

MEETING OF THE PARLIAMENT

Wednesday 12 December 2007

Session 3

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Scottish Parliament

Wednesday 12 December 2007

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

Time for Reflection

The Presiding Officer (Alex Fergusson): Good afternoon. The first item of business this afternoon is time for reflection. Our time for reflection leader today is Jack Glenny, from Greenock and Paisley presbytery.

Jack Glenny (Greenock and Paisley Presbytery): It is now approaching 20 years since the small Scottish town of Lockerbie was the scene of the dreadful disaster that befell Pan Am flight 103. As a customs officer, I was in charge of a team operating a mobile X-ray vehicle at that very harrowing scene. Two little cameos will live in my mind for ever. In one, I saw a big powerful police sergeant who had been working steadily in the hurriedly set up mortuary. Among the bodies, he came upon that of a child, and it was too much for him. As he emerged from the mortuary, his shoulders slumped, his face crumpled and he wept. It is pretty disconcerting to see a big Scottish policeman weep: all those around him felt helpless. Then a small, grey-haired, wiry little woman from the Women's Royal Voluntary Service, who was serving teas, came forward and put her arm round the officer. She spoke gently to him, as she would to a child. Everyone shuffled and lowered their eyes—they knew now what was needed, and she had done it.

My second memory is of a suitcase, battered and torn. It held a bottle of very expensive Scotch whisky which had, despite having fallen 7 miles out of the sky, remained intact. As we all marvelled at that, the bottle fell from a table that was barely 3ft high and shattered at our feet.

Both those scenarios prompted me to think. Firstly, I thought of the strength that was so obvious in the policeman and then of the strength of a glass bottle that could fall 7 miles and remain unbroken and yet whose frailty caused it to shatter after the shortest of drops. I thought of how the officer, despite his powerful frame, could crumple completely when confronted with fear—the fear that was etched on the face of a dead child—and how the comfort and reassurance of a frail elderly woman restored his strength and, indeed, the strength of all who were there.

It is through such simple and spontaneous actions that we can obey the command of Jesus Christ,

“that you love one another as I have loved you.”

The message in this for you members of this great Scottish Parliament is that, as elected servants of our country, you can harness the power that our nation possesses and yet be aware of its fragility; you can guide us through the work of the Parliament and yet remain strong enough to seek the comfort that is afforded by those who have vested their power in you.

May he who showed his strength as he suffered on the cross, but whose human weakness caused him to weep at the tomb of Lazarus, be with you as you serve our nation, and may we love one another as he loved us.

Health Strategy

The Presiding Officer (Alex Fergusson): The next item of business is a statement by Nicola Sturgeon on the Scottish Government's health strategy. The Deputy First Minister and Cabinet Secretary for Health and Wellbeing will take questions at the end of her statement, and there should be no interventions.

14:35

The Deputy First Minister and Cabinet Secretary for Health and Wellbeing (Nicola Sturgeon): I am delighted to publish today our new action plan for health and well-being. "Better Health, Better Care" sets out a clear vision for the national health service in Scotland. It outlines the actions that we will take during this session to improve health, to tackle health inequalities and to enhance the quality of our health care services. "Better Health, Better Care" builds on the strong foundations of the NHS in Scotland. We will retain what is working well, but we are determined to add fresh impetus and new momentum to our efforts to improve health and to deliver health care that is truly patient centred.

Our action plan has at its heart a strong commitment to participation and involvement—to the participation of patients as partners in their own care and to the involvement of patients, the public and staff in the design and delivery of health care services in the future. The action plan has developed out of one of the most thorough and wide-reaching consultation processes ever seen in Scotland. More than 2,000 people took part in face-to-face discussions, and we received around 600 written responses. I am grateful that so many people and organisations took the time and trouble to give us their views, and I place on record today my thanks to all of them.

The consultation process demonstrated the passion of people in Scotland for the NHS. I brought to this job a firm belief that that passion should be viewed as a strength to be harnessed, as a powerful driver of change in the NHS, and not as an obstacle that NHS boards need to get round. My experience over the past few months has served only to reinforce that view—I have been impressed time and again by the commitment of patients, the public and staff to using their experiences to drive change and improvement in how services are delivered. I have also been left in no doubt that their voices must be heard and listened to even more.

Our action plan represents a new era for patient and public participation in our NHS, and it represents a step change in the power, influence and voice that the Scottish public will have in it. It

recognises the public not just as consumers who have rights, but as owners of the NHS who have both rights and responsibilities. It represents a radical shift towards an NHS that is truly publicly owned.

The action plan sets out a clear vision of a mutual NHS, in which ownership and accountability are shared with the public and the staff who work in the NHS. That concept of mutuality does not mean a change in the financial or structural arrangements of NHS Scotland, but it does mean gathering the people of Scotland, the voluntary and community sectors, all our partner organisations and the staff of the national health service around the common purpose of building a healthier Scotland. That common purpose, which will be delivered through integrated care and co-operation, involves a genuinely collaborative approach to health care that builds on the founding values of the NHS but completely rejects the market-based model that is favoured elsewhere in the United Kingdom.

Over the next three years, we will take a number of steps towards a more mutual NHS in which patients, the public and staff are treated as partners in health and as co-owners of the national health service. We will launch a public consultation on the possible content of a patients' rights bill by May 2008. That will cover waiting time guarantees and the right of patients to be treated as partners in their own care.

We will produce proposals for independent scrutiny of major service change by April 2008, building on our experiences of the independent scrutiny panels that are already established and working well in Ayrshire and Arran NHS Board, Lanarkshire NHS Board and Greater Glasgow and Clyde NHS Board.

Following public consultation, we will by next summer introduce a local health care bill that will include proposals for direct elections to NHS boards. We will also develop a participation standard for all NHS boards to reflect the needs of our diverse population and we will by 2009 incorporate assessment against that standard into NHS Scotland's performance management system.

We will produce and distribute an annual ownership report to every household in Scotland. It will set out the rights and responsibilities of patients and their carers alongside information on how to access local services and raise issues or complaints.

The strategy is a step change. It will take time to fully embed that new mutual approach, but I believe that the steps that I am announcing today set us firmly on the right path.

I turn to the twin challenges of improving health and tackling health inequalities. Last month, the chief medical officer for Scotland published his annual report on the state of our nation's health. He accepted that our health is improving—it is—but that it is improving faster in the wealthiest sections of our society than it is in the poorest sections of our society. As a result, health inequalities are widening. This Government is clear that, in a country that is as rich as Scotland, those health inequalities are simply not acceptable, which is why we have made tackling health inequalities our top health priority.

The ministerial task force on health inequalities—led by Scotland's first-ever Minister for Public Health—will report to Cabinet by May 2008 on a range of cross-Government recommendations to tackle our most significant and widening health inequalities. The discussion around “Better Health, Better Care” has informed the work and the priorities of the task force and the action plan sets out some of the early measures that we will take to add real momentum to our shared national drive to improve the health of people who live in our most disadvantaged communities.

As I announced in Parliament last week, we will abolish prescription charges by April 2011 and, in so doing, remove a tax on ill health and a significant barrier to self-management of long-term conditions. We will develop new approaches to anticipatory care, building on the early success of the keep well programme, and we will introduce life begins health checks. We will roll out simple but effective interventions to promote good health in our acute hospitals and we will implement a systematic approach to assessing the impact of policies and strategies on health and health inequalities.

Crucially, we will ensure that the NHS uses its considerable influence as Scotland's largest employer to promote good health and to take the lead in getting people into work through innovative employment schemes that offer pre-employment training and first-destination work opportunities for people who are on benefits.

Of course, it is not the job of the NHS alone to improve health and tackle inequalities, but there is no doubt that it has a leading role to play. That is why the plan puts greater-than-ever emphasis on the unique contribution that the NHS can make, in working with its partners, to enable people to improve and sustain their health.

We recognise, of course, that health improvement requires a long-term effort. The full value of the work that we do now to support children might not become apparent until those children have become parents or grandparents. However, there is action that the NHS can take

now to create the conditions in which people have the confidence, motivation and ability to make healthy choices. That is why we will invest an additional £3 million a year in new measures to prevent smoking and set a target for NHS boards to increase the number of people they support through smoking cessation services.

We will invest an additional £85 million over the next three years to tackle alcohol-related harm, with greater focus on changing behaviour through brief interventions delivered by general practitioners and other professionals in primary care. We will also invest a total of £94 million to allow NHS boards to increase drug treatment and rehabilitation services. We will invest an additional £11.5 million to tackle the rising tide of obesity in our country and set a new target for completion of programmes that support healthy weight management. In other words, we will focus the NHS on activity that has real and practical effects while leaving plenty of scope for boards and their highly professional staff to use their initiative and judgment to achieve the best outcomes.

We recognise that good health requires more than the absence of disease—it also requires good mental health. Scotland is rightly recognised internationally for some of its work around mental health legislation and services. However, we will do more to address stigma, prejudice and discrimination, particularly for people who have been diagnosed as suffering from psychosis. We will roll out the mental health first aid programme so that more key workers are mental health and well-being literate.

We will also do more to deliver better outcomes for people who suffer from depression by matching appropriate therapies to their specific needs. Although antidepressants will offer the most appropriate help for some people, for many more a range of other interventions will be more effective. That is why we will target NHS boards to reduce the annual increase in antidepressant prescribing to zero by 2009-10 and to reduce it by 10 per cent in the years thereafter.

We can make the biggest difference in the long term—and must do so—by giving our children the best possible start in life. Work that is emerging from around the world shows that the circumstances in which a child is brought into the world can have a major impact on physical and mental health. It is therefore critical that we give our children the best possible start by supporting good health choices and behaviours that will enable them to sustain good health throughout their lives. The key to that approach will be the development by autumn 2008 of a cross-Government early years strategy, which will provide the framework within which we will work

with our partners to deliver effective early years support for children and young people.

The action plan also outlines a range of steps that we will take now to improve the life chances of our young people and to break the link between early-life adversity and adult disease. For example, we will focus intensive support on children who are identified as being particularly vulnerable; we will expect each NHS board to identify a lead maternity care professional to help mothers quit smoking and drinking during pregnancy; we will challenge boards to improve breastfeeding rates; we will extend entitlement to free school meals; we will increase nursing and other health care support in schools; and we will roll out a new schools-based preventive dental service and ensure that 80 per cent of all 3 to 5-year-olds are registered with a dentist by 2010-11.

We must make our health service better, more local and faster. First, let me acknowledge progress that has already been made. Waiting times are shorter and outcomes for patients are improving, so I pay tribute to the previous Administration for the part that it played in delivering that success. However, above all else, I want to pay tribute to everyone who works in our NHS because their hard work has delivered that success. We all owe them an enormous debt of gratitude.

The challenge now is to accelerate the pace of improvement on behalf of the patients and the public whom we serve. Better quality care has a number of dimensions: it must be patient centred, safe, effective, efficient, equitable, and timely. It must also be designed for the future as well as for the present. The challenges that we face—an ageing population, a rise in long-term conditions and growing inequalities—require us to further shift the balance of care towards community and anticipatory services that are effective. That means that we must develop primary care services that are more accessible and flexible.

During the consultation, we were told repeatedly by members of the public that improved access to primary care is important. The current contract for general practitioners defines their opening hours as being from 8 am to 6.30 pm, Monday to Friday. However, routine appointments are usually scheduled between 9 am and 5.30 pm, with very few GP practices offering early morning, evening or even lunch time appointments.

No-one expects GP services to be available 24 hours a day, seven days a week, but many patients—including those in some hard-to-reach groups—want to see, and would benefit from being able to see, a GP before or after work or at the weekend. That is why the Government will work with professional bodies, NHS boards and individual GP practices to provide a more

accessible service that fits in with the lives of patients. That will involve more flexible access during existing contract hours as well as some extended-hours opening. We will use the framework of patient experience surveys to develop a robust evidence base that will support the drive towards improving access and patients' experience of care.

Another issue that is of concern to patients, certainly in some areas, is their inability to book appointments in advance, or with a GP or member of the primary care team of their choice. We will, therefore, work with the profession to secure guaranteed access within 48 hours to an appropriate member of the practice team, and to secure more flexible advance booking arrangements.

Of course, improving access to primary care should not be just about providing more of the same; we will develop innovative methods of accessing services, such as more effective use of telephone consultations and e-mail communication. We also intend to enhance the role of community pharmacies. Community pharmacies offer convenient access to primary care in high streets and other community settings. That is why, by March next year, we will establish pilot projects in five of our largest health board areas—Grampian, Greater Glasgow and Clyde, Lanarkshire, Lothian and Tayside—which will provide walk-in access to a range of primary care services via community pharmacies. Those pilots will be located at main commuter points, major shopping centres and inner-city areas. They will provide extended-hours walk-in access to a wide range of services, including nurse-led minor injury treatments, sexual health screening, simple diagnostic tests and some adult immunisations.

That ambitious package of improvements to our system of primary care—more flexible GP access, development of the keep well model of anticipatory care and easy walk-in access to a range of primary care services—will start to deliver the local and more preventive health service that we must develop for the future.

I now turn to the very important issue of patient safety. First, I assure the public that NHS Scotland is safe by any international standards. However, there is no room for complacency—as the report that NHS Quality Improvement Scotland published today reminds us. I want NHS Scotland to be a world leader in patient safety. The Scottish patient safety alliance has been established to achieve significant measurable improvements in patient outcomes through the implementation of specific evidence-based interventions. That work will ensure that robust quality improvement methodologies are implemented, and that we

embed a culture of patient safety in all our NHS hospitals.

Of course, one of the key aspects of patient safety is our work to tackle hospital-acquired infections. The prevalence of infections in our hospitals and, indeed, in other health care settings is understandably a matter of considerable public concern and anxiety. That is why the Government will introduce a range of new measures to tackle health care associated infection and why we will invest more than £50 million to support their implementation through the HAI taskforce. Those measures will include the introduction of a national MRSA screening programme, tougher hospital cleaning standards and a more rigorous approach to hand hygiene.

I turn now to timeliness. The benefits of national waiting times for patients are very clear: earlier diagnosis leads to better outcomes, there is less unnecessary worry and upheaval and, of course, there is less postcode variation. Shorter waits benefit the NHS as well, because they reduce the need to manage complex queues and backlogs for treatment. That is why, by 2011, the Government will deliver a maximum wait of 18 weeks from GP referral to treatment. That target differs from previous waiting time targets because it does not focus on a single stage of care, but will instead apply to the whole patient journey. Achieving that ambitious target will demand new ways of working in the NHS. That is why, by spring 2008, we will publish a national framework for delivery of the 18-week target and why we will support its implementation with £270 million of new resources in the next three years. That commitment represents the biggest step change in waiting times in the history of NHS Scotland. It is no exaggeration to say that it will transform patients' experience.

I have been able to touch on just a few of the areas that are covered in "Better Health, Better Care". Its publication today will be followed by detailed guidance on implementation for the service and those who work in it.

Finally, I will touch on a central and important issue, which is how the Government will hold NHS boards to account, and how Parliament will hold me and the Government to account for delivery of our ambitious programme. "Better Health, Better Care" sets out new annual performance targets and measures for NHS boards in Scotland. It describes a framework that identifies and drives NHS Scotland's contribution to the Scottish Government's overall strategic objectives. It also links closely with the new accountability and performance arrangements that will apply to local government, and demonstrates a clear alignment between short-term operational targets and our longer-term direction of travel.

The new performance framework represents a better balance than we have had before in relation to the impact that the NHS can have on the health of the people of Scotland. It places much more emphasis on health improvement, mental health, efficiency and anticipatory care, and it reduces correspondingly the number of targets around waiting times. For the first time, it also includes targets on the unique contribution that NHS boards will make to our overall approach to health improvement; targets on our manifesto commitment to make dementia a national priority and achieve agreed improvements in early diagnosis and management of patients with dementia; targets on reduction of hospital admissions for patients with a primary diagnosis of chronic obstructive pulmonary disease, asthma, diabetes or coronary heart disease; and targets on delivery of clear milestones towards the 18-week whole journey waiting time.

In the next few months, all NHS boards will be expected to produce local delivery plans that show how they will meet, or make progress towards, those targets in the next year. Boards will track their progress against the plans and take action where necessary to bring performance back into line. The health directorates will manage boards' performance to ensure that planned levels of achievement are delivered. The performance management approach provides a sound basis for outcome agreements that are established jointly with other service delivery partners. It will also provide the basis on which I will report NHS Scotland's progress to the public and be held to account by Parliament.

The action plan is published at a significant time. As I have said before in the chamber, the NHS will celebrate its 60th birthday next year. That will be an occasion on which to reflect on what the NHS has achieved—it has achieved so much—and to ask questions about its future direction. With the action plan, we show how the NHS in Scotland will answer those questions. We have set out a plan for a national health service that is based on the values of collaboration and co-operation—not on the whims of the market. We affirm a unified structure in which decisions are made in the interests of the people whom we serve and not to meet the demands of internal competition. We describe a public service that is used by the public, paid for by the public and owned by the public.

"Better Health, Better Care" sets out a vision for a national health service that is true to its founding principles but which also has the confidence to extend those principles through a commitment to involving the public, patients and staff in shaping its future direction. It delivers a national health service for the Scottish nation—a truly Scottish

health service. I hope that our action plan will have the whole-hearted support of all members.

Margaret Curran (Glasgow Baillieston) (Lab): I thank the minister for an advance copy of her statement.

I have one note of significant disappointment—although there are perhaps a few others—that ministers have yet again made a statement rather than introduce a debate. It is curious that in the past few weeks we have had three debates on European Union reform and not one on health. I hope that that does not indicate the significance of health to this Government's agenda.

The minister will be aware of widespread concerns that the Scottish National Party is not maintaining the high levels of spending on health that Labour had when we were in power and that it is not maintaining the drive to tackle health inequalities in Scotland. She must be aware that many question whether the SNP has struck the right balance between universal and targeted services. That was reinforced recently by the First Minister telling us that a report on poverty will be issued, I think, next month. That report has clearly not been used to inform the action plan or the budget. Put together with the fact that there are no inequality targets in the national reporting framework that was published with the budget, that raises serious questions about the Government's determination to tackle health inequality.

