report would be published “soon”. I am afraid that soon has been a very long time. It is about time that we saw this report, so that we can end the uncertainty. When the Deputy Minister for the Highlands and Islands and Gaelic comes to respond, I would welcome some indication—perhaps even a date—of when we will be able to see it. The report affects so many lives and so many livelihoods that there are no grounds for concealing it any longer.

We must also bear in mind the fact that there are two ferry routes in this area; some members may not be aware of that. One is run by Western Ferries, and one by Caledonian MacBrayne. Local people want us to move away from the idea that only one or other of those routes can be maintained. We want the CalMac route to be maintained and have no problem with the maintenance of the Western Ferries route. We want to avoid monopoly pricing and a situation in which Western Ferries, which handles a substantial amount of traffic, is able to charge through the nose for that. We do not want private business to be run out. I do not see why it is impossible for the Government to put fair competition at the heart of its strategy. The restrictions under which CalMac operates at the moment mean that we have far from fair competition.

It is important to recognise that Western Ferries deals largely with the lucrative end of the market—vehicle traffic. However, its passenger safety provisions are not to anything like the same standard as CalMac's. It has a different form of craft, and the Western Ferries port is way out of town. Professor Kay has estimated that the impact on Dunoon of traffic simply passing through on its

way up the peninsula, without attempting to stop in the town, would be enormously detrimental to the whole peninsula. We have to examine this issue in terms of economic regeneration.

It is also important to recognise that, even if we were to get rid of CalMac tomorrow, Western Ferries does not have the capacity, in terms either of craft or of current facilities, to deal with all the traffic. That is a logistical fact.

Above all, if we want to regenerate the area, we must think about the impact on business. Again, I come back to Professor Kay, who is assuming a somewhat legendary status! He says something very interesting from a business perspective. When he was asked what he thought the current climate would mean for a business, he replied:

"You can't really begin to talk about the future of the community until you have established a secure transport base.

If I were a firm looking at locating over here I would just look at the uncertainty over transport that has existed here for some years.

That would worry me because if it did come down to one transport operator then how are prices to be regulated? There is no regulatory structure in place for dealing with that."

That, in a nutshell, is the argument against a monopoly. It is why we need not only the maintenance, with additional Government money, of Dunoon pier, but an early commitment to the CalMac route to Gourock, to fair competition between the thriving Western Ferries and the vital service provided by CalMac, and to the crucial and traditional Dunoon pier.

The Deputy Presiding Officer (Ms Patricia Ferguson): Before taking members' contributions in this debate, I must indicate that there will be a three-minute time limit on speeches.

17:13

Maureen Macmillan (Highlands and Islands) (Lab): I think that Duncan is over-egging the pudding when he says that Cowal is entering a spiral of total decline. I phoned Argyll and Bute Council about this, and the statistics that it gave me did not bear that out. The council said that it did not consider the Cowal area, apart from the west of Cowal around Tighnabruaich, to be a fragile area, that Dunoon had received a good deal of investment recently, and that it was surprised by the vehemence of Duncan's motion.

Mr Hamilton rose—

Maureen Macmillan: Mr Hamilton has spoken quite a lot; it is my turn to speak now.

At the heart of the debate about Cowal is a crisis of self-confidence. This sort of crisis has happened in the Highlands time and again—we

need only think of Corpach, Invergordon, Machrihanish and Benbecula. When a large employer leaves an area, that causes a crisis of self-confidence. People are afraid that things will go into total decline. However, there have been new initiatives.

From discussions with Argyll and Bute Council, I know that telephone service centres have invested in the area and that the swimming pool has been redeveloped. However, such initiatives might not generate the self-confidence that is necessary for an area to pull itself up.