Given the scale of the concerns, will the minister bring forward in Parliament an early debate on the action plan that affords MSPs an opportunity for wider debate and more detailed examination? She must know the importance of health to the people of Scotland. Given their views, it is vital that the Parliament has that debate. When are the life begins health checks due to be implemented, and are they to be funded out of existing allocations? When will the SNP manifesto commitment to double the number of school nurses be implemented, and how will it be funded? Finally, will she produce targets to tackle health inequality in Scotland, as we had before?

Nicola Sturgeon: I thank—or at least I think that I should thank—Margaret Curran for those questions. It is slightly depressing that although I have just published a wide-ranging programme to improve health, tackle health inequalities and enhance the quality of health care across Scotland, she can only complain about the format of the announcement. That shows a dreadful lack of vision.

Let me draw Margaret Curran's attention to and encourage her to read the *Official Report* of a debate on free personal care that I led in June this year. My colleague Shona Robison and I were

roundly criticised by Andy Kerr and Lewis Macdonald for making announcements in the form of a debate rather than a statement. They said that it was only courteous to the Opposition that, when documents were published and announcements made, that was done in the form of a statement. I respectfully say to the Opposition that it really should make up its mind.

I will move on to some of Margaret Curran's other points. She talked about the level of health service funding. I am sure that I do not have to do this, but I remind members that we have received the tightest funding settlement since devolution from Her Majesty's Treasury. However, in the context of an overall budget increase next year of 0.5 per cent, the increase in the health budget is 4.1 per cent. That is a sign of the Government's commitment to improving health and health care in our country.

On tackling inequalities, I gently suggest to Margaret Curran that the next time that we turn up in the chamber—whether it is for a statement or a debate—she listens to what is said. I have just made a 25-minute statement, the vast bulk of which concentrated and was focused on the need for the Government to do more than the previous Government did to tackle the widening health inequalities in our country. I set out a range of actions that the Government will take in the next few years to tackle poverty and reduce the gap between the richest and the poorest in our society—something that our predecessors signally failed to do in eight long years in government.

I tell Margaret Curran that one sign of our commitment is that we recognise that although the health portfolio plays a leading role, tackling poverty and inequality is the responsibility of everyone in government and all my Cabinet colleagues see that as a priority.

I will briefly deal with other points that Margaret Curran made. We are progressing our commitment to introduce life begins checks, which we want to do by building on the keep well programme's success. In the spirit of consensus and constructive debate, I pay tribute to the previous Administration for introducing the keep well programme. We are determined to increase nursing and other health care support in our schools, where we can contribute significantly to tackling the problems that our youngest children face, which have an impact on their health later in life.

We intend to deliver all our manifesto commitments over the Parliament's four-year session. When we do so, that will deliver significant benefits for all the people of Scotland.

Mary Scanlon (Highlands and Islands) (Con): I, too, thank the cabinet secretary for the advance

copies of her statement and the action plan. I put it on the record that the Scottish Conservatives acknowledge and appreciate the continuing commitment of all NHS staff.

We welcome much in the statement but, as we have had only an hour to read it and the action plan, we will need more time to read it more thoroughly. We welcome the reintroduction of the patients charter, which the Conservatives introduced in 1991, when it was not roundly accepted by every other political party in Scotland. I trust that the cabinet secretary will build on the excellent practice that the Conservatives set out in the patients charter all those years ago.

I welcome the increased role for community pharmacists and the identification of lead maternity care professionals.

Any measures to tackle MRSA and reduce hospital stays are welcome, but we would like more information on the evidence base for the MRSA proposal.

We welcome the additional spending on alcohol and drug treatments, but we are concerned about the evidence base on what works and is most effective. How will the cabinet secretary allocate funding to ensure value for money, achieve the best outcomes and—an issue that I have raised many times before—tackle any underlying mental health condition at the same time?

The additional funds to tackle obesity are welcome but, given the patchy service throughout Scotland and the fact that the Scottish intercollegiate guidelines network guideline on obesity is largely ignored, how will the considerable need that exists be met, and how will a consistent service be rolled out throughout Scotland?

I am concerned that two forms of local authority funding for mental health services have been abolished and that we will not know the local authority outcome agreements for mental health spending and outcomes until January. Will the cabinet secretary give a commitment that a driver or incentive will ensure that the money follows the patient for mental health services?

The cabinet secretary did not mention the importance of early intervention. In many cases, treating people for mild depression means that the condition does not become severe, chronic and enduring. Will she make a commitment on early intervention?

Nicola Sturgeon: I thank Mary Scanlon for her questions and for asking them positively. I accept that all members will want more time to read the action plan—on recent evidence, some members certainly need more time to read it.

I meant to say something in response to Margaret Curran's questions, which I am happy to say now. I would be more than happy to have a debate on the action plan, because it sets out a positive vision for the future of health and health care in Scotland.

Mary Scanlon is right to point to our proposal to devise a charter of mutual rights, but I am not sure that she is right to draw an analogy with the Tories' patients charter. I will say what the difference is. I think that the Tories introduced a patients charter at the same time as they were cutting health service funding and eroding the principles on which our health service is based. The charter of mutual rights is meant to enhance and build on those values. It will be set against the Government's on-going commitment to proper funding of the health service and ensuring that health service funds are properly targeted.

Mary Scanlon is also right to point out the importance of the proposals that I announced on community pharmacies and lead maternity care professionals and on the range of measures to tackle hospital infections. I think that she asked about the evidence base for MRSA screening. I point her in the direction of the NHS QIS report on that. I am sure that she will find that report interesting.

Mary Scanlon also raised a range of issues relating to drugs and alcohol, as she has consistently done, and she is right to point to the need for a strong evidence base in that respect. Indeed, there was a substantive discussion about that at a Health and Sport Committee meeting that John Swinney, Kenny MacAskill and I attended a couple of weeks ago. We are committed to ensuring that we grow the evidence base on what works and what does not work. However, I am sure that she agrees that there is already a strong evidence base in respect of brief interventions to tackle alcohol misuse that suggests that such interventions work. That is why we have put so much emphasis on them in the action plan.

We will publish our action plan to tackle obesity next year. We must ensure consistency. It is important that attention is paid to SIGN guidelines on obesity and on other matters. We need consistent weight management strategies throughout Scotland, and our action plan intends to deliver them.

I appreciate the concern about mental health services. There are few more important aspects of the Government's health strategy than mental health services. I do not want to be confrontational towards Mary Scanlon; I simply want to be factual when I say that no mental health funding has been abolished. It is important, and it is in the interests of service users throughout Scotland, not to perpetuate the myth that mental health funding

has been abolished. Funding has been rolled into the local government funding, and the NHS and local government will be jointly accountable for delivering quality mental health services in the future.

Finally, I point Mary Scanlon and other members towards the health improvement, efficiency, access and treatment—HEAT—targets at the back of “Better Health, Better Care”. Out of 30 HEAT targets that cover the whole range of issues that we are discussing, we have, for the first time, four specific HEAT targets that relate to improving mental health services. We will ensure that NHS boards and, through joint working, local government are held to account by using those targets. That is, of course, an extremely important matter.

Ross Finnie (West of Scotland) (LD): I, too, thank the cabinet secretary for the advance copy of her statement and action plan. Like others who received them, I thought that the 3,328 words of the statement and the action plan’s 78 pages made interesting reading over the extended luncheon interval.

Like other members, we need time to study the cabinet secretary’s important statement and to reflect on the fact that although there is much in it that the Liberal Democrats could welcome, there are a number of areas about which we are not clear. I welcome what I take to be a commitment from the cabinet secretary to offer Government time for a debate on this important subject. That would be appropriate.

Early in her statement, the cabinet secretary referred to increasing patient participation, which the Liberal Democrats would certainly welcome. However, I think that she is aware that these are difficult issues, even without a great bureaucracy behind them. She referred to a number of stages and steps to increase patient participation. Will she clarify whether there will be a range of additional consultations on patient participation or whether she may be able to wrap things up into a more simplified form so that we can tackle the problem?

I want to press the cabinet secretary on the ministerial task force on health inequalities. What she said about that is to be welcomed, but I see that there is also a cross-Government early years strategy. There is clearly crossover between elements of that strategy and the task force on health inequalities. There are similarities between the two and similar problems to be addressed. How will she ensure that, by establishing two separate groups, she does not separate those problems?

I agree that on mental health nothing has been abolished, but although the cabinet secretary has

made it clear that the issue is a priority, spending on it in the part of the budget that is not devolved to local government is fairly flat lined. It is difficult to see how the issue will be prioritised if it does not receive improved funding.

The statement that the Government is
“to further shift the balance of care”

is important, leaving aside the infelicity of the split infinitive. Improvements in the funding of primary health care are to be welcomed, but it is not clear from the statement what the shift in the balance will be. Equally, it is not clear from the budget what significant shift in resources would give weight to that rhetoric.

We welcome the improved contribution of community pharmacies, but can the cabinet secretary confirm that her statement today goes beyond what has been signed up to in the new community pharmacy contract?

Finally, in your closing remarks you made much of performance management accountability, and it is vital that the Parliament is able to hold you and health boards to account. The Liberal Democrats and I welcome the shift from input to outcome measurement. However, in your statement—unless I misheard you—and in other documents, you talk about annual targets. Until now, a large number of input measurements, imperfect though they may be, have been made much more regularly than on an annual basis. I would welcome confirmation that the Parliament will be able to hold you to account not only several months after a year has ended, but much more regularly.

The Presiding Officer: Before I call the cabinet secretary to reply, I remind members that they may refer to her in many ways—as “cabinet secretary”, as “minister” or as “Nicola Sturgeon”—but not as “you”.

Nicola Sturgeon: That is better than how members sometimes refer to me outside the chamber—at least, it is better than how Margaret Curran sometimes refers to me.

Ross Finnie raises a number of important issues. I am glad that he was able to read the statement at lunch time, but counting the number of words in it was perhaps a step too far—he might have been better having lunch instead.

Ross Finnie made some points about participation. I am glad that the Liberal Democrats agree that it is important further to involve not just the public and patients, but NHS staff, in the way in which the health service is delivered. Rightly, Ross Finnie expressed concern that we should not have too many separate consultations. The other side of that argument is that we must ensure that the arguments relating to issues such as patients’

rights—some of which have been made by Ross Finnie—are properly explored.

We will undertake three main consultations over the next few months. One—the consultation on embedding independent scrutiny in all future proposals for major service change—is already under way. Next year we will launch a consultation on the possible contents of a patients' rights bill. I know that Ross Finnie, in particular, will take a close interest in that. The third consultation will be on a local health care bill, which will be published very early in the new year. That will look at how we can enhance the existing arrangements for public and patient participation and will cover our proposal for direct elections to health boards, which raises a number of complex issues to do with governance, accountability and relationships with existing non-executive board members. It is important that those issues are properly and adequately explored.

The relationship of the ministerial task force on health inequalities with the early years strategy is an important issue. The task force is already up and running, is well into its programme of work and will report to Cabinet next year. There is close alignment between its work and work on developing the early years strategy—the two are feeding into each other. Adam Ingram, the minister in charge of the early years strategy, is a member of the ministerial task force, so there is deliberate integration of the two, which is important.

I dealt substantially with the issue of mental health in my answer to Mary Scanlon's question, but I stress again that we are concentrating more on outcomes than on inputs. No funding has been abolished—we are simply changing the arrangements for funding local authorities. We are increasing accountability through the increased number of targets, which will ensure that we can be held to account on the delivery of those important objectives.

On Ross Finnie's point about the need to further shift the balance of care—the split infinitive is, I think, the responsibility of Professor David Kerr who wrote the report in which the phrase was first coined—he is right that the concept must be about more than rhetoric and must have some substance. When he has time to read the action plan in more detail, he will see that much of the substance is in measures to keep people out of hospital by, for example, ensuring support through good-quality community services and providing more local community-based diagnostic services, which will be critical for delivering our 18-week waiting time target. I agree that we need to ensure that budgets follow the aspiration of shifting the balance of care. He will note that the action plan's section on community health partnerships talks about the need to devolve more resources to

those partnerships to allow them to give reality to that concept. I hope that he will find a lot to assure him when he reads the action plan.

Ross Finnie's final question was about targets. I certainly take his point, as I believe that it is right and proper that the Parliament can hold the Government to account, and that the Government can hold the health service to account, not just annually but more regularly. I will certainly reflect on that.

However, previous practice is not quite as Ross Finnie remembers it. Many of the previous Administration's targets for the health service fell to be met at the end of December this year, which is some seven months after the election at which that Administration was voted out of office. I can assure him that I will ensure that I am subject to parliamentary scrutiny that is much more regular and meaningful than that.

The Deputy Presiding Officer (Alasdair Morgan): A large number of members have pressed their request-to-speak buttons, so questions should be brief and focused. I call Christine Grahame.

Christine Grahame (South of Scotland) (SNP): I do not know why that is always said just before I get up to ask a question, but there we are.

Quite rightly, the cabinet secretary stressed the commitment to break the link between early-life adversity and adult disease and she referred to the cross-Government early years strategy. The Health and Sport Committee heard evidence that between 70,000 and 100,000 children in Scotland live in households with substantial alcohol and drug problems. In Glasgow alone, 40,000 children have been identified as at risk, but only 20,000 have any form of support. How will the Cabinet address the difficulties in identifying the tens of thousands of children in need of intervention? Further, once those children are identified, how will resources be made available to meet their needs?

Nicola Sturgeon: I thank Christine Grahame for asking perhaps the most important question that could be asked about the action plan. She will recall that when the Cabinet Secretary for Justice, the Cabinet Secretary for Finance and Sustainable Growth and I attended her committee a couple of weeks ago, we spent a great deal of time talking about that issue. There was a shared acknowledgement that it is perhaps one of the most difficult issues to crack. Far too many children in Scotland live with drug and alcohol-addicted parents—we do not even know about many of them. That is why a large part of any strategy to tackle the issue must consider how such situations are identified as well as how they are dealt with subsequently. I can assure her that

a big focus of the early years strategy and of the health inequalities task force will be on that issue.

I said in my statement that we want to take action now to try to ensure that there is more intensive support for the children who are already identified as being the most vulnerable. Those will not exclusively be children who are living with drug and alcohol-addicted parents, but I suspect that a large proportion of them will fall into that category. We are determined to do what we can. I hope that the Parliament will unite on the need to give those children far more support than they have had to date. I point Christine Grahame to the early years strategy and assure her that the issue that she has raised is a big—if not the main—focus of that work.

Helen Eadie (Dunfermline East) (Lab): The cabinet secretary has focused on making waiting times shorter for people to get into hospitals, but I have evidence of a sudden increase in patient waiting times for getting out of hospital. It is almost as if a ball and chain has been thrown round some people's legs. Delayed discharge was one of the Labour Party's success stories, because we reduced the number of patients in Scotland who were waiting to get out of hospital from more than 3,000 to just a few hundred.

What steps has the cabinet secretary taken to tackle the issue? As a result of the situation, some of the most exquisite homes that have ever been built for disabled people have lain empty for six months or more, even though professionals have declared that people could have those care packages. Moreover, a young baby who has already been kept in hospital for five months will have to wait there for two more years because suitable community care facilities are not available. Given that the number of blocked beds in Fife has risen from 90 to 146 and that the trend across Scotland is up, I hope that the cabinet secretary will address this major issue.

Nicola Sturgeon: I assure the member that this Government gives absolute priority to tackling delayed discharges. Indeed, we have spent a long time discussing the topic in the annual reviews that I have chaired throughout the country over the past few months. The fact that we are on target to meet all the delayed discharge targets by April next year is a credit not only to NHS boards but to local authority partners.

The member asked me specifically about Fife. There are particular issues to deal with in that area—and I will tell her why. The previous Labour administration in Fife overspent its budget by £600,000.

Helen Eadie: Absolute nonsense.

The Deputy Presiding Officer: Order.

Nicola Sturgeon: That administration then set a budget to bring the overspend down to nil. That is the reality of what the new administration in Fife inherited—[*Interruption.*]

The Deputy Presiding Officer: Order.

Nicola Sturgeon: I know that the member might not like hearing the truth, but she might do well to listen. That is the reality of what the new administration inherited, and it is now dealing with the situation. NHS Fife and Fife Council are working closely and productively together to tackle the issues, and I have every confidence that they will do so in a way that the previous administration at Fife Council failed to.

Ian McKee (Lothians) (SNP): It is clear from the cabinet secretary's speech that the Scottish Government is looking for an NHS that is responsive to people's needs and available at the point of need. I advise her not to listen to the moaning and girning from members on the Labour benches, who in their time in office allowed health inequalities to increase. [*Interruption.*]

The Deputy Presiding Officer: Order.

Ian McKee: What I would like to say—if I am allowed to—is that, as a former GP, I am interested in and agree entirely with the cabinet secretary's proposal to extend GPs' hours and make them more available for consultation. What discussions has she had with GP organisations and patients on that proposal, and what response has she received?

Nicola Sturgeon: I thank Ian McKee for those questions. I would have to come into the chamber wearing earmuffs in order not to hear the moans and groans of the Labour Opposition members. However, I suppose that these days they have a lot to moan and groan about, none of which has anything to do with the Government.

On Ian McKee's serious point about GPs and primary care access, we want an NHS that is responsible, available at the point of need and flexible enough to reflect the lifestyles of people throughout Scotland. Through the British Medical Association, I have had very good discussions with GPs on the issues, and they understand the Government's reasons for progressing the agenda. I have also received a range of submissions from patients and members of the public, who are overwhelmingly enthusiastic about having more flexible access to GPs.