A commitment by Caledonian MacBrayne to retain the service from Dunoon to Gourock would help to restore confidence in the area, as would the refurbishment of the pier. We await that announcement with great anticipation. There are fears about the cost and frequency of the remaining service should Caledonian MacBrayne withdraw. As Duncan said, Caledonian MacBrayne sails to the centre of Dunoon and takes passengers back and forward across the Clyde. I know Dunoon well and I know how essential the ferry is to the town; my mother came from Dunoon and used the ferry every day to go to school in Greenock. The loss of the ferry would have a profound effect on the economy of the town. I believe that the link across the Clyde is essential, no matter what the outcome of the ferry plan is.

I hope that Argyll and Bute Council and Argyll and the Islands Enterprise make a strong bid for European structural funds. I think that that is the way forward. In the European Committee yesterday, we talked about the importance of infrastructure and how, if infrastructure projects were to be funded by the structural funds, we would have to show that economic good would come out of them. I said that I wanted substantial improvements in the infrastructure of the Highlands and that we had to link that to economic development.

The people of Cowal have to keep up their campaign—it is important to show that they have a fighting spirit—but, more important, they have to have plans and ideas about how they would maximise the benefits of a refurbished pier. They cannot simply say that they want the pier refurbished; they must have plans about the expansion of industry, commerce and tourism. That is the way in which they can maximise their chances of getting funding for the project.

17:16

Mr Jamie McGrigor (Highlands and Islands) (Con): I welcome this debate on the future of the Cowal peninsula, which is an important part of Argyll and Bute and should be an obvious gateway to the Highlands and Islands. I congratulate

Duncan Hamilton on taking forward the initiative of the *Dunoon Observer and Argyllshire Standard*.

Transport infrastructure is the key to the region. The Cowal peninsula is in many ways similar to an island and two election campaigns in the western isles and a lifetime have made me aware of how crucial ferry services are to those areas.

Cowal's economy, which had become reliant on the Holy loch base, is now very fragile. The agriculture industry is in a chronic depression and while prices plummet, so does the level of employment in an area that has the second highest unemployment in Argyll and Bute.

Forestry, which used to provide a lot of jobs when the commission employed its own workers in the forestry villages, employs hardly anyone. Most of the work is done by outside contractors. That policy could be reversed by using local labour for planting, husbandry and felling. If much more were made of them, Forest Enterprise's outdoor sporting and leisure resources could help those villages to become healthy communities again.

Dunoon's shopkeepers are not making money. People find it easier to shop where the goods are cheaper—across the water—and what is the point of charging people to park in Dunoon when there is no serious parking problem? It smells of bureaucracy and drives people away.

The welcome addition of a marina at Sandbank will create some jobs and restore and improve the appearance of the area. It is vital that we attract more such inward investment to the area, but that will be difficult while the uncertainty about the pier and the ferries remains.

Dunoon pier is an attractive legacy of the Victorian era. It is a focal point in Dunoon and I believe that a breakwater should be built to protect it and that it should be restored and used commercially as a point of interest in the town.

A roll-on, roll-off pier facility should be built, because that is the sort of ferry that will be used in future for short-haul trips. The two ferry companies should continue in a spirit of healthy competition. Dunoon and the Cowal peninsula's beauty will always sell the area as a place to live in or visit, but financial incentive must be forthcoming to encourage people to make their homes there even if their jobs are across the water.

I cannot leave this debate without mentioning the special islands needs allowance, which Argyll and Bute, with its numerous islands, should surely now receive, or without mentioning that lower fuel costs are the other vital key to restoring our remoter rural areas. Dunoon and Cowal are steeped in history. Let us take a leaf out of America's book, and provide our rural areas with sound infrastructure and better access so that they

can help restore their former prosperity themselves.

We must remember that an economy that becomes dependent on a military or naval base is bound to suffer, at least temporarily, from a forced withdrawal. The inhabitants of Benbecula are about to experience the same problem, and I shudder to think what effect the closure of Faslane would have on Helensburgh and the surrounding areas if the Scottish National party was to implement its pledge to remove Trident.