That said, the same people are also keen to tell us that the GP service in this country is extremely valued. GPs do fantastic work, particularly in our most deprived areas, and I put on record both my thanks to them and the enormous value that I place on their work. With the Government working with GPs and the wider health service, we can

further improve the service not only by targeting it on deprivation and disadvantage but by making it more flexible and open to those who need such flexibility and openness. If—as we will—we implement the measures that I have announced today, we will have a primary care service that is genuinely able to meet the challenges that we will all face over the next few years.

Cathie Craigie (Cumbernauld and Kilsyth) (Lab): The cabinet secretary's 25-minute statement to Parliament contained little more than we already knew, apart from new words for the principle—already accepted by health care professionals—of working in partnership with patients, health service providers and voluntary and local authorities to improve our health.

It is a disgrace that it is almost six months since we have had the opportunity to debate health issues. I have a lot to moan and groan about, as do my constituents in Kilsyth, who face a delay in the provision of health care facilities in their area. I have not had the opportunity to debate that in the Parliament, because the minister's Government has not initiated a debate.

The Deputy Presiding Officer: There should be a question, Ms Craigie.

Cathie Craigie: When will the Government initiate a debate on health?

The SNP supported Bill Butler's member's bill on direct elections to NHS boards in the previous parliamentary session. Will the cabinet secretary lift the principles from Bill's bill to avoid delays? How much of her budget will the cabinet secretary put towards primary health care facilities? Will she give the independent scrutiny panel in Lanarkshire, Ayrshire and Arran—which she held up as an example—more time to scrutinise and do the job that it is intended to do? It has been so much involved with—

The Deputy Presiding Officer: The member has spoken for long enough. Minister, will you answer, please?

Nicola Sturgeon: Cathie Craigie is absolutely right that my party supported Bill Butler's bill on direct elections. Unfortunately, her party did not, which is why the bill fell. However, she heard me say today that, next year, after public consultation, we will introduce a local health care bill that will include proposals for direct elections to health boards. I look forward to having her whole-hearted support for that bill when it is published.

Her colleague Jackie Baillie warmly welcomed the independent scrutiny panels in the Parliament only last week. The panel that is working in Lanarkshire, Ayrshire and Arran is scrutinising proposals as we speak, and most people think that it is doing an extremely good job.

On the length of my statement, perhaps we can get to the heart of the matter. The Opposition spokesperson said that she did not have enough time to digest it and Cathie Craigie said that it was too long. They should compare notes before they come to the Parliament and start asking me questions.

Cathie Craigie seemed to suggest that, after six months, this Government had not done enough on health.

Cathie Craigie: No, you haven't.

Nicola Sturgeon: Let me give her a few highlights of what we have done on health since the election in May.

Cathie Craigie: You haven't done enough.

The Deputy Presiding Officer: Order.

Nicola Sturgeon: We have saved the accident and emergency units in Monklands and Ayr and invested an extra £23 million in primary care premises. We have outlined plans to abolish prescription charges, which Cathie Craigie's party failed to do. We have set out a timescale for meeting a radical new waiting times target. We have laid regulations to extend the Emergency Workers (Scotland) Act 2005 and give health care workers more protection. Those are a few highlights of the enormous progress that this Government has already made, and we have only just got started.

Aileen Campbell (South of Scotland) (SNP): I have a short question. I welcome the cabinet secretary's support for the provision of services through community pharmacies. As she is focusing on areas of deprivation and poor access, will she consider using the pilot projects to increase the capacity of and services offered by pharmacies in smaller towns and rural areas, where access to GPs is often limited?

Nicola Sturgeon: I thank Aileen Campbell for an extremely sensible and important question that gets to the heart of some of the issues that we are debating. This is a debate about how we boost primary care, shift the balance of care and design a health service that is fit for the future. At last, somebody is asking questions about that, rather than trying to score pathetic political points.

The pilot projects about which I spoke in my statement will target areas of deprivation. Community pharmacy has a fantastic role to play in boosting and developing primary care by providing a much wider range of primary care services much more easily and conveniently. We will evaluate the pilots—which will all be up and running by March—and we are keen and determined to spread the model across the country, to ensure that the broadest possible range of primary care services is available via

community pharmacies, which will not replace but complement current primary care services.

Duncan McNeil (Greenock and Inverclyde) (Lab): There is a lot in the strategy with which it would be difficult to disagree. The disappointment that I express, as someone who has pursued the health inequalities agenda for some time, is that we will have to wait until May 2008 to hear what will be done to reduce the health inequalities gap, which is completely different from tackling health inequalities in general. I hope that, at that stage, we will bear in mind the words of the chief medical officer for Scotland, who said that access to health services can reduce that gap.

Does the cabinet secretary have any concerns that, in the absence of clarity about the future of the minor ailments scheme or the extension of GP services, the move to abolish prescription charges may have an undesirable outcome for the poor in our deprived areas, who, it is conceded, already receive less time with their GP, are less likely to be referred to a consultant and are less likely to survive their condition?

Nicola Sturgeon: I remind Duncan McNeil that, over the next three years, this Government will invest an additional £350 million in tackling inequalities and improving health. For the avoidance of doubt, I make it clear to Labour members that tackling inequalities means narrowing the gap between the richest and the poorest in our society.

Duncan McNeil expresses concern that we will not publish an action plan to reduce health inequalities until May 2008. By May 2008, this Government will have been in office for one year. Given that the previous Government failed to publish clear action on the issue in eight long years in office, I think that our progress is to be commended.

I confirm to Duncan McNeil that I will take everything that the chief medical officer said in his report very seriously indeed. It was an excellent report that should focus all our minds on what we must do in the future.

For the benefit of all members, I confirm that the abolition of prescription charges will not alter eligibility for the minor ailments scheme, which will continue to be available to everyone who is currently eligible for it. Duncan McNeil will want to take that point outside the chamber, so that he spreads facts rather than anything else.
[Interruption.]

The Deputy Presiding Officer: Order.

Nicola Sturgeon: On access to GPs and whether free prescriptions will increase demand for GP services, we had lengthy discussions about that last week, when I told the Parliament that I

expected free prescriptions to increase demand for GP services to some extent. Given that we have evidence that, at the moment, people do not go to their GPs out of fear of the prescription charge, greater access to GPs is an intended outcome of the policy. Many of our other policies are about ensuring that people get more meaningful and longer access to GPs. For example, the keep well programme is about ensuring that people spend more time with GPs, as are the life begins checks.

On all those issues, this Government is acting much more quickly and effectively than the previous Government ever did, and I am sure that people around Scotland will warmly welcome that.

Jackson Carlaw (West of Scotland) (Con): In the spirit of the season, I congratulate the cabinet secretary and her deputy not just on their statement today, but on the manner in which they have discharged their duties and on the substance of what they have done since May. In particular, Nicola Sturgeon should be congratulated on the introduction of the independent scrutiny panel process, given the valuable work that has already been done in respect of Ayr, Monklands and the Vale of Leven hospitals. I am intrigued by her announcement that she intends to build on the work of the independent scrutiny process. Will she give a hint about the possible scope and breadth of such panels?

Does the cabinet secretary agree that direct elections to health boards should be conducted on a non-party-political basis? It would be a tragedy if board proceedings degenerated into partisan squabbles, as some of this afternoon's exchanges have. How does she intend to ensure that, once they have been elected, lay members will have the courage and confidence not to feel intimidated by the opinions of professionals and to be suitably and independently informed when key decisions must be taken?

In respect of general health, does she agree that a more proactive approach needs to be taken on the detection by screening and the treatment of prostate cancer, which is a major and potentially preventable killer? Does she share my disappointment at the Westminster Government's recent decision not to consider a screening programme? Will she agree to undertake a proper review of such a scheme in Scotland, given that screening programmes have saved the lives of thousands of men worldwide, not just through the screening that they do, but by helping to make men much more self-aware of that aspect of their health?

Jim Tolson (Dunfermline West) (LD) rose—
[Laughter.]

The Deputy Presiding Officer: Order.

Nicola Sturgeon: I think that Jim Tolson was being a bit premature—but you never know.

I thank Jackson Carlaw for his constructive questions. After his first few remarks, I was expecting a “but”, so I am glad that there was not one. He raised a number of issues. He might be aware that we have published the consultation paper on options for embedding independent scrutiny in all future major service change proposals. We can learn much from the experience of the current independent scrutiny panels. When the panels have concluded their work, their chairs and members will want to give us their views on how we can improve the process.

The consultation paper proposes three options: scrutiny through a decision conference; scrutiny through an independent body such as a local authority; and scrutiny through an expert panel. The latter is closest to the approach that currently operates, and is the Government's preferred option, but we want to ensure that we get the detail right, which is why the experience of the Lanarkshire, Ayr and Arran and Greater Glasgow and Clyde scrutiny panels will be so important.

Jackson Carlaw raised important issues about elections, which must be properly debated and explored during the consultation. The principle of elections to health boards is sound, but it is clear that fundamental issues come into play, which are about the people who would stand and be elected, whether there should be a political element—I share some of the member's concerns about the prospect—the impact of elections on health boards' governance and accountability to ministers, and the need to ensure that elected members are properly equipped and informed to discharge their functions when they are working with board members who have expert knowledge. I will not give definitive answers to all those points today—that would be wrong, because we want to explore such issues through the consultation. I look forward to hearing the views of all members, including Jackson Carlaw.

On Jackson Carlaw's serious point about prostate cancer, early diagnosis and access to treatment is fundamental, as with all cancers. We will always follow expert advice on screening, as members witnessed in the context of cervical cancer screening. Such decisions are not political decisions and are best guided by experts. I am more than happy to discuss the member's concerns with him, to try to reassure him further.

Jim Tolson: I apologise to the cabinet secretary for my interruption. I was struggling to get over the new love match between her and Jackson Carlaw.

The cabinet secretary said that she would produce and distribute to every household in

Scotland an annual ownership report. Can she tell the Parliament how much that will cost? If the cost is anything like the £2 million or so that I estimate it to be, it will be the equivalent of approximately 100 nurses per year. Does the cabinet secretary agree that the people whom we serve would much rather have 100 more nurses per year than a booklet that gives information that is accessible in other ways?

Nicola Sturgeon: Under this Government, people stand a chance of getting both—a well-staffed NHS and information that tells them how to access it.

The obvious answer to Jim Tolson is that the cost will depend on the format that we choose for the ownership report. However, I am sure that Jim Tolson, who is a constituency member, is aware that many health boards publish and distribute to every household in their area newspapers or bulletins. The development perhaps gives us an opportunity to standardise information and ensure that we disperse quality information that is useful to patients.

The development is potentially important, particularly as we move towards having a more mutual NHS, with more sophisticated patients' rights and responsibilities. It is right not just that patients understand their responsibilities, but that they have much more readily accessible information on how to access different parts of the health service. One of the most frequent comments that I hear as I travel around the country is that people do not know about the services that are available to them and how to access them. The strategy gives an important opportunity to address that. I am happy to undertake to keep Jim Tolson informed on the matter, as we further develop our proposals.

Alex Neil (Central Scotland) (SNP): I congratulate the Cabinet Secretary for Health and Wellbeing on her statement. Those who founded the NHS 60 years ago would be proud of its content. In particular, they would be proud that, after eight years, we have, at last, a serious strategy for dealing with health inequality in Scotland.

My question is on tackling health inequality and the transition from the Arbutnott formula to the new NHS Scotland resource allocation committee funding regime, which we expect will come into being in 2009. I seek an assurance that boards such as NHS Lanarkshire will not lose moneys in the transition from Arbutnott to NRAC.

Nicola Sturgeon: I will deal first with the generality of Alex Neil's question before turning to the specifics of the point on NHS Lanarkshire.

On a day like today, I am certain that great politicians such as Nye Bevan would look on this SNP Administration with considerable approval.

Michael McMahon (Hamilton North and Bellshill) (Lab): He was never a nationalist.

The Deputy Presiding Officer: Order.

Nicola Sturgeon: I am not sure why, but Labour members seem not to like the reference to Nye Bevan. I am certain that Nye Bevan would thoroughly approve of this SNP Government.

Margaret Curran: He was not a nationalist.

Nicola Sturgeon: Another Labour member has shouted from a sedentary position that Nye Bevan was “not a nationalist”. I concede that that is probably the case, but I am certain that, right now, he would be thinking that Labour Opposition members are no socialists.

As Alex Neil is aware, the NRAC report was submitted to me only a couple of months ago. It proposes certain refinements and adjustments to the Arbutnott formula to better take account of issues such as rurality and deprivation. I asked the Health and Sport Committee for its view on the recommendations, which it has given. I am grateful for its work on such a technical report. I also asked all NHS boards to give me their views, which most of them have done. I am considering those views and my response to the recommendations. I will make further announcements in due course.

I repeat the important assurance that, whatever we decide to do with the NRAC recommendations, no health board will receive less funding than is the case at present. Any introduction of the new NRAC allocations will be phased to ensure that no health board loses out in the process. I appreciate that that is not much comfort for boards such as NHS Lanarkshire, whose gripe—if I can call it that—is not that it might lose money but that it should get more. I acknowledge the issue. I will take careful account of such factors in deciding whether to implement NRAC. If we agree to do so, I will also decide how to ensure that the aim of Arbutnott and NRAC is brought about—we want to distribute resources between NHS boards fairly.

Mary Mulligan (Linlithgow) (Lab): During the May election campaign, the SNP gave a commitment to my constituents and people elsewhere in West Lothian that, if elected to government, it would return trauma orthopaedics and acute surgery services to St John's hospital in Livingstone from Edinburgh royal infirmary. Will the cabinet secretary confirm how often she has met the chairperson or medical director of Lothian NHS Board to progress the return of those services to St John's and whether she can give a date for the return of those services? If no date has been set, will she confirm that the return of those services to St John's is an objective in Lothian NHS Board's medium and long-term plans?

Nicola Sturgeon: Perhaps I should ask for clarity. When Mary Mulligan asks about the return of trauma orthopaedic services to St John's hospital, I should check that she is talking about the same trauma orthopaedic services that her Government removed from St John's.

I have met the chair and the medical director of NHS Lothian on several occasions to discuss a number of issues, including that of what NHS Lothian will do to secure the future of St John's as an acute emergency hospital. I have also met a range of campaigners for services at St John's, and I know that they want that assurance, too. I assure the Parliament that, as long as the Government is in office and I am Cabinet Secretary for Health and Wellbeing, St John's hospital has a secure and rosy future, which is more than could be said when the previous Government was in office.

The Deputy Presiding Officer: I am afraid that we must move on to the next item of business—my apologies to members whom I have not been able to call.

Woodland and Green Spaces

The Deputy Presiding Officer (Alasdair Morgan): The next item of business is a debate on motion S3M-1008, in the name of Michael Russell, on the benefits of woodland and green spaces.

15:51

The Minister for Environment (Michael Russell): In October, I had the privilege of speaking at the Central Scotland Forest Trust's conference, at which one of the big issues was the link between a high-quality physical environment and better health and well-being. I attended many events during the summer at which I saw such a link demonstrated before my own eyes. I visited several community woodlands, such as the Milton woodland in Tain, where I found myself playing a drum alongside a forester who was playing a home-made didgeridoo—if that was not good for me, I do not know what is, although it might not have been good for the audience.

Green space plays an important role in all five of the Government's strategic objectives. High-quality green space that is well connected and popular with local people can play a vital role in delivering against several of the national outcomes. In that regard, apart from the greener objective, probably the most significant objective is the one on health. I am pleased to present the debate alongside my colleague the Minister for Public Health, Shona Robison, who will sum up the debate and respond to the points that are made during it.

One area of our work in which the links between health and the natural environment are most fully developed is forestry. That work focuses on several priorities: encouraging physical activity by making local woodland welcoming and accessible to all; woodland as a therapeutic environment; woodland-based learning; and woodland as a venue for outdoor activity. In all those matters, there is a strong partnership between the health and forestry sectors. In October, NHS Health Scotland and the Forestry Commission Scotland held a green exercise conference that was attended by 130 delegates.

The partnership is strong, but it can become stronger. Work is on-going to develop woodland's role in promoting mental well-being. We are developing more sites that encourage natural play by children. We are creating networks of green space, involving woodland and other habitats, not simply for their biodiversity value, but for the links that they provide, which allow communities to make choices about, for example, how they go to the shops, school or work. We are concentrating

on deprived areas and prioritising the use of woodland by target groups. Altogether, the Forestry Commission has committed £200,000 in the next three years to supporting a range of projects related to health and well-being.

A particularly good example that I saw this summer, and which I was impressed by, is at Drumchapel. I have just had a look to see whether the local member, Bill Butler, is in the chamber, because he knows the real value of that scheme. The inspirational ranger, Jo Thomson, is leading a project that is bringing people into a piece of ancient woodland that is owned by Glasgow City Council and is now managed in partnership with the Forestry Commission. People are walking, playing and working in the woods—in a place that, only a year ago, people feared to enter. That wood is a centre of well-being.

I am therefore pleased to announce today a further commitment of £100,000 by the Forestry Commission in 2008-09 to deliver a series of innovative projects to develop woodlands further. I should stress that that £100,000 is always matched in partnership with other organisations. It adds real value in ensuring that woodland and forest space contribute to our health objective.

We have been talking about the links between health and environment. There are also links between health and business development, so I am happy to accept the amendment from the Tories. The Scottish grown timber industry contributes £494 million in gross value added to the Scottish economy—or 0.6 per cent of our economy—and employs about 12,000 people, directly and indirectly. If we add in the economic activity associated with access and recreation, which is exceptionally important, the value of that wider forestry sector becomes £760 million, or almost 1 per cent of the total economy. It is not a matter of promoting either health, well-being and access or commercial activity; taken together, the two things make an enormous contribution to our nation.

We are supporting business development in the commercial forestry sector in a number of ways, including grants for woodland creation, support for the use of wood biomass and the promotion of timber use in construction. This morning, I was pleased to launch not just the timber development plan, but a new book by the architect Peter Wilson on the use of timber in building. We are also supporting forestry businesses and woodland owners as we reach the stage of application of the Scottish rural development programme. There is a challenge in all elements of government, but I am pleased to have the responsibility of looking after the forestry sector and of bringing issues in that sector to debate here in the chamber.

I am sorry to have to reject the Labour amendment, but there are strong reasons for doing so. I will give two of them. The consultation draft was issued in August 2006, and the policy was issued in November this year—there has been an extensive consultation period. On the two specific issues that have been raised, the national minimum standards for open space in new developments were well debated.

The planning system, as many respondents pointed out, is operated largely by local authorities. Decisions about the protection of and investment in local open space are generally best left to local authorities and communities. There are concerns about the impact on brownfield development, regeneration proposals and affordable housing.

Johann Lamont (Glasgow Pollok) (Lab): Our amendment is moderate with regard to the issue about consultation. Will the minister explain why it was decided to circulate the revised version of Scottish planning policy 11, which took out critical elements for which there was support, and why that revised version of SPP 11 was issued only to the stakeholder group and not for broader consultation? He will find that there are strongly held views in that regard.

Michael Russell: I am sorry that I am not able to give that explanation, but I am happy to find out and write to the member about why that was done. However, I do not think that any conspiracy was involved. What was involved was further consultation—something that the previous Government was very keen on.

I would have liked to be able to accept the Labour amendment, but I am afraid that it is factually wrong with regard to what we are all trying to achieve. I will also be unable to accept the Liberal Democrat amendment, which has the hallmark of an amendment that was written before anybody had seen the motion. Everything in that amendment is in the motion or is already in our policy, and it seems somewhat unnecessary to ask for yet another commitment. In those circumstances, I cannot accept the amendment.

There are good-news stories to be told about Scotland's forests. There are many such stories, including the commercial story, but the health story is a very strong one. I hope that the Parliament will unite in support for those many people who work in forests and woodlands in Scotland, delivering for the benefit of Scotland's people.

I move,

That the Parliament recognises the value of the physical environment in promoting health and wellbeing; recognises the role that woodland and other greenspace plays in this through increased opportunities for physical activity,

relaxation and social interaction in people's everyday lives, and calls on the environmental and health sectors to work together to further develop the contribution of woodland and other greenspace to Scotland's health.

15:59

Des McNulty (Clydebank and Milngavie) (Lab): I welcome the terms of the motion in the name of Michael Russell, and I agree with what he said about the importance of accessible green space, from both the environmental and health perspectives. In government, Labour took steps to improve controls and safeguards for high-quality green space, arguing that everyone should have access not only to Scotland's magnificent scenery but to open land, in particular to woodland near where they live.

Throughout Scotland, even in the most industrialised and densely populated parts of the country, there are green corridors, woodland spaces and recreational areas for walking and sporting activity, which are vital to the health and well-being of our people. It is important that such places, which are the green lungs for urban Scotland, enjoy the same standard of protection that is applied to more remote and picturesque places.

Labour members regard environmental justice as a key component of social justice. People in the most deprived communities have to deal with the consequences of industrial decline: pollution, litter, graffiti and poor-quality housing. Regeneration of those areas through investment in employment, housing, education and other services must be accompanied by environmental regeneration involving the protection—and, where possible, creation—of woodland and other types of protected urban space.

None of that is new. In my constituency, the Kilpatrick project—it is close to Drumchapel—which began in the early 1990s has had a considerable impact on Faifley by helping to secure the quality of the environment for people in that area. However, there is a need to protect and maintain existing woodland space even in more affluent areas. That is why I worked hard with local groups to ensure that the new water treatment plant in Milngavie did not come at the expense of the main recreational space in the district. I do not think that such issues should be seen as party political; there is broad consensus that we should avoid harm to existing open space and woodland and make positive efforts both to extend the amount of protected woodland and open space and to protect those areas through regulation.

That is why, in 2006, Johann Lamont, as Deputy Minister for Communities, and Patricia Ferguson, as Minister for Tourism, Culture and Sport, launched a consultation exercise on the draft SPP

11. The key objectives were to ensure that local authorities take a strategic approach to sport and open space provision; to protect and enhance networks of open space; to support opportunities for active and passive recreation; to set standards for the quality and quantity of open space in new developments and provide for its long-term maintenance; and to provide guidance on planning for the development of new sports and recreation facilities.

As an integral part of achieving those objectives, the draft SPP involved a strengthened presumption against development on existing open space or space that is capable of being brought back into functional use; a requirement that makes it important for local authorities to undertake an open space audit within a set timescale; statutory consultation on non-sporting green spaces; and a proposal to introduce new national minimum standards for the quantity of open space in new developments.

It is true that, among the 135 responses to the consultation, some expressed reservations about a possible lack of flexibility as a result of the introduction of minimum standards, but it is difficult to understand why the Government has watered down those policies in the regulations that it published recently. Members of the Scottish National Party, as well as members of the Labour Party, are unhappy about that; Michael Matheson has submitted questions on it and a number of his colleagues have indicated that they have concerns.

If, as the minister suggests, protection of open space and woodland is so important for the future health and well-being of the people of Scotland and for the environment in which we live, why is the Government shirking its responsibility to maximise the protection that it is given?

Michael Russell: Given the spirit of trying to be co-operative, I think that the word “shirking” is a little strong. I hope that the member accepts that there is a triple lock on certain issues. Every Scottish local authority must undertake an open space audit; there is a presumption against development on open spaces that are valued and functional; and local development plans must set out specific requirements for the provision of open space. There is a triple lock on open space. This Government is far from being against open space being part of every community.

Des McNulty: One has to consider the practical implications. There is a view among my constituents that open space protection is now significantly weaker than the protection that is given to green-belt land. Some of my constituents are resisting the redesignation of the Dalmeir wedge area in Clydebank as open-space land, rather than green-belt land, because they fear that

that will entail greater risk of development encroaching on land that has been available for public access for generations. If that is replicated throughout Scotland, the intention of SPP 11 will be sabotaged.

Rather than abandoning the commitment to minimum standards, ministers should surely have consulted further on the format and content of the standards, to ensure the necessary flexibility without compromising the principle or the additional protections offered.

It is hard to see why the time limit for the audit of open space by local authorities has been dropped. Surely that could have been part of the outcome agreement to which each council is being asked to sign up. Given that the consultation clearly indicated strong support for statutory consultation on non-sporting green spaces, why is that missing from the SPP document? All those things could have been handled better.

The minister said that we need to focus on health. The danger is that the changes that the Government has introduced could deny communities high-quality green space, leaving children with limited land for play and adults with limited opportunities to access green space for recreational activity to improve their health. Health professionals are increasingly keen for their patients to become more physically active. In the face of growing levels of childhood obesity, parks and green spaces are needed close to home to encourage physical activity from an early age.

I agree that everyone—not just adults with cars—should be able to have access to our green spaces. The way in which SPP 11 has been revised is not conducive to that.

I move amendment S3M-1008.3, to insert after “lives”:

“notes the significant revisions to SPP 11: Open Space and Physical Activity between the draft consultation and the published document, including the omission of statutory consultation on non-sporting green spaces and proposed minimum standards of open space within developments, and believes that the Scottish Executive should consult further on these significant changes to planning policy.”

16:05

Nanette Milne (North East Scotland) (Con): This is a welcome debate, which focuses on the health benefits to be derived from the woodland and green space in our communities; I will concentrate on that in the next few minutes. However, we felt that it was important not to lose sight of the significance of commercial woodland development to our economic well-being, hence our amendment, which I am pleased to note that the minister has agreed to accept.

Scotland's woodlands are not yet accessible to as many people as they might be, and the Woodland Trust Scotland is working to improve access to woods close to people's homes. However, our woods provide significant recreational benefits, with Woodland Trust sites receiving around 1 million visits per year and estates such as Mar Lodge and Glentworth on Deeside providing much scope for outdoor recreation.

The Forestry Commission has 20 visitor centres across the country, with 235 walking trails, 100 cycling trails, and 58 horse-riding trails. Our forests play host to many sporting events and activities, such as car rallying, woodland motocross and the mountain bike world cup.

In these days of increasing childhood obesity, it is important to encourage children to take part in active outdoor pursuits, and it is good to see a growing interest in eco-schools and forest schools, which stimulate the interest of primary school pupils in their surroundings. I was delighted to learn this week that there are already 44 forest schools in Aberdeen and Aberdeenshire.

On Monday I visited my local primary school in Cults, which has achieved the coveted green flag award as an eco-school and has recently started work with the Woodland Trust as a forest school. I met the 13 pupils who form the school's eco-council; they impressed me not only with their enthusiasm, but with their awareness of their local environment and their many ideas for enhancing it. They spoke of the pleasure that they got from being a forest school. Each week, pupils from primaries 3 to 7 go into a marked piece of woodland adjacent to the school, where they become nature detectives—building shelters, planting trees and generally experiencing the forest and learning about the animals and plants that it supports. In an interesting and enjoyable way, those children are learning about the benefits of woodland and green space and the opportunities for activity that they provide. Another initiative that I liked is being promoted by the school's eco-council; it is called park and stride, and it encourages pupils to walk at least part of the way to and from school. The children's enthusiasm is tangible, and I commend their efforts to the Parliament.

Cycle paths and walkways encourage people not to use their cars for short journeys in their communities; that is of benefit not only to health but to the environment, because it cuts down on fuel consumption and reduces congestion on local roads. Planning for future sustainable communities must provide for networks of local pathways and green spaces. I know that councils are considering that issue in great detail in their local plans.

In such a short debate, there is no time to deal in depth with all the physical and mental health

benefits that are to be derived from woodland and green space in our physical environment, but there are many such benefits. In that regard, I must touch on my own hobby horse of gardening as an example of an extremely beneficial contributor to our health and our local environment. I fully support the Scottish Allotments and Gardens Society in its efforts to have more council sites allocated to allotment gardening. I commend the many local initiatives that we heard about in a recent SAGS seminar, which involve many patches of untidy or derelict urban land being transformed into spaces that can be used and enjoyed by local residents.

At that seminar, Sarah Boyack gave several examples of small community groups in her constituency who have come together to do that work; those groups benefit their own health by their physical activity and that of their neighbours by the environmental improvements that they have achieved.

Much is being done and much more can be done to improve access to woodland and green spaces. The Liberal Democrat amendment to the motion addresses various prescriptive ways of achieving that. I do not have any particular issue with the Liberal Democrat amendment, but I do not see the need for it; nor, indeed, do I see the need for the Labour amendment. I would prefer to leave the motion as it stands—adding, of course, our amendment as a reminder of the importance of commercial forestry.

I move amendment S3M-1008.2, to insert after "lives":

"further recognises the economic significance of woodlands and the need to support the development and expansion of Scotland's commercial forestry sector".

16:10

Jim Hume (South of Scotland) (LD): I am pleased to speak on behalf of the Liberal Democrats in the debate. It is difficult to disagree with today's motion, which is neither new nor substantial.

As a former south of Scotland regional forestry forum member and trustee with the Borders Forest Trust, I am well acquainted with the work that has gone on in previous years to increase the use of woodlands and green space. In 2005, £1 million was given to Greenspace Scotland for community woodlands—10 times the £100,000 that has been promised to the Forestry Commission today. Back in the early 90s, two community woodlands sprang to life in the Borders, the main one being Wooplaw community woodland between Lauder and Galashiels—one of the first in the country—which was founded by the late, great Tim Stead and many locals. Tim is now buried in that woodland,

and his work as a wood sculptor can be seen in the millennium clock up at the National Museum of Scotland on Chambers Street. The woodland focuses on education, training, art, recreation and the sustainable production of forest products. Lochend Wood in East Lothian is also managed successfully and wetland areas there are contributing to the local wildlife.

There is a well-known link between health, well-being and activity, and the use of our outdoor environment. It has been shown that the percentage of green space in people's environment is positively associated with their perceived general health. That is not to mention the opportunity for using green spaces for nature kindergarten—I am disappointed that the minister does not support that. The benefits of educating the youngest children about their environment are well known and we are lagging behind in that.

With that in mind, I had hoped that the recent planning policy on open space and physical activity would keep the new national minimum standards for open space that were detailed in the consultation on the policy. The original version of the policy required all local authorities either to adopt the national minimum standards and thresholds, or to set higher ones. By the time that the guidelines for local authorities were issued earlier this month, all reference to minimum standards had been removed.

People should feel proud of where they live. Using community woodlands and other green space to improve people's health will undoubtedly have positive effects—on, for example, the national health service and the economy—as a healthier workforce means people taking fewer days off sick. However, 40 per cent of people in urban areas think that the quality of their green space has deteriorated in the past five years, and that figure is higher in deprived areas. We need to do more to recognise the links between green spaces, activity and good health.

There is ample opportunity to use land that was previously developed and is now derelict to help regenerate communities. If they are engaged, people will want to improve the communities in which they live. They will then enjoy their surroundings and will benefit as a direct result. That is not to mention the environmental benefit of transforming a brown space into a green space—trees, of course, being the lungs of the earth.

Adequate resources are necessary to create and maintain path networks and outdoor education services. The Scottish Government must ensure that local authorities develop their core path plans in order to improve access. In the rural situation, we have to work in co-operation with the land users. There is an example of that in the Ettrick flood plain habitat plan, in which 12 local farmers

entered into management agreements that included times for cutting their hay, fertiliser application, et cetera. That is now one of the largest flood plain woodland restorations in the United Kingdom. No-one wants to dislodge land users from their land when both can live hand in hand. Such co-operation is important and it works; I could happily provide the minister with a long list of examples from my previous experience.

The creation of community woodlands, footpath and cycle networks is good for our health and our education, and we know that it is possible—projects are, and have been, happening all over the country. I have planted into the tens of thousands of trees. I wonder how many the minister—personally—has planted. Creating woodlands can be an opportunity for traditional rural businesses and it needs to be managed in the right way, to benefit everyone.

I hope that the minister sees some light. I am happy to move amendment S3M-1008.4, to leave out from “and calls” to end and insert:

“believes that the voluntary and public sectors can work proactively to promote the use of existing woodland and other greenspace, particularly by young people, through such activities as nature kindergartens, outdoor education centres and footpath networks; recognises the importance of local authorities developing core path plans in improving public access to greenspace; further recognises the need to work with land managers to increase access to land through management contract incentives; therefore calls on the Scottish Government to commit to long-term funding to sustain better access for everyone to urban and rural woodland and greenspace through management contract incentives; calls on the Scottish Government to ensure that local authorities create better public access to their area by developing and implementing core path plans, and calls on the environmental and health sectors to work together to further develop the contribution of woodland and other greenspace to Scotland's health.”

The Deputy Presiding Officer (Trish Godman): We now move to the debate. I remind members that speeches are to be four minutes long.

16:14

Rob Gibson (Highlands and Islands) (SNP): The old forester in Scotland said, “Aye be sticking in a tree, because while you're sleeping, it's growing.” People can plant trees in their gardens, as they can in communities and commercially—it has benefits in all those areas. I will draw some comparisons. Environment and health, recreation and commerce, all go together and they work well.

We have to plant a lot more fruit trees, hazel trees and the like, which people can grow both in small spaces and more widely. We have to change our diet, and one way of doing that is by planting trees such as those that I mentioned. If people use wood in wood-fired stoves, it heats them four times—once when they fell it, once when they split it, once when they stack it, and

once when they burn it. Planting trees is useful for both health and the environment, as it keeps a carbon sink in place.

The value of green spaces to the physical environment is important in the debate, which should not be diverted into discussion of SPPs of whatever sort. In the Inverness area, the green wedge is being used for a sustainable housing fair. However, on the outskirts of the city, large areas in private ownership are being used for massive housing developments whose quality will be nowhere near that of the housing that is being proposed in the fair. Why do we have to use the green wedge? We have to get our hands on more of that other land, on which people are speculating.

Community woods and mixed woods work well. A good example is the small 36 hectare wood at Culag in Lochinver, which contains Douglas fir, Norway spruce, Sitka spruce and Scots pine as well as pockets of other native trees. The local schoolchildren use the woods. They plant trees themselves, so they are learning to do what the Liberal Democrats' stream-of-consciousness amendment proposes. I am sure that the minister and many other people have been planting the seeds of ideas that are helping people to do such things. It is important to do so.

Those who are involved at Culag woods have also helped with people's health by buying another area at Little Assynt, where they have built accessible paths for wheelchairs. I was pleased to be at the opening a couple of years ago. The project shows that we can take people out into the countryside or go on our holidays to an area and find facilities for the disabled. That enhances people's lives. The area has been planted with thousands of native trees, so it will become even more interesting in the future. One can see golden eagles and many other sorts of wildlife there.

The most massive green spaces are the world heritage sites. I make a plea for the Government's support in ensuring that the flow country in Caithness becomes such a site. We have to apply through Britain and so on. We have got to move on, in that sense, and make sure that we get the world importance of such places recognised.

The community planning partnerships are a way to get local communities to think about how to develop woodlands and open spaces. We have to do much more to give them a chance to do that. However, a great stress inducer is the way in which the Big Lottery Fund is making it more and more difficult for community groups to buy woodlands and the like. It changes the rules for applications all the time. In my village, Evanton, we have been struggling for the past five years to buy a wood from a willing seller in the local estate. We have to tackle that as well.

As I said to the minister, aye be sticking in a tree—perhaps a Christmas tree in a big pot that can be brought out each year instead of chopping one down. The Forestry Commission scheme is excellent, but I hope that we can have living trees that are passed on from one year to the next.

16:18

Johann Lamont (Glasgow Pollok) (Lab): I welcome the opportunity to contribute to what I perhaps uncharitably described—when I first heard what was to be debated—as a tree-hugging debate. Those of a more cynical bent might think that it is a time filler, but given my lack of cynicism and my happy disposition, I am happy to acknowledge that there are important and challenging issues in the debate, both for the Administration and for members. I say to Rob Gibson that the point about SPP 11 is not a diversion but a central issue. I am sure that he would have acknowledged that in the past, even though now, in power, he is unable to do so.