Last, Para Handy and his puffer the Vital Spark were famous, frequent visitors to Dunoon. What Dunoon and Cowal need is the Vital Spark once again.

17:21

George Lyon (Argyll and Bute) (LD): I believe that Jamie will find that the Vital Spark is moored at the end of the Crinan canal, so we might see it back in Dunoon again.

I welcome this debate; we have found ourselves in an interesting situation, in that the first question in the Scottish Parliament was on the issue of the Cowal-Dunoon ferry service and the first members' debate after the recess is on the Cowal situation again. That is what the Scottish Parliament is about.

Both Duncan and Jamie have mentioned uncertainty. The crucial issue in this debate is the uncertainty hanging over Dunoon pier and the future of CalMac on the Clyde. That has an impact even further down the Clyde, on the Rothesay-Wemyss Bay service, in which I have a passing interest.

The Cowal economy has experienced some difficult times resulting from the closure of the Holy loch base, but uncertainty about the future of Dunoon pier and the ferry service is having a detrimental effect on investment decisions in the area. Indeed, the chief executive of Western Ferries told me yesterday that it has suspended its decision to purchase a new boat until this issue has been resolved. That is a clear example of the effects of the uncertainty.

Amid the talk of crisis, we have to be careful and take a balanced approach. There are some good-news stories in among the doom and gloom. The number of telecommunications service centres has expanded rapidly over the past two years; indeed, with the opening of a second centre, the number of employees in that sector will increase from some 70 to 170. The minister and I visited Database Direct yesterday. It announced that the number of its employees is increasing from 87 to 119. Those are full-time jobs. There is some expansion there.

Mr Hamilton: Will Mr Lyon give way?

George Lyon: I have only three minutes, Duncan, so if you do not mind I will not give way.

As Jamie rightly pointed out, there is the prospect of a marina development in Cowal, so some momentum is lifting the economy from the dark days when the Holy loch base closed down and unemployment rose to 834.

Fergus Ewing (Inverness East, Nairn and Lochaber) (SNP): Will Mr Lyon give way?

George Lyon: If you do not mind, Fergus, I would like to finish off, because other people are waiting to speak.

Unemployment has fallen from 834 in January 1993, at the height of the Holy loch situation, to 411 in July 1999. The figure has come down, but it is still too high and we need to take decisions.

I thank the minister for coming to view the situation at first hand yesterday. I have asked Sarah Boyack, the Minister for Transport and the Environment, to come and consult local people about how to proceed and resolve the future of Dunoon pier and the ferry service.

The Deputy Presiding Officer: Please wind up, Mr Lyon.

George Lyon: It is very important that we get the Deloitte & Touche report published. We have to bear in mind that it is not just the Scottish Executive that owns that report; Western Ferries was a contributor and must be consulted to ensure that it is happy with the report being published.

I welcome this debate and support a lot of what Duncan said. It is essential that decisions are made about the future of the Clyde services and the Dunoon pier.

17:25

Michael Russell (South of Scotland) (SNP): I shall be brief. I speak as a resident of Cowal and as somebody who shops in Dunoon, drinks in Colintrave, and whose son goes to Dunoon Grammar, although I hope that he will do better politically than other people from Dunoon Grammar—notably Brian Wilson.

I welcome the speeches of Jamie McGrigor and my member of the Scottish Parliament—although I did not vote for him—but I am surprised by Maureen Macmillan's contribution. She is a signatory of this motion. This campaign is being run by a distinguished newspaper in the community, which knows the community. I am inclined to believe Cowal residents and the people who write in that newspaper when they say that there is a crisis.

No matter what official spin—I hope that my

friend Alasdair Morrison will be positive—there is from Highlands and Islands Enterprise or officials of Argyll and Bute Council, there is a crisis of confidence and an economic crisis. It does not help to hide from that fact. Duncan Hamilton has outlined some of the elements of that crisis. Let us consider some of the positive solutions. I welcome Jamie McGrigor's conversion on the question of local authority aid. It seems to me that that was always blocked when the Secretary of State for Scotland was a Tory, but I always welcome lost sheep into the fold. If he now supports this campaign, that is well and good. The Government has a duty to recognise the special circumstances—the island circumstances—of the local council, and to take action on them.