My first point is that woodlands and green spaces are particularly important for those in urban areas such as my constituency. I ask the minister to confirm that the Executive intends to pursue environmental justice and address the anxiety that I have about the decision to merge Scottish Natural Heritage and the Scottish Environment Protection Agency. He will recall that, when the First Minister was asked about the matter, he said that everything would be okay because they would be absorbed into a rural services body. If any communities deserve the protection of SEPA, it is surely those in urban areas that already live with the consequences of industrial development, pollution and dereliction over time. I would like an answer to that point.

Secondly, I am also sure that the minister will confirm and recognise the importance of green spaces and woodlands in addressing the health needs of people in areas of deprivation. In my own constituency for example, excellent work has been done on a localised basis to reach out to men who do not address their own health needs. As well as education, that has included an activity group, including jogging and walking outdoors. Considering such a project, the importance of urban woodland space becomes obvious.

The minister may be aware of serious concerns at a local level about the funding of such projects because of uncertainty in the community regeneration fund and the role of community planning partnerships. Indeed, I understand that health boards were not consulted on those plans ahead of the budget, and I look for some reassurance on that localised budgeting, which makes such a difference to the community projects that bring together health issues and the environment.

My third point, on SPP 11, is the most important. I want particularly to appeal to those Scottish National Party back benchers who have a long record of supporting moves to protect green space in urban areas. I urge them to support our moderate amendment. It asks them not to take a view, but to agree that there should be further consultation on certain questions.

Let me give members a brief history lesson. As has been indicated, SPP 11 was put out in draft form for consultation. Critical elements included timescale for audit and minimum standards within new developments. Anyone who represents an area where there has been a new development will understand that if open space is not included at the beginning, people will reject it being put beside them at a later stage. If it is really important, it should be done during the development. I am not clear why the SNP would indicate that that issue is somehow a matter for local government, considering how other planning matters are dealt with. Another critical element in the consultation was non-sporting green spaces.

Those were tough choices, so it was deeply disappointing that, once consulted on, those critical elements were dropped. That decision did not correlate with what the consultation found. The elements were dropped after a redraft was circulated to a number of stakeholders, and it is disappointing that there was not a further opportunity to consider that difficult shift.

I will quote two groups. The spokesman for Fields in Trust said:

"There is a sense of deep, deep disappointment. There was an expectation that we would be one of the best countries in Europe in terms of open space planning but these hopes have been dashed".

The spokesperson for Play Scotland spoke of its "huge disappointment" with the SNP:

"There is huge pressure on local authorities to release land for developers and they have the upper hand at the moment. That is not a good situation for Scotland."

The Labour amendment would provide for further consultation. This week of all weeks we need to give confidence that the planning system seeks to find a balance between development and the protection of the environment. The draft of SPP 11 that went out for consultation gave that; the filleted version does not. Our amendment would ensure simply that, by consulting further on the critical elements, people can feel confident that this Administration, like the previous one, understands the balance and is transparent in delivering it. SPP 11 is about a good environment across Scotland, and I urge back benchers to support the Labour amendment on that basis.

16:23

Robin Harper (Lothians) (Green): It is about time that we started to treasure and give real value to our woodland, countryside and informal urban green spaces, rather than selling them off to luxury housing developers or simply neglecting them. I have a great deal of sympathy with the Labour amendment. I have been lobbied hard by the International Play Association and others with concerns about SPP 11.

Accepting the value of our open spaces to health, well-being and the economy, I want to focus briefly on their value as learning spaces. Access to and use of woodland and green spaces is vital to our children as it gives them access to outdoor education. Sadly, however, children in Scotland do not today receive equal access to the opportunities and advantages provided by outdoor education. The main obstructions are our increasingly risk-averse culture and a lack of investment and training.

Let me first deal with risk. Clearly, we need to protect children from harm, but with the current risk management model we will always find another hazard to control, which then leads to another over bureaucratic restriction on activities—stifling further the opportunities for quality learning. We need to balance the benefits of outdoor education with the need for proportionate protection of our children. Kathleen Marshall, the Commissioner for Children and Young People in Scotland, said recently that excessive restrictions on the lives of children and young people breach their rights

"to healthy development, to associate with friends, to engage in sports and outdoor activities. What we are doing is impeding children's development".

The Scottish ministers must show more leadership and resolution, because the health and well-being opportunities that they welcome in their motion will be limited by the risk-averse culture that is developing in Scottish schools and care establishments, which have varying and inconsistent local policies on risk, and among parents.

The opportunities for learning spaces that our woodland and green areas offer will be further undermined by any continued lack of investment and encouragement. The Scottish Government must create a long-term plan to ensure that every schoolchild in Scotland can participate in outdoor education and to require school inspectors to appraise and report on access to and use of green space. I will be interested to hear whether the ministers would consider working on such a plan, which would of course involve the Cabinet Secretary for Education and Lifelong Learning, too.

Sometimes, we cannot see the wood for the trees. Children and young people should be encouraged to seek personal challenges that involve some risk taking, but in safe and supportive environments.

Patrick Harvie and I will support the Labour amendment, because there are many concerns about the state of SPP 11. I am not content that we have the requisite protection, particularly for urban green space. I am pleased that the Liberal amendment mentions education and kindergartens, but it calls for support for nothing other than management contracts for farmers, so we will have to abstain on it.

I pay tribute to the wonderful work that is done in gardens in Edinburgh—enormously beneficial work is done at Redhall walled garden for people with mental health problems. I congratulate Nanette Milne on supporting the amendment that I submitted but which was not taken, by mentioning eco-schools. We will support the Conservative amendment.

16:27

Joe FitzPatrick (Dundee West) (SNP): I agree with the minister that the environment plays an important role in ensuring good health among our constituents. That is equally true in rural and urban constituencies. Members will not be surprised that, as I am an MSP for an urban constituency, I think that green space and woodland are most valued in urban areas.

I grew up on the Dundee housing estate of Whitfield, which is in the constituency of my colleague Shona Robison. It was known in the citizens band radio community as the concrete jungle—a place where green space had been given little, if any, regard in early planning. I am pleased that we have learned much from the mistakes of the past and that describing Whitfield as a concrete jungle now would be wrong. We have a much greener new Whitfield.

The importance to health of access to good-quality green space cannot be overestimated. Not just physical health, but mental health can benefit from green space. Green space is of great benefit to people who live in cities such as Dundee. Evidence is emerging that access to high-quality green space can reduce stress, provide an opportunity for physical activity and build community spirit.

Deryck Irving, who is the senior development officer for Greenspace Scotland, has said:

“Research has shown that access to appropriate, good quality greenspace can have a positive impact on both mental and physical health. Equally, a lack of access to such greenspace can have a negative impact on mental and physical health and well-being.”

In 1980, 12 per cent of Scotland was covered by woodland. By 2006, that figure had risen to 17 per cent. The aim is to increase that to 25 per cent, which will result in an additional 650,000 hectares of woodland throughout Scotland. I am sure that we all agree that we should aim to travel in that direction, but the placement of our new woodland must be well thought out.

RSPB Scotland has expressed concerns about that and has stressed the importance of developing new woodland, because inappropriately locating new woodland can damage wildlife. I seek reassurance from the minister that careful planning will be involved in aiming to achieve the target of increasing forestation so that it covers 25 per cent of Scotland.

A number of green space projects in Dundee have enjoyed success. The Baxter park restoration project, for example, revamped and cleaned up that park and installed urban rangers to engage with the public, and the Middleton community woodland project in my old ward has created a community woodland on an area of land adjacent to the Whitfield housing estate. That project has been successful in engaging young people from Braeview academy, local youth groups and community organisations.

One of the most successful projects in my constituency of Dundee West has been in Ardlar—I refer to the Ardlar in bloom project and the Ardlar Environmental Group. In 2004, when the Ardlar estate was newly finished, a local gardening competition was set up to encourage residents to grow their own plants and take pride in the environment. Many residents of the new village of Ardlar had moved from multistorey flats that were demolished, so they had no experience of owning their own garden. The project supported those residents in their new gardens, and it has continued. The Ardlar Environmental Group, which has also been supported by the urban ranger project, was established with the aim of making the area more attractive to wildlife and local communities. The people involved in such projects played a large part in Ardlar estate winning a British Urban Regeneration Association award for best practice in regeneration in 2006 and the Queen's award for voluntary service this year.

Good-quality green space can be the cornerstone of the economy. Last month, I spoke about Camperdown country park, which is Dundee's top attraction. It has 400,000 visitors every year and is home to the Camperdown elm and Scotland's last city-based red squirrel population. It is a huge asset to the people of Dundee. In 2006, it managed to play host to Radio 1's big weekend festival. It has been estimated

that that festival boosted the local economy to the tune of around £10 million.

All our constituents would benefit much from improved access to green space and woodland. There should be an holistic approach to community regeneration, as there has been in Dundee, with green spaces properly planned.

I urge members to support the motion.

16:32

David Whitton (Strathkelvin and Bearsden) (Lab): I support the amendment in the name of Des McNulty. I want to deal specifically with how our woodland can be used to benefit tourism.

The Piranha Trail Builders was the first group from my constituency to bring to my attention the problems that are encountered in using Scotland's forests for recreational pursuits. The group consists of young mountain bikers who built their own trail in Lennoxtown forest. Unfortunately for them, all their hard work came to nothing, as the Forestry Commission deemed that the course that they had spent so much time and money putting together was too dangerous in that it did not comply with health and safety guidelines. Therefore, it had to be pulled down. However, a meeting with commission officials was arranged, a suitable compromise was reached and a new site has recently been identified in the Campsie hills where another exciting mountain bike trail could be constructed.

All the Piranhas were inspired by the world mountain biking championships, which Nanette Milne mentioned. Those championships were held at Fort William and were shown to a worldwide television audience. However, the Piranhas had a problem in accessing a challenging course near to their homes. The Government, too, has a problem in ensuring that our woodlands can be utilised for the benefits of recreation and tourism and in encouraging people to get out into the vast unspoilt landscape of Scotland.

Michael Russell: I know that the member has a strong interest in the matter. In the light of his recent inquiries, I give an assurance that the Forestry Commission is keen to help his constituents to access land. The commission's recent acquisition of new land will make that much more possible. We are confident that the member's constituents—the Piranhas among them—will be pleased with that.

David Whitton: I thank the minister for that good news, which I am sure the Piranhas and others will welcome.

I remind Mr Russell that it was the Labour-Liberal coalition that agreed in the "Partnership for Scotland" document to produce the first Scottish

forestry strategy, which was published in 2000. One of the five strategic priorities that were identified then was

"to create opportunities for more people to enjoy trees, woods and forests in Scotland"

by providing woodland recreation opportunities near towns, improving the availability of information about opportunities and increasing forestry's contribution to tourism.

In 2005, the Forestry Commission asked the Tourism Resources Company to prepare a research framework for a strategy to develop sustainable cycling facilities in the national forest estate. It wanted to build on the success of the world downhill championships at Fort William and of the 7stanes mountain bike development in southern Scotland. However, the strategy was not targeted only at extreme sports enthusiasts—the commission wanted to develop a range of cycle products. Those came under two headings: forest cycling, which is aimed at leisure, family, novice and sightseeing visitors; and mountain biking, with a network of high-quality, purpose-built facilities across Scotland linked to forest cycling, local communities and visitor destinations.

The aim was not just to create jobs and to boost the economy in rural areas but to encourage more Scots, especially those from the central belt, to use forests for cycling, and to create and sustain a high-quality, well-managed, world-class all-season cycling product. To date, there are 15 purpose-built mountain bike trails and 130 forest cycle routes, covering around 1,300km. More are planned, and cycling tourism is on the increase.

Forest-related tourism brought in £160 million last year, so there is clearly a good market opportunity, if it is developed in the right way. However, I understand that the SNP Government is committed to selling off a quarter of Scotland's forests; if I am wrong, I am sure that the minister will tell me. Clearly, the policy could affect the mountain bike strategy, as some of the areas that could be sold off are those that might best be developed for forest cycling and mountain biking. I hope that the minister will give a commitment today to take account of access and recreation when considering any sales.

The SNP has said that it will invest an extra £15 million in new woodlands, funded through sales from the existing forest estate. Labour members trust that access and recreation issues, as well as nature and biodiversity, will be taken account of fully when decisions are made about what forest land should be sold. As the minister said, I hope that some of the cash that is raised will go to help groups such as the Piranhas to build their track and to encourage more people to get on their bikes. Who knows, the minister may even be invited along to open the site.

16:37

Shirley-Anne Somerville (Lothians) (SNP): Green spaces in our towns and cities do not just offer desirable respite from an urban concrete wilderness, and we do not maintain them merely out of a sense of duty to protect the environment—they are essential to our health and well-being.

A recent study by Communities Scotland and Greenspace Scotland, among others, examined the evidence of the impact of green spaces on people's quality of life. It found numerous links between a poor local physical environment and low levels of physical exercise, with all the negative impacts that that has on people's health. Studies have also shown that green space speeds up the healing process. The impact of a touch of nature on an otherwise sterile world should not be underestimated. That is why the new national health service homoeopathic hospital in Glasgow has been designed to ensure that all in-patients have access to and a view of a garden area. If only the private finance initiative builders of Edinburgh's royal infirmary had been similarly enlightened about the importance of good design—simple design flaws there such as windows being set too high mean that people can see little, never mind get out and about to enjoy green space.

Good-quality green space also provides us with a focused social space and with opportunities to get involved in collaborative working. As Robin Harper mentioned, it can be used to educate children not only about the importance of wildlife but about improving their health and diet. Although Scotland's green spaces are improving, according to another recent survey by Greenspace Scotland, they are still failing to meet the needs of nearly half of the people in our towns and cities.

Here in Edinburgh, we can be rightly proud of the well-used, well-maintained diverse range of parkland and gardens in our city centre. However, many local green spaces, often in the most disadvantaged areas, remain neglected and unused, as they are not attractive or are not seen as safe places in which to spend time. That creates an environmental inequality that is unacceptable, but it is not inevitable.

A number of green space projects have already had a massive impact on local areas in Edinburgh. Greener Leith, which has organised projects such as pruning in Pilrig park and cleaning up Leith links, is worth mentioning for its outstanding contribution to improving neglected green spaces in that area of the city. Other successful initiatives, supported by the Edinburgh and Lothians Greenspace Trust, include the on-going, community-led transformation of a former quarry and landfill site in Wester Hailes.

Johann Lamont: Does the member acknowledge that, particularly in a city such as Edinburgh, green spaces that are improved will come under pressure, so the proposal for a statutory consultation on non-sport-related green space—which was a critical element of SPP 11—should be sustained? Will she at least allow that there should be further consultation on such matters?

Shirley-Anne Somerville: As the minister explained earlier, there is a triple lock to protect green spaces in the urban environment.

Another space that is important in Scottish cities is the tenement back green. Over half the housing stock in Edinburgh—even more in Glasgow—is composed of tenements. The communal back green is a green step on our doorsteps. A regenerated community backyard can provide shared facilities such as safe play areas, organic gardens and composting centres for the surrounding area. Such regeneration is not just an ideal but is happening here in Edinburgh, as has been mentioned.

The Edinburgh community back green initiative, which took its inspiration from a regeneration project in Copenhagen, has worked with residents to develop seven sites in Gorgie and Dalry. That successful model will, it is hoped, be expanded to Leith and Fountainbridge next year and—lottery funding allowing—to other cities in Scotland. The initiative is an excellent example of a community enterprise. The success of such projects serves as evidence that local communities have the will to regenerate derelict land if the organisation, training and facilitation can be provided.

Green spaces are a vital ingredient in creating a sense of play, of belonging and of identity within our cities. Scotland is blessed with some of the finest green spaces in the world. It is up to all of us to ensure that everyone has a chance to appreciate them.

The Deputy Presiding Officer: We move to wind-up speeches.

16:41

Mike Rumbles (West Aberdeenshire and Kincardine) (LD): I would have thought that in a debate on the benefits of woodland and green spaces, it would have been a given that MSPs from all sides of the chamber would reach agreement. In opening, the Minister for Environment waxed lyrical about those benefits and, for a moment, I thought that he would be consensual—

Michael Russell: I always am.

Mike Rumbles:—and I thought that, in that spirit, he would accept amendments to his motion.

Michael Russell: I am not that consensual.

Mike Rumbles: As the minister has just said, he is not that consensual. He rejected the Labour and Liberal Democrat amendments. What does he object to specifically in our amendment? Does he object to the promotion of nature kindergartens and outdoor education centres or to the commitment to

“long-term funding to sustain better access for everyone to urban and rural woodland and greenspace”?

Those are not things that people should object to. Talk from the minister is cheap. The Government needs to provide funding support for the ideas, which all members agree on.

Michael Russell: First, the amendment’s call for “management contract incentives” is, as Mr Harper pointed out, quite contrary to what the motion is about. That issue is already dealt with under the Scottish rural development plan, which is where it should be discussed. Secondly, I am happy to be consensual; I would have discussed the terms of any amendment that had been brought for discussion.

Mike Rumbles: Again, the minister completely misunderstands what our amendment is about. It is not about land management contracts. As the minister knows, that is not in the amendment.

The Liberal Democrat amendment is both reasonable and clear. We should create better public access, implement the core path network and provide long-term funding to sustain better access to the countryside for everyone. I say to Nanette Milne that our amendment cannot be called prescriptive in any fashion. She said that she did not see the necessity for the amendment. That is what the Conservatives sometimes say when they cannot find anything wrong with an amendment that they do not want to support.

The debate should not have descended into party politics. There are so many issues that genuinely divide us that it is rather silly to pretend that there is division on the key issues that we have discussed today. The Conservative amendment is an important amendment, which the Liberal Democrats will support. It is right that we should recognise

“the economic significance of woodlands and the need to support the development and expansion of Scotland’s commercial forestry sector”.

However, in doing that, we should not give the green light to every commercial development, as I am sure every member would agree. For instance, there is concern in my constituency that, when the Forestry Commission closes its office in Durris forest, it will try to realise the value of the site by building houses on it. We need to be careful about that.

Robin Harper said that the Greens might abstain on our amendment because of what it does not say. I find that difficult to understand. We could have put a long list of things into our amendment, but I do not think that that is the substantive issue.

Despite what Robin Harper and the minister seem to think, the amendment is not about giving money to farmers or land management contracts.

Michael Russell: Yes, it is.

Mike Rumbles: Let us ignore the minister’s misunderstanding for the moment. There is nothing in any of the three amendments that MSPs from all parties should not feel able to support. As a result, I am somewhat disappointed by the tone of some front-bench comments, because I had expected us all to rally round and support not only the motion but the amendments. It is unfortunate that, instead of seeking unanimity across the chamber, some of us want to cooie up to each other instead. In any case, we will see what happens at decision time.

16:45

John Scott (Ayr) (Con): I begin by declaring an interest as a farmer and owner of some natural woodland. Over the years, I have derived much pleasure from time spent not only in woodlands but in looking at them from afar.

As Joe FitzPatrick pointed out, it is a matter of concern that, notwithstanding successive Government policies on afforestation and efforts by the Forestry Commission since the second world war, only 17 per cent of Scotland’s land area is covered by trees. That compares poorly with the European average for woodland cover of 44 per cent. In addition, 30 per cent of ancient and semi-natural woodland has been lost since the 1940s. However, we must remember that some of that has happened as a result of conscious efforts by Governments to develop food production in Scotland. Indeed, my own observations suggest that the remaining ancient and natural woodlands are largely to be found only in the most difficult to access areas, on the poorest agricultural land or as a result of estate policy of maintaining woodland for sporting and amenity reasons.

Of course, pressures of food production on land use are about to re-emerge. Over the past 20 years of food production oversupply in the European Union, alternatives to using land for food production have rightly been developed. However, with food security becoming a worldwide issue, this pressure will return—although I am not certain that Rob Gibson’s apparent suggestion of planting hazel commercially to provide hazelnuts is a viable option.

That said, in the terms of today's debate, we must support not only organisations such as the Scottish Woodland Trust and the RSPB but private landowners, who do an excellent job of developing and providing access to some of Scotland's most spectacular rural areas.

In my constituency, the Ayr gorge on the River Ayr way at Failford is one of the most beautiful parts of Ayrshire. Part of a 44-mile walk from the source of the River Ayr at Glenbuck to the sea, it is not only a haven for wildlife but a relaxing, restoring and therapeutic place. I agree with Jim Hume's point that we need to develop and maintain core path networks to provide access for young and old alike. When such paths run through woodland, they are, as Robin Harper suggested, likely to maximise our young people's educational and risk assessment capabilities.

As Nanette Milne said, exercise develops lungs and bones and helps to reduce obesity. The educational experience that is gained from walking through species-rich woodland should be encouraged as it delivers on so many desirable objectives, not least those highlighted in Nicola Sturgeon's statement on the health strategy.

Exercise for adults is becoming more important to our society's health, and the availability of interesting and beautiful walks in natural woodland, parkland or green belt close to one's home might make the difference between exercising or not. I hugely value my walk to Parliament on weekday mornings through the wonderfully maintained Holyrood park. Indeed, it would be hard to think of a better example of an interesting and therapeutic space.

Michael Russell: I will mention the Conservative amendment, even if he is not going to. This afternoon, I inadvertently said that 12,000 people were directly or indirectly employed in forestry. I should have said that there are 26,000 people involved in the industry, 12,000 of whom are directly employed in it. I am sorry to interrupt the member with that correction.

John Scott: I was just about to come to our amendment.

It is also important that woodland delivers commercial benefits where possible and satisfies our growing need for timber as well as supporting 12,000 jobs—or indeed 26,000 as the minister has suggested—and a £760 million industry. The Forestry Commission and private woodland owners must combine commercial timber production with recreational use where it is sensible to do so. I welcome the minister's announcement today of a further £100,000 to develop woodland and open space. A wonderful example of such an approach can be found at Glentrool forest in south-west Scotland, which

integrates education, exercise, woodlands, forestry and open space.

Eco-schools must be encouraged further. I congratulate Braehead primary school in my constituency and Forehill primary school in Cathy Jamieson's constituency on having been recently awarded green flag status.

Eco-tourism, as developed in many of North America's national parks, should be taken forward in Scotland. We can learn from the Banff national park of Canada in particular.

The debate has been useful. I commend Nanette Milne's amendment to the Parliament and welcome the minister's support for it.

16:50

Karen Gillon (Clydesdale) (Lab): This is an important debate, perhaps because society has changed dramatically in the 30 years since I grew up in the Borders, when my friends and I played freely in the woods and fields that surrounded our homes. It has changed because parents are more protective, often with good reason, and reluctant to let their children play in the way that they did when they were young. It has changed because attitudes to exercise have changed as well: people are happy to play sport on a Nintendo Wii if they can get hold of one but not so keen to go out and run about outside. It has also changed because many of the woodlands and fields have gone and are now home to housing developments.

It is clear that all members have roles to play as parents, grandparents and significant adults in the lives of the children we know through the activities that we do with them and the presents that we buy. We have roles to play as legislators in the choices that we make about funding, the legislative framework that we put in place and the guidance that we provide to local authorities.

I draw to members' attention an event that links well to the debate: the world schools orienteering championships, which Scotland is hosting next year. It will be the first time that a world schools event has come to Scotland. The event will make use of woodland areas in rural Scotland and open space in the heart of the capital—I hope that it will use the good open spaces that we have outside the chamber—and links access to green space with sport and health. Will the ministers be prepared to meet me and the organisers to discuss how best the Government can support the championships when they come to Scotland in April?

Michael Russell: I am happy to agree to do so. It is always a pleasure to meet Karen Gillon.

Karen Gillon: I thank the minister for that. As he knows, my constituency is full of good examples of

open space, whether the Morgan glen in Larkhall, the Loudon pond in Douglas Water or the proposals that were announced this week for Wilsontown, near Forth, where the local community, working with the Forestry Commission, will clear some woodland to allow access to historic bell pits and build on the success of historical walks that are being undertaken by local volunteers. That is a good example of how forestry can be disposed of with the consent of local communities. I would welcome clarification of the criteria that the Government will use when deciding what forest land will be considered for disposal. Access, recreation, nature conservation and biodiversity must be fully taken into account. I hope that the minister will deal with that in her closing speech.

I return to SPP 11 and why Labour members are concerned at the difference between the consultation draft and the published document. In particular, we view the omission of statutory consultation on non-sporting green spaces and the lack of proposed minimum standards of open space within developments as a retrograde step. I fully appreciate the minister's points about local authorities making decisions on protecting open spaces in their areas. However, if the past week in Aberdeenshire has taught us anything, it is that events are not always as they seem and that local authority decisions are not always as easy as we would like them to be. In my constituency, such policies might have provided people in villages such as Kersewell with a greater say in the developments on local fields or, at least, ensured that the approved development had play facilities and open space built into it. There are far too many developments where as many houses as possible are squeezed into as small a space as possible with little concern for the provision of open space. If we are serious about the health of Scots, that needs to change. Communities are not as tolerant as they once were of children playing in the streets, so open spaces must be provided in developments.

Members of the Rural Affairs and Environment Committee were made acutely aware this week of the shortage in housing—particularly affordable housing—throughout Scotland and the pressure that will continue on open spaces. It is vital that local authorities do not feel held to ransom by developers who know that local authorities need to provide housing to hit homelessness targets and are not forced into losing green spaces that are invaluable to our urban and rural communities alike.

I am disappointed that the Government is not prepared to accept the terms of our amendment, which simply asks for further consultation on an important issue. I am sure that the views of communities are held in as high esteem as the

views of developers. I am not surprised that the Conservatives will not support our amendment.

Labour members are keen to work with all parties to ensure that everything that the Parliament does benefits all our constituencies rather than a particular vested interest. Even at this late stage, I hope that the Government or those back benchers with a conscience will be prepared to vote for our amendment.

16:55

The Minister for Public Health (Shona Robison): I will avoid any involvement in the competition over who has planted the most trees. Planting trees is not my strong point, although I have a Christmas tree that will be planted in the garden after Christmas—I hope that that counts.

The importance of spaces and places as contexts for promoting general health and physical activity is generally accepted. We have discussed the specific environments of woodlands and green spaces and the role that they can play in promoting health and positive well-being. That is particularly important in Scotland because, as everyone knows, we have a rather disappointing health record, which has been exacerbated by the part that has been played by environments that we have either created or neglected. By “neglected”, I mean that we have a wonderful natural resource within reach that is often not used.

Foresight UK's recent report on tackling obesity made it clear that the causes of obesity are extremely complex—they encompass biology and behaviour, but those factors are set in a cultural, social and environmental framework. *[Interruption.]*

The Deputy Presiding Officer: Order. I am sorry to interrupt you, minister, but far too many conversations are going on.

Shona Robison: Foresight noted that our behaviour plays an important part in weight gain, but that that behaviour is constrained and shaped by today's obesogenic environment. *[Applause.]* Roll on Christmas.

We all recognise that obesity is an increasing problem and that it poses a serious threat to health. That is why we are making tackling the problem, particularly early in life, a high priority. Today's debate allows us to highlight the fact that although we can continue to try to treat obesity, one of our greatest challenges is to reshape the obesogenic environment.

We are making progress through the strategies on diet and physical activity that contribute to children and adults achieving and maintaining a healthy weight. Over the next three years, they will be supported by the provision of an additional £11.5 million. We have spent decades making our

lives more convenient, which has often meant making them more sedentary and more car bound, with less outdoor activity. Only recently have we begun to heed the calls that such developments have brought unintended consequences, which have been seen most clearly in rising levels of obesity, particularly among our children.

I want to take this opportunity to reflect on the ways in which we can support people to change their behaviour. We know that too many of us are not active enough to maintain a healthy life. Scotland's physical activity strategy, "Let's Make Scotland More Active", was published in 2003 and is supported by a funded programme of activities that are aimed mainly at children and young people. Through the spending review, we have doubled that funding, with the result that a total of £12 million will be available over the next three years.

Of course, encouraging people to be more active in their everyday lives spans far beyond individual initiatives. We know that people are more likely to be active as part of their everyday lives in informal outdoor settings. If children and young people learn and play in woods and green spaces at a young age, they will be more likely to be active in them as adults.

Johann Lamont: At some point, will the minister address the crucial element of our amendment? Will she explain why the revised version of SPP 11, which removed the elements that have been identified in the debate, was not circulated widely, except to a stakeholder group? Will she support the amendment that allows for that broader consultation?

Shona Robison: Rather than seeing that as a crucial element of Labour's amendment, I see it as a manufactured dispute that is part of the conspiracy theory that seems to be permeating the Labour Party these days.

Many important points have been made, for example by Joe FitzPatrick, about the connection between mental health and well-being and the use of woodland and green spaces. There are significant psychological benefits to be gained from engagement with what have been called therapeutic landscapes.

The cross-cutting nature of the work that we are doing is important, too. The Minister for Environment told us about the contribution to that of the work of the Forestry Commission, the development of whose corporate strategy has been influenced by the national physical activity strategy. That is another example of cross-cutting government, on which this Government is focused. I say to David Whitton that there are no plans to sell off a quarter of Scotland's forest land. Perhaps he should stop scaremongering about that.

Woodland and green spaces offer relatively inexpensive opportunities for people to become physically active and are truly inclusive only if barriers to using them are minimised. Access is not just about proximity. Some communities feel that woodland and green spaces are not for them, which is an issue. I say to Johann Lamont that the enhanced role for local government will strengthen the role of community partnerships in delivering in our more deprived communities the developments that we all want to happen.

I agree with Robin Harper that we need to ensure that parents feel that green spaces are safe. I take the point that he made about risk taking and I will reflect on his comments. I hope that members of all parties in the Parliament will accept the motion in the spirit in which it was intended.

Business Motion

17:01

The Presiding Officer (Alex Fergusson): The next item of business is consideration of business motion S3M-1014, in the name of Bruce Crawford, on behalf of the Parliamentary Bureau, setting out a business programme.

Motion moved,

That the Parliament agrees the following programme of business—

Wednesday 19 December 2007

2.30 pm Time for Reflection
followed by Parliamentary Bureau Motions
followed by Scottish Government Debate: EU Reform Treaty
followed by Business Motion
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time
followed by Members' Business

Thursday 20 December 2007

9.15 am Parliamentary Bureau Motions
followed by Stage 1 Debate: Graduate Endowment Abolition (Scotland) Bill
 11.40 am General Question Time
 12 noon First Minister's Question Time
 2.15 pm Themed Question Time
 Finance and Sustainable Growth
 2.55 pm Parliamentary Bureau Motions
followed by Stage 3 Proceedings: Abolition of Bridge Tolls (Scotland) Bill
followed by Legislative Consent Motion: Climate Change Bill – UK Legislation
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time
followed by Members' Business

Wednesday 9 January 2008

2.30 pm Time for Reflection
followed by Parliamentary Bureau Motions
followed by Scottish Government Business
followed by Business Motion
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time
followed by Members' Business

Thursday 10 January 2008

9.15 am Parliamentary Bureau Motions
followed by Labour Party Business
 11.40 am General Question Time

12 noon

First Minister's Question Time

2.15 pm

Themed Question Time
 Education and Lifelong Learning;
 Europe, External Affairs and Culture

2.55 pm

Scottish Government Business

followed by

Parliamentary Bureau Motions

5.00 pm

Decision Time

followed by
Crawford.]

Members' Business—[Bruce

17:01

Jackie Baillie (Dumbarton) (Lab): I will speak against the motion. Presiding Officer, you are aware that I requested at the meeting of the Parliamentary Bureau that the Scottish Government make a statement on the circumstances surrounding the planning application from the Trump Organization to build a golf course, hotel and housing in Aberdeenshire. My request was not taken on board, which is unfortunate, so I am forced to bring the matter to the attention of the Parliament.

At the outset I want to say that the position of Labour members and probably many other members is one of broad support for the proposal. We acknowledge that it represents significant investment in north-east Scotland and could be regarded as being of national importance from a tourism perspective—never mind an economic perspective. Our concern centres on the process that has been followed and on the alleged actions of the First Minister, which have the potential to open the matter up to judicial review, which would be unfortunate, given that the delay arising from any legal challenge would be significant.

Our purpose in requesting a statement is to provide ministers, in particular the First Minister, with an opportunity to clarify the confusion that has surrounded the proposal during the past few days. Questions need to be answered. What mechanism was followed for the call-in? Had the decision letter been issued? On what grounds was the application called in? Was the application notified to ministers and, if so, by whom? Was it notified by the local authority, as is set out in the town and country planning notification of applications direction of 2007? What is the timetable following the call-in? Will the application be decided on the basis of written submissions to reporters, an informal hearing or a full public inquiry? How long will that take?

Planning professionals tell me that what has happened is “unprecedented”. It is therefore essential that the Government is open and transparent about the process and I urge it to make a statement to the Parliament.

It is of the utmost importance that the First Minister should clarify his position. Was he acting as a constituency member? If so, why was a Government car used, and why have comments on the matter subsequently been issued to the press from the First Minister's spokesman and not a constituency spokesman? Does the First Minister not realise that he needs to separate his two roles completely, not just by saying that they are separate but by demonstrating that they are separate in everything he does? Was he really not aware that the application—for a development in his own back yard—was being called in the next day? That is why we need a statement.

The Government must do nothing that jeopardises a fair and balanced hearing for the project. It is time for ministers to clear up the confusion. The Scottish National Party's business manager suggested at the bureau meeting that perhaps First Minister's question time would offer just such an opportunity. I remind members that, only last week, three members asked the First Minister about the Trump proposals. That was on 6 December. The First Minister made no mention of his meeting with the Trump representatives three days earlier.

I am sure that you agree, Presiding Officer, that the bearpit of First Minister's question time, which generates more heat than light, is not the place in which to consider matters of such sensitivity.

The latest, informed suggestion from the *Aberdeen Evening Express* is that a decision will be made before Christmas. I am not opposed to having a speedier planning service, but such a timescale would be breathtakingly fast. Indeed, one wonders whether due process could be followed in such a short timescale.

The project is hugely important to the north-east of Scotland, and to Scotland as a whole. For that reason, ministers should make a statement to the chamber, to clarify matters. I ask them to reflect again.

The Presiding Officer: I will give the Minister for Parliamentary Business an opportunity to respond.

17:05

The Minister for Parliamentary Business (Bruce Crawford): I respect Jackie Baillie's right to raise matters in the chamber as she sees fit, but at the bureau meeting this week she raised the issue of a statement from the First Minister—the Labour Party has widened the issue into the rather fictitious process that we are hearing from her today. Frankly, the request is not a proper one to make, particularly given the importance of the matters that are set down for debate, as detailed in the business motion.

Jackie Baillie knows fine well that the First Minister is answerable to the chamber in his ministerial capacity. If any MSP has a question to put to him in that capacity, he is delighted to give an answer. He does that every Thursday at 12 noon. *[Applause.]*

The Presiding Officer: Order.

Bruce Crawford: As members well know, Mr Salmond met representatives of the Trump Organization. Indeed, he also met representatives of sustainable Aberdeenshire and other objectors. He did so in his capacity as the constituency MSP for Gordon. As the local MSP, he is debarred from involvement in the planning process for the proposed golf development. Indeed, being so debarred, Mr Salmond can pursue his bounden duties as a constituency MSP, as required under the parliamentary code of conduct for members.

Mr Salmond is accountable to the Parliament not as the MSP for Gordon, but as the First Minister. In the former role, he is ultimately accountable to the electorate, and the people of Gordon delivered a handsome victory for him in May. I apologise to Nicol Stephen for reminding him of that.

There is no confusion. There is not a scintilla of doubt that Mr Salmond met the Trump representatives as a constituency MSP. He made that point at the outset of every meeting—*[Interruption.]*

The Presiding Officer: Order.