I say to Maureen that the question is not one of refurbishing a pier. We cannot refurbish something that is falling down. We must rebuild the pier and get the breakwater. The distinguished pier that celebrated its centenary last year is the life-blood of Cowal and must be preserved. It was a dereliction of duty by the local council before the change of administration—I have hopes of the new administration, as my party and Mr Lyon's party are in it, and we have a chance to change things—to allow that pier to collapse. The worst thing that ever happened to Cowal was the election of a so-called independent administration, which was led by Councillor Dick Walsh. It was a disaster for the town.

Fortunately, in the new politics we have decided to let bygones be bygones. The *Dunoon Observer and Argyllshire Standard* is leading the way with an all-party campaign. Let us get behind a campaign for island status for Argyll and Bute, restoration of Dunoon pier and investment in transport links. Let us get some energy into the local enterprise company and let us ensure that the ideas that Maureen talked about—the good ideas that appear every week in the columns of the *Dunoon Observer and Argyllshire Standard*—are translated into reality by a sympathetic council and a sympathetic enterprise company, both supported adequately by this Administration.

I hope that we will hear an enthusiastic message from Alasdair today. He will be very welcome in Cowal again and I shall welcome him into my own house—that was not a bribe—as long as he has something to offer to the community, which feels in crisis, wants assistance and has a community newspaper that is pushing the issue. We can solve the problem, but we can only do so together. We must recognise the problem that exists.

17:29

The Deputy Minister for Highlands and Islands and Gaelic (Mr Alasdair Morrison): I have a minute and a half to respond, which is

hardly adequate. I will certainly take up Mike's kind invitation to visit him in his house.

The motion talks about a crisis. It is important to stress that the claim that there is a crisis is not supported by facts. As George said, I was delighted to visit the Cowal peninsula this week. Inward investment has been talked about. The main purpose of the visit was to announce that Government support, which we are providing through the enterprise network, will create another 32 information technology jobs in one of Argyll's most prominent companies, Database Direct. That will boost the total work force at the company to around 120.

As an islander, I appreciate how important communications, particularly ferry services, are for any community that relies on them. There can be no doubt that Dunoon's prospects are closely linked to the frequency and accessibility of the ferry services that connect it with the other side of the Clyde.

As an islander, I am also well aware of the importance of good connections to remote areas. My visit to Dunoon and the Cowal peninsula yesterday heightened my awareness of the importance of ferry services to the area.

Fergus Ewing: Will the minister give way?

Mr Morrison: I have already gone over by 30 seconds, so I cannot let Fergus intervene.

Important public policy issues are involved. There are transport links involving subsidised competition with a private operator and there is a call, against very tight expenditure constraints, for significant investment in new infrastructure.

My colleague the Minister for Transport and the Environment, Sarah Boyack, has made it plain that a consultation document on options for the future of ferry services between Gourock and Dunoon will soon be made publicly available. I can assure Duncan Hamilton and the people of Cowal that Sarah Boyack and other ministers approach the consultation process with open minds and with no preconceptions.

One issue that is intimately tied up with such considerations is the condition of Dunoon pier. As Jamie McGrigor pointed out, it is a Victorian landmark which, along with the castle hill and the statue of Burns's Highland Mary, makes up what many generations have recognised as the classic view of Dunoon—a view that I enjoyed yesterday.

The pier is owned by Argyll and Bute Council and the maintenance of the infrastructure, which has listed building status, is therefore the responsibility of the council.

In conclusion, I remind everyone here that the motto of Dunoon, as we all know, is "Forward". I

am confident that it will continue to move precisely in that direction. It will do so with a great deal of good will from me and from the other members of the Executive.

Meeting closed at 17:32

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