Bruce Crawford: Mr Salmond has made the same point to every person to whom he has spoken.

There are clear and proper procedures under which the First Minister makes statements to the chamber, in that capacity, at First Minister's question time. There are also clear and proper procedures under which members can scrutinise the First Minister. Members are exercising those procedures: there have been 38 parliamentary questions and four freedom of information requests on the matter, and Ms Baillie has written to the First Minister and the permanent secretary. All those questions, requests and letters will be answered in the normal way. That is the right way for the Parliament to go about its business. Members should not play games with parliamentary business or put in jeopardy a potentially significant investment for Scotland.

As a loyal helper to Wendy Alexander, I assume that Ms Baillie will advise her leader to ask the appropriate questions on the matter tomorrow, at First Minister's question time. I look forward to that.

Jackie Baillie: On a point of order, Presiding Officer. Given what the Minister for Parliamentary Business has just said, is it in order for the First

Minister to answer questions on the Trump planning application?

The Presiding Officer: The rules state fairly clearly that the First Minister answers questions on matters for which he has general responsibility.

Bruce Crawford: Thank you for clarifying that matter, Presiding Officer.

I look forward to hearing, tomorrow, the leader of the Labour Party asking the important questions that Jackie Baillie has raised. If those questions are not asked, we will know just how spurious the argument from the Labour Party has been.

Karen Gillon (Clydesdale) (Lab): Further to the point of order, Presiding Officer. In his speech, Mr Crawford indicated—[*Interruption.*]

The Presiding Officer: Order.

Karen Gillon: Presiding Officer, you said that the First Minister can answer questions, at First Minister's question time, on matters that are within his general responsibility. Mr Crawford has indicated that the First Minister has absented himself from his responsibility as First Minister in relation to the proposal, because he is the constituency member—so how can he be questioned as the First Minister on an issue on which he has absented himself from decision making?

The Presiding Officer: I am sure that it is not beyond some of the more experienced members to phrase their questions so that they fall within the First Minister's general area of responsibility. I cannot clarify that point any further at present.

The question is, that motion S3M-1014, in the name of Bruce Crawford, be agreed to.

Motion agreed to.

That the Parliament agrees the following programme of business—

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2.30 pm	Time for Reflection
<i>followed by</i>	Parliamentary Bureau Motions
<i>followed by</i>	Scottish Government Debate: EU Reform Treaty
<i>followed by</i>	Business Motion
<i>followed by</i>	Parliamentary Bureau Motions
5.00 pm	Decision Time
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Thursday 20 December 2007

9.15 am	Parliamentary Bureau Motions
<i>followed by</i>	Stage 1 Debate: Graduate Endowment Abolition (Scotland) Bill
11.40 am	General Question Time
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2.15 pm	Themed Question Time Finance and Sustainable Growth
2.55 pm	Parliamentary Bureau Motions
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<i>followed by</i>	Legislative Consent Motion: Climate Change Bill – UK Legislation
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Wednesday 9 January 2008	
2.30 pm	Time for Reflection
<i>followed by</i>	Parliamentary Bureau Motions
<i>followed by</i>	Scottish Government Business
<i>followed by</i>	Business Motion
<i>followed by</i>	Parliamentary Bureau Motions
5.00 pm	Decision Time
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Thursday 10 January 2008	
9.15 am	Parliamentary Bureau Motions
<i>followed by</i>	Labour Party Business
11.40 am	General Question Time
12 noon	First Minister's Question Time
2.15 pm	Themed Question Time Education and Lifelong Learning; Europe, External Affairs and Culture
2.55 pm	Scottish Government Business
<i>followed by</i>	Parliamentary Bureau Motions
5.00 pm	Decision Time
<i>followed by</i>	Members' Business

Parliamentary Bureau Motion

17:11

The Presiding Officer (Alex Fergusson): The next item of business is consideration of one Parliamentary Bureau motion. I ask Bruce Crawford to move motion S3M-1015, on approval of a Scottish statutory instrument.

Motion moved,

That the Parliament agrees that the draft Scottish Police Services Authority (Police Support Services) (Modification) Order 2007 be approved.—[*Bruce Crawford.*]

The Presiding Officer: The question on the motion will be put at decision time.

Decision Time

17:11

The Presiding Officer (Alex Fergusson): There are five questions to be put as a result of today's business. The first question is, that amendment S3M-1008.3, in the name of Des McNulty, which seeks to amend motion S3M-1008, in the name of Michael Russell, on the benefits of woodland and green spaces, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Curran, Margaret (Glasgow Baillieston) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Foulkes, George (Lothians) (Lab)
 Gillon, Karen (Clydesdale) (Lab)
 Glen, Marlyn (North East Scotland) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Harper, Robin (Lothians) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Henry, Hugh (Paisley South) (Lab)
 Hume, Jim (South of Scotland) (LD)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Kelly, James (Glasgow Rutherglen) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 McArthur, Liam (Orkney) (LD)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Tom (Hamilton South) (Lab)
 McConnell, Jack (Motherwell and Wishaw) (Lab)
 McMahon, Michael (Hamilton North and Bellshill) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Mulligan, Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Elaine (Dumfries) (Lab)
 O'Donnell, Hugh (Central Scotland) (LD)
 Park, John (Mid Scotland and Fife) (Lab)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Pringle, Mike (Edinburgh South) (LD)
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Scott, Tavish (Shetland) (LD)
 Smith, Iain (North East Fife) (LD)
 Smith, Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stewart, David (Highlands and Islands) (Lab)

Stone, Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Tolson, Jim (Dunfermline West) (LD)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Whitton, David (Strathkelvin and Bearsden) (Lab)

AGAINST

Adam, Brian (Aberdeen North) (SNP)
 Ahmad, Bashir (Glasgow) (SNP)
 Aitken, Bill (Glasgow) (Con)
 Allan, Alasdair (Western Isles) (SNP)
 Brocklebank, Ted (Mid Scotland and Fife) (Con)
 Brown, Gavin (Lothians) (Con)
 Brown, Keith (Ochil) (SNP)
 Brownlee, Derek (South of Scotland) (Con)
 Campbell, Aileen (South of Scotland) (SNP)
 Carlaw, Jackson (West of Scotland) (Con)
 Coffey, Willie (Kilmarnock and Loudoun) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Don, Nigel (North East Scotland) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 FitzPatrick, Joe (Dundee West) (SNP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Highlands and Islands) (SNP)
 Goldie, Annabel (West of Scotland) (Con)
 Grahame, Christine (South of Scotland) (SNP)
 Harvie, Christopher (Mid Scotland and Fife) (SNP)
 Hepburn, Jamie (Central Scotland) (SNP)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Adam (South of Scotland) (SNP)
 Johnstone, Alex (North East Scotland) (Con)
 Kidd, Bill (Glasgow) (SNP)
 Lamont, John (Roxburgh and Berwickshire) (Con)
 Lochhead, Richard (Moray) (SNP)
 MacAskill, Kenny (Edinburgh East and Musselburgh) (SNP)
 Marwick, Tricia (Central Fife) (SNP)
 Mather, Jim (Argyll and Bute) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West of Scotland) (SNP)
 McGrigor, Jamie (Highlands and Islands) (Con)
 McKee, Ian (Lothians) (SNP)
 McKelvie, Christina (Central Scotland) (SNP)
 McLetchie, David (Edinburgh Pentlands) (Con)
 McMillan, Stuart (West of Scotland) (SNP)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Morgan, Alasdair (South of Scotland) (SNP)
 Neil, Alex (Central Scotland) (SNP)
 Paterson, Gil (West of Scotland) (SNP)
 Robison, Shona (Dundee East) (SNP)
 Russell, Michael (South of Scotland) (SNP)
 Salmond, Alex (Gordon) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Smith, Elizabeth (Mid Scotland and Fife) (Con)
 Somerville, Shirley-Anne (Lothians) (SNP)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Sturgeon, Nicola (Glasgow Govan) (SNP)
 Swinney, John (North Tayside) (SNP)
 Thompson, Dave (Highlands and Islands) (SNP)
 Watt, Maureen (North East Scotland) (SNP)
 Welsh, Andrew (Angus) (SNP)
 White, Sandra (Glasgow) (SNP)
 Wilson, Bill (West of Scotland) (SNP)
 Wilson, John (Central Scotland) (SNP)

The Presiding Officer: The result of the division is: For 54, Against 62, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The second question is, that amendment S3M-1008.2, in the name of Nanette Milne, which seeks to amend motion S3M-1008, in the name of Michael Russell, on the benefits of woodlands and green spaces, be agreed to.

Amendment agreed to.

The Presiding Officer: The third question is, that amendment S3M-1008.4, in the name of Jim Hume, which seeks to amend motion S3M-1008, in the name of Michael Russell, on the benefits of woodlands and green spaces, as amended, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Curran, Margaret (Glasgow Baillieston) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Foulkes, George (Lothians) (Lab)
 Gillon, Karen (Clydesdale) (Lab)
 Glen, Marlyn (North East Scotland) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Gordon, Charlie (Glasgow Cathcart) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Henry, Hugh (Paisley South) (Lab)
 Hume, Jim (South of Scotland) (LD)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Kelly, James (Glasgow Rutherglen) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 McArthur, Liam (Orkney) (LD)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Tom (Hamilton South) (Lab)
 McConnell, Jack (Motherwell and Wishaw) (Lab)
 McMahon, Michael (Hamilton North and Bellshill) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Mulligan, Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Elaine (Dumfries) (Lab)
 O'Donnell, Hugh (Central Scotland) (LD)
 Park, John (Mid Scotland and Fife) (Lab)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Pringle, Mike (Edinburgh South) (LD)
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Scott, Tavish (Shetland) (LD)
 Smith, Iain (North East Fife) (LD)

Smith, Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stewart, David (Highlands and Islands) (Lab)
 Stone, Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Tolson, Jim (Dunfermline West) (LD)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Whitton, David (Strathkelvin and Bearsden) (Lab)

AGAINST

Adam, Brian (Aberdeen North) (SNP)
 Ahmad, Bashir (Glasgow) (SNP)
 Aitken, Bill (Glasgow) (Con)
 Allan, Alasdair (Western Isles) (SNP)
 Brocklebank, Ted (Mid Scotland and Fife) (Con)
 Brown, Gavin (Lothians) (Con)
 Brown, Keith (Ochil) (SNP)
 Brownlee, Derek (South of Scotland) (Con)
 Campbell, Aileen (South of Scotland) (SNP)
 Carlaw, Jackson (West of Scotland) (Con)
 Coffey, Willie (Kilmarnock and Loudoun) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Don, Nigel (North East Scotland) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 FitzPatrick, Joe (Dundee West) (SNP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Highlands and Islands) (SNP)
 Goldie, Annabel (West of Scotland) (Con)
 Grahame, Christine (South of Scotland) (SNP)
 Harvie, Christopher (Mid Scotland and Fife) (SNP)
 Hepburn, Jamie (Central Scotland) (SNP)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Adam (South of Scotland) (SNP)
 Johnstone, Alex (North East Scotland) (Con)
 Kidd, Bill (Glasgow) (SNP)
 Lamont, John (Roxburgh and Berwickshire) (Con)
 Lochhead, Richard (Moray) (SNP)
 MacAskill, Kenny (Edinburgh East and Musselburgh) (SNP)
 Marwick, Tricia (Central Fife) (SNP)
 Mather, Jim (Argyll and Bute) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West of Scotland) (SNP)
 McGrigor, Jamie (Highlands and Islands) (Con)
 McKee, Ian (Lothians) (SNP)
 McKelvie, Christina (Central Scotland) (SNP)
 McLetchie, David (Edinburgh Pentlands) (Con)
 McMillan, Stuart (West of Scotland) (SNP)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Morgan, Alasdair (South of Scotland) (SNP)
 Neil, Alex (Central Scotland) (SNP)
 Paterson, Gil (West of Scotland) (SNP)
 Robison, Shona (Dundee East) (SNP)
 Russell, Michael (South of Scotland) (SNP)
 Salmond, Alex (Gordon) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Smith, Elizabeth (Mid Scotland and Fife) (Con)
 Somerville, Shirley-Anne (Lothians) (SNP)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Sturgeon, Nicola (Glasgow Govan) (SNP)
 Swinney, John (North Tayside) (SNP)
 Thompson, Dave (Highlands and Islands) (SNP)
 Watt, Maureen (North East Scotland) (SNP)
 Welsh, Andrew (Angus) (SNP)
 White, Sandra (Glasgow) (SNP)
 Wilson, Bill (West of Scotland) (SNP)
 Wilson, John (Central Scotland) (SNP)

ABSTENTIONS

Harper, Robin (Lothians) (Green)
 Harvie, Patrick (Glasgow) (Green)

The Presiding Officer: The result of the division is: For 53, Against 62, Abstentions 2.

Amendment disagreed to.

The Presiding Officer: The fourth question is, that motion S3M-1008, in the name of Michael Russell, on the benefits of woodlands and green spaces, as amended, be agreed to.

Motion, as amended, agreed to.

Resolved,

That the Parliament recognises the value of the physical environment in promoting health and wellbeing; recognises the role that woodland and other greenspace plays in this through increased opportunities for physical activity, relaxation and social interaction in people's everyday lives, further recognises the economic significance of woodlands and the need to support the development and expansion of Scotland's commercial forestry sector and calls on the environmental and health sectors to work together to further develop the contribution of woodland and other greenspace to Scotland's health.

The Presiding Officer: The fifth question is, that motion S3M-1015, in the name of Bruce Crawford, on behalf of the Parliamentary Bureau, on approval of a Scottish statutory instrument, be agreed to.

Motion agreed to.

That the Parliament agrees that the draft Scottish Police Services Authority (Police Support Services) (Modification) Order 2007 be approved.

Orkney Air Ambulance Service

The Deputy Presiding Officer (Alasdair Morgan): The final item of business today is a members' business debate on motion S3M-331, in the name of Liam McArthur, on the air ambulance service in Orkney.

Motion debated,

That the Parliament notes the continuing concerns felt in Orkney about the provision of air ambulance cover in the islands, the validity of which were demonstrated by the recent failure of the Scottish Ambulance Service helicopter to evacuate a patient from Papa Westray because of the weather conditions, with the patient only being evacuated thanks to the co-operation of the pilot of a Loganair BN Islander who was able to use his local experience of the weather to make use of a short weather window to reach the island; further notes that this would not have been possible had the evacuation been needed outside Loganair's operational hours; believes that an independent review of the provision of air ambulance cover in Orkney is urgently needed, and further believes that the outcome of such a review would be the recognition of the need to provide a Kirkwall-based BN Islander air ambulance to provide a back up to the main Scottish Ambulance Service aircraft.

17:15

Liam McArthur (Orkney) (LD): I welcome this opportunity to debate an issue that is absolutely critical to my constituents. It is no exaggeration to say that it is potentially a matter of life or death to them. It is not a new issue, of course—my predecessor, Jim Wallace, secured a similar debate in February last year. I pay tribute to his tireless efforts in keeping the issue front and central, and very much in the in-trays of Scottish ministers.

Despite the widespread and deeply felt concerns of my constituents, despite the worrying stream of cases that have exposed shortcomings in the current air ambulance provision, despite the concerns that have been raised by island general practitioners and nurse practitioners with first-hand experience—too often bad—of the current service, there remains an unwillingness to recognise my constituents' right to the level of service that is enjoyed by people who live in almost every other part of the country. As with any such service, the aim must surely be to allow patients who are in need of medical attention—whether or not it is a life-or-death emergency—to be taken to the appropriate hospital without undue delay.

For that to happen, it is essential that we have an ambulance service that is designed to cope with weather conditions, in Orkney in this case, day and night, summer and winter. It is clear—and it was predicted—that the Inverness-based EC 135 helicopter alone cannot provide that service. The limitations of the helicopter were set out in detail during last year's debate—in colourful and

persuasive fashion, if I may say—by the current Minister for Transport, Infrastructure and Climate Change. As Stewart Stevenson explained, in certain weather conditions, particularly when there is icing, that helicopter cannot fly—conditions that did not prevent the previously used Islander aircraft from flying.

The issue is about more than just the relative capabilities of types of aircraft. Orkney weather changes fast, as I well know, but a Kirkwall-based pilot who is familiar with the weather patterns can make use of short weather windows, whereas an Inverness-based pilot cannot. An Inverness-based pilot might be prevented from flying by weather to the south of Orkney, which would not affect a Kirkwall-based pilot. Today's motion gives an example of just that vital point. On a day when the helicopter could not reach Papa Westray, an Islander, on its scheduled flight in the north isles, was able to use short weather windows to get in and out of the island safely, and it got the elderly patient to hospital.

Although the issue remains the same as it was when Jim Wallace secured his debate last year, there has been a significant change over the intervening months. Since that time, the communities that are affected have completely lost confidence in the service. I am well aware of that, having visited and spoken to constituents in each of the outlying islands. The issue was reflected starkly in a recent petition, which attracted more than 1,200 signatures from across the north isles—a staggering figure considering the overall population of the islands. It is a message that the convener of Orkney Islands Council, Stephen Hagan, and I passed on, along with the petition, to the new chief executive of the Scottish Ambulance Service, Kevin Doran, when we met him last week.

Emotions are running high, and it is not difficult to see why. The communities on those islands are tight communities, but they feel vulnerable. Islanders see at first hand the risks to themselves, to their families and to their friends and neighbours. They also recognise the difficulties with attracting people to and retaining them on the islands. The issue goes well beyond emergency health provision; it challenges the fundamental economic and social viability of small island communities.

It is perhaps invidious to pick out individual cases on individual islands. As I have said, the concerns are felt equally strongly across all the islands. However, the case in Westray last month vividly highlighted the inadequacies of the current air ambulance provision. It shocked the entire community in Orkney and so angered the local GP that he spoke out in unprecedented terms—"Some will die." That is a direct quote from the Westray doctor, Pedro Ponte. It was also, unsurprisingly,

the headline in *The Orcadian* on 15 November. I know that the case has been brought to the minister's attention by the council convener, who is a resident of Westray, and that it is the subject of a formal complaint by Dr Ponte to the SAS.

For the benefit of members, I will highlight briefly some of the details of the case—which is the worst but, sadly, by no means the only case in recent times. A severely disabled woman with acute pneumonia was left to travel alone on a delayed air ambulance flight. Her parents—the only people present who were able to communicate effectively with her—were denied space on the helicopter because of the weight restriction. The emergency helicopter was requested within two hours. After some delay and various phone calls, it was promised within six hours. It eventually arrived more than seven hours after the initial call from Dr Ponte—a further delay that resulted in the woman spending well over an hour in the back of an ambulance at the airfield in the middle of the night.

The Minister for Public Health (Shona Robison): Does the member acknowledge—this has been part of the correspondence that we have had on this case—that one of the important issues was the lack of communication of the facts of the case and about how urgent it was? Does he further acknowledge that it is absolutely crucial that communication between all parties in such cases be as good as it can be?

Liam McArthur: I certainly do not dispute the need for the best possible communication. There are also concerns about the way in which the data in relation to individual cases have been gathered—I will turn to that shortly.

Dr Ponte has described the situation as “a disgrace”. He is absolutely right, but that is not to say that the pilot or the paramedics were at fault—quite the contrary. Their actions have been rightly praised by Dr Ponte, Stephen Hagan and others who were involved that night. However, as Dr Ponte said:

“This is Scotland—if you run an air ambulance service, you have to run it in bad weather. If you cannot do that, do not pretend to run a service.”

I have heard what the Scottish Ambulance Service and ministers have said, but I know what is happening on the ground: I know the concerns that are felt locally, including among the medical professionals in the islands, and I know the distrust in Orkney about what we are told by the SAS. Statements that were made by its previous chief executive in public meetings in Orkney undoubtedly contributed to that breakdown in trust. The assertion by Adrian Lucas that use of the Islander for air ambulance flights was prohibited under health and safety regulations proved to be groundless, as did his claim that as a result of the tragic crash off Campbeltown in 2005, the Civil

Aviation Authority had accepted a recommendation that single-pilot air ambulance flights be banned.

Such economy with the truth damaged the reputation of the SAS in my constituency. However, I am encouraged by the approach that Kevin Doran has taken since he took over from Mr Lucas last month. He accepted my request for an early meeting along with Stephen Hagan and although he offered no guarantee of an immediate change, he did undertake to review a number of cases, including the one in Westray to which I referred, before coming to Orkney in the new year for meetings with isles GPs, nurses and other stakeholders. I hope that that signals the beginning of a change of attitude and, ultimately, a change in how the service is provided.

The case for change is unanswerable. I was therefore pleased to see the newly appointed chair of Orkney NHS Board, John Ross Scott, accept that

“there are still concerns that need to be addressed”,

which he plans to raise with the SAS board. As the former editor of *Orkney Today*, which, like *The Orcadian*, has done much to campaign on the issue, Mr Scott's comments are welcome.

I have outlined the serious, widespread and compelling concerns of my constituents. During the previous debate on the subject, Jim Mather said:

“If tonight's debate is about anything, it is about a request to have those concerns properly and fully addressed.”—*[Official Report, 23 February 2006; c23578.]*

Tonight's debate is about the clamant right of my constituents to an air ambulance service that is at least as good as what they had before. I, local nurses, GPs and my constituents believe that that requires the restoration of a locally based back-up to the Inverness helicopter. I hope that the minister will heed those calls and respond positively. I look forward to the speeches of other members.

17:24

Rob Gibson (Highlands and Islands) (SNP): I had the pleasure of taking part in the previous debate on this subject. We can see that things have moved on and I congratulate Liam McArthur on securing the debate.

It is clear that the air ambulance situation in Orkney is totally unacceptable and unsatisfactory. The Scottish Ambulance Service's provision of air ambulances has to be reviewed urgently and the cases in Orkney are the prime reason why that should happen, although cases from elsewhere add to our concerns. Under the previous management of the SAS, we got less than the

truth. I believe that it is now possible for the SAS to see things more clearly.

I echo Liam McArthur's view that the cross-party meeting in Inverness dealing with matters relating to the Highlands demonstrated a new openness and recognition of the problems by the SAS. The service is a small part of the national health service and it is not easy for it to make its voice heard. However, I point out that, Highlands NHS Board had to spend an extra £20 million on trying to cope with the agenda for change. It might have been far better if we had a funding structure that was organised for Scottish needs and allowed some of that £20 million to be spent on air ambulance provision.

Increasingly, the air ambulance is seen as a way of dealing with the issues of the islands and remote Highland communities, which means that air ambulances will be used more often in the future. If that is the case, we must ensure that the kind of helicopters that are being used and the practice of relying on Loganair aircraft for back-up are reviewed. The helicopters that are being used at the moment can take two patients, which means that there is a restriction on folk travelling with patients, which is terrible for someone who needs to be accompanied, such as the person in the situation that Liam McArthur described.

In relation to that example, and others that we could give, it is important that we ask for a review that would allow for the back-up that has been talked about. It is not good enough for us to rely on a helicopter that is flown by someone who has some local knowledge, because all helicopters are subject to the same restrictions on when they can fly. It is essential that fixed-wing aircraft be available. The alternative is the old-fashioned option: that would mean a lifeboat, which is unacceptable in this day and age.

I echo the cross-party outrage about how people in the Orkney Islands have been treated. I support the suggestion of a review and hope that the minister can help us by ensuring that the Scottish Ambulance Service conducts that review early.

17:27

David Stewart (Highlands and Islands) (Lab):

I congratulate Liam McArthur on securing this important debate and on his speech, which was as articulate and well crafted as usual.

I am happy to support and endorse Liam McArthur's campaign. He can be assured of not only my support but that of Margaret Curran, the shadow health team and others.

Many years ago, when I worked on the frontline of social services and community care, I was in day-to-day contact with health services. In my

view, there is no issue relating to an agency or a delivery body that is of more immediate importance to the public than health. Academics have, rather grandiosely, described this as Maslow's hierarchy of needs. You will be glad to know, Presiding Officer, that I will not quote Maslow again in the debate. Perhaps an easier way of understanding the point is to think of an example of an elderly woman, living isolated and alone in Kirkwall, who is in pain and in need of urgent medical attention. There are no prizes for guessing what issue would be first, second and, indeed, last on her list of concerns.

I was going to talk about the front page of *The Orcadian*, but Liam McArthur has beaten me to it. I will bow to his local knowledge and experience.

I think that everyone in the chamber is united around the solution to the problem that has been raised. Certainly, my view is that there should be a locally-based air ambulance. I hope that, when she winds up, the minister will talk about the possibility of a review of the situation. Perhaps the new chief executive of the Scottish Ambulance Service will go back home and think again about the issue. I know that Orkney Islands Council convener has taken a strong initiative on the issue—as has the council itself.

As we all know, Loganair previously had the Orkney air ambulance contract, with a fixed-wing aircraft at the hangar in Kirkwall. At that time, there was a crew available, which ensured that medical evacuations could be carried out quickly and efficiently. Now, with the air ambulance service based in Inverness, there are real worries. As I think Rob Gibson mentioned earlier, there are times when a helicopter cannot fly, because of icing, but a fixed-wing aircraft can. I am sure that we need Stewart Stevenson to explain the technicalities of the matter—I bow to the knowledge that he displayed on the matter in the previous debate on this subject.

There are also issues concerning refuelling, to which Jim Wallace and Alasdair Morrison referred in the previous debate. If a helicopter is going from Inverness to Orkney and then to Aberdeen, it will need to refuel. That is a big issue in relation to patient care.

The public on Orkney feel very vulnerable about the issue, and there are longer-term concerns about whether it might even lead to some depopulation. That concerns me and, I am sure, all members in the chamber. The public need to have confidence in our emergency health care provision.

I do not think that I can sum up the issue better than Stewart Stevenson did in the previous debate, when he said:

"The issue is where the aircraft is, not what it is, and the aircraft need to be near the patients."—[*Official Report*, 23 February 2006; c 23586.]

I strongly agree with that statement—we need a locally-based air ambulance, and we need it now.

17:30

Mary Scanlon (Highlands and Islands) (Con):

I thank Liam McArthur for the debate and for lodging the motion, which sums up the concerns and the experience of people who live on Orkney and reminds us of how much we miss Stewart Stevenson's comments about aircraft.

In a written answer to Liam McArthur on 6 December, the Minister for Public Health stated:

"I see no need to commission an independent review, but we will continue to monitor the performance of the air ambulance service".—[*Official Report, Written Answers*, 6 December 2007; S30-1574]

However, in written answers to other questions about air ambulance delays due to adverse conditions and shift changes, the minister states that the "information is not collected." It must be very difficult, if not impossible, to monitor any service accurately when crucial information is not collected and the experience of people who live on the islands that is giving rise to the main concerns that we have heard about tonight is ignored.

I will consider some general points on the air ambulance service before I come back to the service in Orkney. Despite many calls from MSPs across the chamber, it took eight weeks for the Scottish Ambulance Service to meet members such as Rob Gibson and me to discuss issues such as single manning. At today's meeting of the Health and Sport Committee, I was quite surprised to learn that of the four community health partnerships represented, none had a representative from the ambulance service on their management board.

The ambulance service is not yet fully integrated into the national health service, and more needs to be done to value the commitment of ambulance personnel and to ensure that the service is seen not as an add-on to the NHS or as a transport service, but as a fully integrated part of the NHS, NHS 24, GP services and community health partnerships.

In the document, "Better Health, Better Care: Action Plan", which was published today, one of the health improvement, efficiency, access and treatment targets is

"To respond to 75% of Category A calls within 8 minutes from April 2009 ... across mainland Scotland."

That is a very reasonable target. However—and I am not sure whether I have got this right—there is no target for island communities. In the same

edition of *The Orcadian* that has already been mentioned, Dr Ponte said:

"I requested an air ambulance within two hours as it was an emergency case."

It was an emergency—so he wanted it in two hours. Surely we are not saying that eight minutes is okay on the mainland, but two hours is okay on the islands—in fact, in that example, the air ambulance took closer to seven or eight hours. We need to be concerned about that.

It is worrying that the trial period for the current service in Orkney—which ended in 2006—has resulted in a service that does not carry the confidence of the local community. I do not have evidence to support this, but I presume that local people raised concerns during the trial period that should have been taken into account.

It is doubtless very worrying, particularly for people who are not in the best of health, when an emergency category A call takes two hours and when there is no GP back-up on the islands—or on some of the islands. The situation also raises concerns—I know that this is an issue in Orkney—about the removal of a GP from other islands.

In a discussion that we had this week with the ambulance service, the management told us that the air ambulance will be used more extensively across the Highlands. Given that a helicopter can be in only one place at a time, if it is to be used more extensively across the Highlands, I am not sure what that will do for response rates in Orkney.

I support the request for a review and I endorse the points that Liam McArthur made.

17:35

Jamie McGrigor (Highlands and Islands) (Con):

I congratulate Liam McArthur on bringing such an important subject to the chamber for debate. As another Highlands and Islands member, I am aware that people on other islands, as well as those on Orkney, are worried about air ambulance provision. People on the Isle of Mull have been worried about the issue for some time.

The Deputy Presiding Officer: Order. I say to the member that he must address the content of the motion, which is fairly specifically about Orkney. I hope that he will bear that in mind.

Jamie McGrigor: I certainly will.

Although helicopters are a useful tool, there is no doubt that their inability to fly safely in certain weather conditions can put vulnerable patients in grave danger and could cause avoidable deaths. What is needed, as Liam McArthur said, is a fully operational, local back-up service to the existing helicopter service. I fully expect that that will cost

more money, but saving lives is paramount and all eventualities should be catered for if the means exist to do so.

17:36

The Minister for Public Health (Shona Robison): I welcome Liam McArthur's motion and the opportunity to discuss the Scottish Ambulance Service's air ambulance service, and particularly the way in which it provides services to the people of the Orkney Islands.

Although I accept that improvements can always be made, we should take pride in our air ambulance service, which is the only publicly funded air ambulance service in the United Kingdom and is one of the most advanced services in the world. Despite the cases that Liam McArthur raised, to which I will come in a moment, the service provides a high-quality, safe and responsive service, day in, day out, across Scotland. The service that we are debating has been delivering on its performance standards across the NHS board areas. I will highlight some of those standards.

Last year, the average response time to calls in life-threatening situations was 9.5 minutes, compared with the Scottish average of 8.9 minutes. The performance against the time factor that is agreed with the referring clinician improved from 83 per cent in 2004 to 91 per cent in 2007. To put that in context, in 2007, the air ambulance did not meet the agreed time factor on three occasions: two missions from Stronsay were six minutes outside the agreed two-hour time band and a mission from Westray was five hours outside it. In the latter case, the helicopter was delayed due to the weather, and although the ambulance service offered the coastguard aircraft, it was declined, because the patient was stable. As Liam McArthur rightly said, the new chief executive of the Scottish Ambulance Service, Mr Doran, said that he will look into the circumstances of the case.

We need to address the lessons that arise from the handling of all air ambulance service incidents. As I said in my intervention, it is crucial that we have clarity about the nature of the response that is required and the need for continuing communication about the service that is provided.

Liam McArthur: Does the minister accept that the concerns that have been raised about the way in which data are collected cast into doubt the veracity and robustness of some of the figures that she quoted? Also, does she accept that the genuine and deeply held concerns of GPs and nurse practitioners suggest that the responsiveness of the air ambulance service to

their medical judgments is perhaps not as it should be?

Shona Robison: I always take seriously any such concerns, whether they come from the public or clinicians and other health professionals. I am more than happy for Mr Doran to examine those data along with the other issues that he is considering.

I suggest that occasions on which the advice from air traffic control is that the weather is below the minimum safe operating standard and the decision is taken to postpone a mission until the weather has improved or not to carry it out should not be challenged lightly, no matter where an aircraft is based.

Members have mentioned GPs' concerns and the assertion that they are being pressured into agreeing to more relaxed evacuation times than they consider desirable. It seems, however, that GPs are requesting that more patients be responded to within shorter timescales, and that the ambulance service has responded to such requests.

The air ambulance service controller is responsible for making the best use of the air resources that are available, against the background of the competing demands that may exist at any given time from clinicians throughout Scotland. Ultimately, however, we should remember that it must be the clinician who is caring for the patient at the scene who determines the timeframe for the air ambulance evacuation that will best meet the patient's needs. If the clinician believes that the patient requires to be transported more quickly than the air ambulance service can undertake—whether due to the weather or other pressures—the option exists for their request to be upgraded and for the Ministry of Defence, coastguard or, in some cases, a lifeboat to be called on to carry out the mission instead.

Liam McArthur: I am grateful to the minister for taking another intervention.

Her last comment is pertinent to the point that David Stewart made in quoting Stewart Stevenson. Orkney is the only place that does not have a locally based air ambulance option as a back-up. Calling on coastguard helicopters and lifeboats is a sub-optimal option. Having a locally based back-up would address all the issues and concerns that have been raised.

Shona Robison: I will come on to that, but weather is important—the same situation could occur with a locally based aircraft.

The Scottish Government is not complacent. We know how important it is to secure public confidence in service provision throughout Scotland, and in particular in remote and rural

areas such as the Orkney Islands. Liam McArthur made that point well, and I agree with it.

I know that Mr McArthur recently met Kevin Doran and that Mr Doran is keen to work with Mr McArthur and the people of Orkney more generally to try to address their concerns about service provision. I welcome Mr Doran's commitment to sit down with Orkney GPs and other relevant stakeholders to go over the service records for all the 41 inter-island ambulance service missions that have been carried out since the beginning of April. That engagement is critical if we are to find a way through the claims and counterclaims about the performance of the service in Orkney.

The Cabinet Secretary for Health and Wellbeing and I regard public confidence as an indicator of the quality of service provision. The prospect of service change can be unsettling, and it requires to be handled with great sensitivity. I am aware of the current uncertainty of communities in the outer isles of Orkney as the health board develops its creating sustainable services programme. However, I assure Mr McArthur and his constituents that the Scottish Government, NHS Orkney, Orkney Islands Council and the Scottish Ambulance Service all recognise the critical interdependence between local clinical service delivery and the transport infrastructure. The considerations in the creating sustainable services programme will require all those partners and the local communities to work closely together to ensure that any proposed service change can be supported by sustainable and affordable transport services that will guarantee patients access to unscheduled care services when required.

The air ambulance service currently carries out around 50 non-emergency patient transfers each year from the outer isles of Orkney. Liam McArthur has talked about his desire for an Orkney-based aircraft to be reintroduced. I re-emphasise that, at present, when those missions cannot be carried out by the air ambulance service-contracted aircraft, back-up measures exist. I do not dispute the fact that many of those missions could be carried out by a dedicated aircraft based on mainland Orkney, but nearly all of them are carried out by the ambulance service's EC135 helicopter within the agreed performance standards, therefore I have some difficulty in seeing what benefit an additional back-up aircraft would bring to those missions. That said, I look forward to the chief executive's review of the 41 missions from the outer islands.

Mary Scanlon: Will the minister give way?

The Deputy Presiding Officer: The minister is winding up.

Shona Robison: I invite members to take account of the fact that, of the 16 populated islands that we are talking about—and if we exclude South Ronaldsay—only six have landing strips or other landing provision for a lightweight fixed-wing aircraft such as the Islander. We should remember that the remainder depend on a helicopter response or, in some circumstances, a lifeboat response. The EC135 and the MOD and coastguard helicopters do not require a landing strip and can therefore access several islands that the Islander cannot reach.

I look forward to progressing the issues with the Scottish Ambulance Service's chief executive. He has made a commitment to consult more widely and to examine all the incidents and the data to which Liam McArthur referred. I hope that, in the spirit of co-operation, we can all move forward from that.

Meeting closed at 17:46.

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